SOCIAL INNOVATION AND INSTITUTIONAL WORK: A STUDY OF THE ROLE OF PLACE AND PLACE-MAKING IN SOCIAL INNOVATIONS FOR THE "HARD-TO-HOUSE"

by

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ABSTRACT

There is increasing interest in the practice and study of social innovation to tackle complex problems in society. Our understanding, however, of innovations that are transformative - they lead to significant shifts in the way a social problem is understood and managed - is still underexamined. In this dissertation, I explore transformative social innovation by focusing on the relationship between social innovations and existing ways of thinking about social problems. I adopt an institutional lens, which highlights the processes and structures that affect how people talk about and act towards social problems. More specifically, I ground this institutional perspective by focusing on the roles of places and place-making in transformative social innovation. Empirically, I examine two cases of innovations, the Tri-Cities Mat Program and the Dr. Peter Centre, that address the needs of the "hard-to-house" - individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless. I found that places and place-making played key roles in these social innovations: places acted as mediators, containers and portals that shaped how social problems and solutions were understood; place-making included mapping, engaging and connecting work that played foundational, enabling and extending roles for each social innovation. My study presents a different perspective to the prevailing view of transformation in the social innovation literature, one based on replication. A social innovation may gain its transformative effects as much from the process to create, implement and maintain it than from its technical characteristics. Rather than focus on transformation as solution replication, I argue the transformative impact of a solution should be measured in terms of whether it generates more solutions, more recognition of the social problem, and more change in existing ways of thinking about the social problem.

Keywords: social innovation; institutional work; places; place-making; the hard-to-house; social transformation.

To Sarah

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INTRODUCTION: IN PURSUIT OF SOCIAL INNOVATIONS THAT TRANSFORM

On December 30th 2008 the *Guardian* newspaper ran a story on a different type of homeless shelter established in Berlin.[1] The old homeless shelter had been completely refurbished. The lino-flooring, strip lighting and blue-tiled interior, said to have "resembled the cold interior of a butcher's shop", were ripped out. In their place were "Italian wallpapers, gold trimmings, parquet flooring, red carpeting and crystal chandeliers". The overall effect was to create a "chic boutique hotel with Mediterranean undertones that would not be out of place in a trendy Berlin quarter". The revamped hostel is called "Reichtum 2", which means "wealth" or "richness", and the project's creator, Miriam Kilali, described it as a "an attempt to give the 21 men who live here a sense of self-worth and a decent place where they might find dignity and respect – wealth of sorts after all they had been through". The project was not without critics. There were questions around the expense and why these people in particular should benefit: "What had they contributed to society?". The reactions to the project revealed how "many people think that the homeless are to blame for living on the street" and challenged agencies' existing ways of approaching poverty and homelessness. Shelters are normally designed with utility and not "luxury" in mind. Even the residents were sceptical. And yet the Reichtum shelter clearly had some significant effects.

The most obvious changes were for the residents. Kilali involved them in shaping their accommodation. One of the residents showed the reporter his refurbished room, now with pictures and an aquarium. "It takes me into another world," he said. "When I come back to my room after being away I'm really pleased to be home, whereas before it was nothing special". Perhaps less visible, but no less important to Kilali, was that the local community engaged in the project.[2] She lobbied politicians, furniture shops, designers, and friends for funds and materials. The focus on "richness" framed their participation. "Let's create something beautiful and meaningful together" was Kilali's approach to engage those who would otherwise not have had any contact with the homeless. Not only did she raise awareness of homelessness she saw the participants lose any resentment and fear of contact with the homeless. Her goal was to "create new realities" for both the residents and the participants. She said, "Once we have the inner urge to go beyond watching, it changes our attitude. We see the dignity of every human being and give

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[1] Connolly, K. (2008, December 30). Homeless shelter is dubbed the swankiest in the world – and it's also a work of art. *The Guardian*. Retrieved from http://www.guardian.co.uk/world/2008/dec/30/haus-schoneweide-miriam-kilali

[2] M. Kilali (personal communication, January 27, 2009).

respect to him or her". Through this lens the "extravagance" of the project in material terms becomes an appropriate, and even long overdue, way for the community to demonstrate value to those who are marginalized and overlooked, and the participatory process sowed seeds for further social inclusion.

This thesis is in part inspired by the work of Miriam Kilali. I am fascinated by solutions to social problems that make transformative connections and, in particular, how to organize solutions that significantly engage and change the way people in a community think about and respond to social problems. This has led me to study the emerging field of social innovation. In this Introduction I provide an overview of my dissertation, outline my approach, and summarize the findings and possible implications for the study and practice of social innovation.

The Emerging Field of Social Innovation

There is an increasing interest in the practice and study of social innovation to tackle complex problems in our society (Phills, Deiglmeier & Miller, 2008; Westley, Zimmerman & Patton, 2006). Social innovation has been defined as a novel solution to a social problem for which the value accrues primarily to society rather than private interests and addresses a social need in a more effective way than existing solutions (Leadbeater, 2008; Phills et al., 2008). Alongside organizations traditionally associated with tackling social problems, such as nonprofit and social movement organizations, there is now a growing army of social enterprises (Defourny & Nyssens, 2006), philanthro-capitalists (Edwards, 2008), and social entrepreneurs (Elkington & Hartigan, 2008; Light, 2008).These are epitomized by individuals such as Muhammad Yunus, Nobel Prize winner for introducing micro-credit, and Bill Drayton, founder of Ashoka, an organization that promotes and funds social entrepreneurs. Governments and businesses are also interested in being involved.

In 2009 the Obama Administration launched an "Office of Social Innovation" and in 2010 a new "Social Innovation Fund" made 11 investments, approximately $50 million dollars, in health care, job creation and supporting young people ("Social innovation", 2010). On the other side of the Atlantic, European leaders have publicly expressed their commitment to a social innovation agenda (Young Foundation, 2009a) and in 2010 the European Commission announced a "major research programme on public sector and social innovation".[3] Local government leaders are active. For example, Stephen Goldsmith, former Mayor of Indianapolis and now Deputy

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[3] European Commission. (2010, October 6). *The "Innovation Union": Turning ideas into jobs, green growth and social progress*. Retrieved from http://europa.eu/rapid/pressReleasesAction.do?reference=IP/10/1288&format=HTML&aged=0&language=EN&guiLanguage=en

Mayor of New York City, launched a book entitled "The Power of Social Innovation" (Goldsmith, Georges & Burke, 2010) and in 2011 will launch an online resource to share examples of social innovation in cities and communities across the United States.[4] Governments across the world are showing an "explosion of interest" in social innovation that it is increasingly seen as "an important and legitimate public policy approach" (Goldenberg, 2010, p. 208). Businesses are also engaging. Peter Drucker raised its importance in the 1980s, arguing that social innovation had become "management's new dimension" (Drucker, 1987, p. 34), and the 1990s were heralded as a decade of "global social innovation" (Cooperrider & Pasmore, 1991, p. 1037). Many are now using the language of social innovation (e.g., Hitachi, Unilever and HP) and are encouraged to see social innovation as a core business strategy where solutions to social problems can access untapped and profitable markets (Saul, 2010).

The interest in social innovation has fuelled a growing number of forums and initiatives. Networks have been created that cross sector and national borders, such as the "Social Innovation Exchange" that now has over 1000 individuals and organizations.[5] There are also a number of high profile events, such as "The Feast",[6] "Social Innovation Camp",[7] and Danone's annual "Social Innovation Lab".[8] Competitions have been used to encourage social innovation, most notably Dell's annual "Social Innovation Competition"[9] aimed at university students and Ashoka's "Changemakers" online platform where entries are encouraged on a variety of challenges such as sustainable urban housing, geotourism, and property rights.[10] With all this interest and activity the potential to tackle complex and intractable social problems may seem more realizable than ever before.

And yet, our understanding of social innovation is in its early stages of development (Mulgan, 2006; Nilsson, 2003; Phills et al., 2008). There is no clearly identifiable body of academic literature in spite of a growing number of stories of individuals and organizations in the

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[4] There are also examples at the state level, for example, in Massachusetts the Governor signed a "social innovation compact" to "expand the existing reach of proven social innovators into the state's communities to help remedy persistent challenges in education, workforce development, public safety, finance, health and human services, and housing and economic development." PNN Online (2010, April 21). Retrieved from http://www.pnnonline.org/social-innovation-compact

[5] For more information on the Social Innovation Exchange - http://www.socialinnovationexchange.org/aboutsix

[6] The Feast aims to bring together "together the world's leading creative entrepreneurs, revolutionaries, radicals, doers and thinkers to inspire more action, share best practices, and create valuable connections that will change the world" – see http://www.feastongood.com/About

[7] Social Innovation Camp are events where social innovators and software developers work together to "build web based solutions to social problems" - see http://www.sicamp.org/

[8] See Danone Social Innovation Lab - http://downtoearth-blog.danone.com/4th-edition-of-the-danone-social-innovation-lab-on-july-5th-an-6th-2010/

[9] See Dell's Social Innovation Competition - http://www.dellsocialinnovationcompetition.com/

[10] See Changemakers - http://www.changemakers.com/

media (e.g., Novogratz, 2009), university courses on the topic (e.g., Harvard and Stanford Universities) and social innovation "incubators" (e.g., Carnie Mellon University). The variety of different definitions of social innovation can undermine its theoretical development (Pol & Ville, 2009) as well as present practical challenges. The primary focus of social innovation is to find solutions to social problems irrespective of organizing form but this means it does not neatly fit with existing approaches (Lettice & Parekh, 2010). For example, universities organized around specific academic disciplines (e.g., sociology, business, geography) and governments arranged around particular domains (e.g., health, employment, taxation) can be ill-equipped to deal with overlapping issues (Goldenberg, 2010; Goldsmith et al., 2010). The study and practice of social innovation, so energized by its proponents' commitment to a holistic approach to how it is organized, can struggle with the reality that it has no "natural home" in the existing arrangements. But there are some aspects of the emerging field of social innovation that have gained traction. One idea in particular is that the field of social innovation is concerned with solutions that seek significant social change.

Transformative Social Innovation

In 2010 the Young Foundation put forward over 500 methods for social innovation in the "The Open Book of Social Innovation". The methods are connected to six stages that "take ideas from inception to impact" and culminate in what is described as the "ultimate goal of social innovation": systemic change (Murray, Caulier-Grice & Mulgan, 2010, pp. 12-13). For many practitioners and researchers, the connection between social innovation and substantial social change is the distinguishing feature of social innovation (e.g., Marcy & Mumford, 2007; Nilsson, 2003; Westley, 2008). Social innovations are not simply novel solutions that have social effects; they are solutions that, in some way, transform existing social arrangements. The initial interest in academic circles in social innovation has been to begin to explore the processes behind social innovations (Lettice & Parekh, 2010; Mulgan, 2006; Phills et al., 2008) that have the sort of impact that would make them "more effective, efficient, sustainable, or just than existing solutions" (Phills et al., 2008, p. 36). In particular need of examination are those processes that enable social innovations to transform social arrangements in ways that result in a "significant, creative, and sustainable shift in the way that a given society deals with a profound and previously intractable problem" (Nilsson, 2003, p. 3).

In this study I engage directly with this issue and seek to explore what I term "transformative social innovation" – novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community. I recognize that the terms

"transformation" and "innovation" are value-laden. What is transformational and novel in the eyes of one person may be viewed as detrimental and alien to another. These views may also be subject to change over time and altered in different contexts. To use this terminology, therefore, evokes an implicit theory or ethical framework. For the sake of transparency, my motivation to explore these issues stems from a belief in human equality whereby transformative social innovations are ones which readdress imbalances in social arrangements for those currently disadvantaged by social structures and practices. My approach to exploring transformative social innovation is different to many existing approaches in three principal ways. First, my interest is in solutions aimed at tackling complex social problems where there are often significant disagreements over the causes and effects of a social problem and how it might be resolved. Rather than deal with social problems where there is considerable agreement on the need and means for action, I am interested in transformations around problems that are contested and may require considerable changes in the behaviours and thoughts of those involved (Kania & Kramer, 2011). Second, I am interested in understanding how social innovations are organized "on the ground". Whereas most studies of social transformation are conducted at the national level (e.g., Alvord, Brown & Letts, 2004; Heiskala & Hämäläinen, 2007), where the mass adoption of an innovation is often viewed as evidence of social change, my interest is in understanding the micro-processes of social innovation and exploring the "seeds" of transformation at a local level. Third, while considerable interest in social innovation is focused on the technical aspects of solutions that have transformative effects (e.g., the manufacturing of eyeglasses so as to be affordable to some of the world's poorest populations), my emphasis is on those solutions that change the way a social problem is understood. Mass adoption of a technical solution, even if enshrined into a national policy, does not necessarily result in changes in thinking about a social problem (Loseke, 2003). I am interested in those social innovations that lead to a "re-evaluation" of a social problem (Loseke, 2003) in ways that transform how it is understood and tackled.

A Core Relationship & An Institutional Lens

My approach to thinking about transformative social innovation is to consider how novel solutions interact with existing ways of thinking about a social problem in ways that lead to such a re-evaluation of the social problem. I define existing ways of thinking and acting about a social problem as the prevailing beliefs and practices relating to a social problem within a given community. Rather than see the relationship between novel solutions and existing ways of thinking about a social problem as a one directional, one-time event with determined outcomes,

my approach is to view the relationship as a dynamic, recursive, and potentially messy one. To explore this relationship I adopt an institutional lens.

An institutional perspective provides an explanation of how existing ways of thinking and behaving in a community become established and influence everyday interactions. Institutions are socially-constructed rules and practices which have over time become infused with values (Selznick, 1949) and developed into prevailing templates for thought and action (Meyer & Rowan, 1977; Scott, 2001). An institutional perspective therefore provides a way to think about the processes and structures that affect how people talk about and act towards a social problem, the persistence of these attitudes, and what would need to change for a significant shift to occur. Institutional accounts, however, indicate that institutions are not static and require work. Individuals and organizations can actively shape the institutional arrangements within which they operate (DiMaggio, 1988; Greenwood & Suddaby, 2006; Hardy & Maguire, 2008; Lawrence, 1999). I draw on an emerging stream of research that explicitly recognizes this "institutional work" - "the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions" (Lawrence & Suddaby, 2006, p. 215).

Through this lens the interplay between a novel solution and existing ways of thinking about a social problem becomes a story of institutional work. First, the lens provides a way to recognize and explore the work and effort that shapes existing ways of thinking about a social problem. Social problems are interwoven into community practices and beliefs and do not exist independently. Second, those that introduce a novel solution to a social problem are therefore likely to interact with the work that shapes the social problem. Innovators seeking to change established ways of thinking will need to recognize, understand and engage with these existing working arrangements and find ways to re-direct this work in new ways. Third, an institutional work lens recognizes that individuals can play important roles in this process to disrupt work patterns, create new ones and maintain existing ones. Individuals can play both crucial enabling and constraining roles. This leads to the research question that lies at the heart of this study: *How do institutions and institutional work affect the process of transformative social innovation?*

Sharpening the Focus: Place and Place-making

An institutional lens is, however, too wide-angled and difficult to deploy in practice. I endeavour to ground my institutional perspective by focusing on the roles of places and place-making in transformative social innovation. Places - geographical locations that have material forms and are invested with meanings and values (Gieryn, 2000) - have a distinctive relationship with institutions. Places can become institutions in their own right (Gieryn, 2000; Relph, 1979) as

well as play crucial support roles for a variety of institutions. Despite the power of places to shape social interactions, the emerging literature on social innovation has left largely unexplored the relationship between social innovation and places. Place-making - the work of individuals to change places and keep them the same (Cresswell, 2004; Gieryn, 2000) - can contribute to, or even be, a form of institutional work. The making of places can be used to create, maintain, and disrupt institutions. While the literature on social innovation has examples of place-making efforts of social innovators, little is known about how place-making might enable or constrain social innovation.

A focus on place and place-making leads me to identify two research questions.

1. *What is the role of places in transformative social innovation?*
2. *What is the role of place-making in transformative social innovation?*

Research Methodology

To find answers to these questions I adopted a multiple case study approach. I chose this methodology because it is particularly suited to the investigation of complex social interactions (Stake, 2005; Weick, 2007) and to the study of places. A case study approach encourages the exploration of the context and can incorporate activities and events that have occurred over many years (Stake, 2005). Case studies can be compared so that relationships can be explored in different contexts (Eisenhardt & Graebner, 2007; Weick, 2007) to help refine and extend theoretical ideas (Stake, 2005). Case histories have been identified as essential for the study of social innovation (Mumford & Moertl, 2003) and an important and useful tool in exploring institutional work (Lawrence, Suddaby & Leca, 2009).

The social problem that I chose to study is those perceived as "hard-to-house". I define the "hard-to-house" as individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless and are often stigmatized and misunderstood by the wider community. My decision to focus on solutions for the hard-to-house was for theoretical and personal reasons. Theoretically I sought a social problem that met my criteria: it needed to be complex and challenging, and any solutions would be likely to engage, and possibly transform, established ways of thinking and behaving in a community. The social problem of the hard-to-house is an extremely complex one. It involves multiple overlapping health and social issues, such as poverty, addiction, mental illness, and HIV/AIDS, issues that are often the subject of considerable stigma. It is also a social problem where the role of places and place-making can be explored since they are integral to this social problem. The hard-to-house are individuals defined by their inability to secure a particular type of place and solutions for the

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hard-to-house often involve very deliberate acts of place-making: proponents seek to create a new place in a community and opponents try to defend and maintain existing arrangements. There were also personal reasons for focusing on solutions for the hard-to-house – it was becoming a very visible problem in the community in which I lived.

Despite having been identified as one of the world's most liveable cities, in recent years Vancouver has had a significant problem with homelessness and, in particular, challenges with those perceived as hard-to-house. When I started my research there was no shortage of potential solutions to investigate. I chose two solutions to study: the Tri-Cities Mat Program and the Dr. Peter Centre. The Tri-Cities Mat Program was a solution developed by the Tri-Cities Homelessness Task Group in 2007 to provide temporary shelter to those homeless in the Tri-Cities, north east of Metro Vancouver. Rotating between five Tri-City churches during the months from November to March, users were provided with a mat, washing facilities, an evening meal and breakfast. It was staffed by volunteers and coordinated by a local nonprofit organization receiving federal funding. The process of setting up this Mat Program required re-zoning applications in each of the three cities and was highly contested. One public hearing went from 7pm to 3am, with over 80 speakers supporting and opposing the program. When the Mat Program came up for public consultation in 2008 it passed without incident and the main opposition group is now an integral participant of the Task Group. Motivated by a commitment to end homelessness, the Task Group is currently working to establish a permanent shelter. A study of the Mat Program offered the potential to explore a contested social innovation within a defined community. Existing ways of thinking about the social problem of homelessness were brought out into the open through the public planning process and it appeared that the program had transformative effects in changing thinking around homelessness. The Task Group were actively maintaining the program and were seeking to develop more permanent services, providing me with an opportunity to observe in real-time the conversations, practices and strategies associated with social innovation.

The second solution I chose to study is the Dr. Peter Centre. Dr. Peter Jepson-Young formed the Dr. Peter AIDS Foundation before his death in 1992, having documented his struggles with HIV/AIDS in his "Dr. Peter Diaries" on CBC Television. Just before Peter died, he outlined his vision for the Foundation to provide "comfort care": to offer others living with HIV/AIDS a level of support akin to that which he had received from his friends and family. His vision was realized when the Dr. Peter Centre opened in 1997 in Vancouver's St. Paul's Hospital as a day centre for those living with HIV/AIDS. The Foundation adapted to the changing face of HIV/AIDS that was becoming more of a disease of poverty. Many of the Centre's participants

were not only dealing with HIV/AIDS but also homelessness, addiction and mental health issues. In 2002, the Centre announced that their nurses were providing a supervised injection service to their clients. This "harm reduction" approach was, and still is, controversial in many communities and the city's official supervised injection site, Insite, a first in North America that opened the following year, has an uncertain future. In 2003 the Foundation opened a purpose-built facility in Vancouver's West End that combines a day centre with a residence that provides 24 hour nursing care. A study of the Dr. Peter Centre provided the opportunity to explore how this facility that addressed the needs of individuals perceived as hard-to-house had been established in a residential area and how their supervised injection service seemed accepted, a practice that is contested in other settings. In addition, the Dr. Peter AIDS Foundation was seeking to set up two other sites, and this provided an opportunity to observe the work involved in implementing these innovations into new communities where existing ways of thinking might be challenged.

Role of Places & Place-Making in Transformative Social Innovation

After spending a year in the field collecting data for each case – conducting interviews, observing meetings and events, reviewing archive material – I identified that places and place-making had played significant roles in the transformative effects of the Mat Program and the Dr. Peter Centre. I found that places had a number of different roles in each social innovation - enabling, constraining, connecting, isolating and mixing. I identified the importance of three mechanisms:

1. **Places act as mediators** through which social problems and solutions are understood. I found that the mediating role of a place is particularly shaped by the geography of everyday life: how people understand a social problem and potential solutions seems influenced by the places with which they are most often in contact. The places that individuals repeatedly engage with activate certain institutions, which I refer to as proximal institutions, and it is through these that they understand less frequently activated, less intimately understood, distal institutions.

2. **Places act as containers** to establish and maintain boundaries around a social problem and its solution. These boundaries can concentrate attention on a social problem or a novel solution in ways that can both spark action and suffocate it. I found that places that provide temporary containment are particularly important. They can provide individuals with very intense experiences, impossible to sustain for any length of time, which can lead to significant change.

3. **Places act as portals** that introduce people to different worlds. When people enter a physical place they can be exposed to different ways of thinking and behaving. They can find themselves transported into new institutional realms - experiencing novel and unfamiliar sets of practices and meanings - and this exposure can transform their existing ways of thinking about a social problem.

My analysis of place-making focused on the work to create new places, use existing ones and disrupt others. This revealed that place-making had played foundational, enabling and extending roles in each social innovation. I identified three ways place-making could shape social innovation:

1. **Place-making as mapping** - the arranging of places, people and activities in relationship to one another that can shape how social problems and their solutions are understood. I found that place-making can act to rearrange the relationships between places and people and in doing so increase the visibility of social problems and their solutions. Such repositioning of places, people and activities can lead to a significant shift in ways of thinking about those social problems. I found that two types of mapping work were particularly important: naming and scaling.

2. **Place-making as engaging** - through their participation in place-making, individuals can engage with social problems and their solutions in new and substantive ways. I found that this engagement can happen before a social innovation is "officially launched" and that the work to maintain places can be especially engaging and lead to the development of new solutions.

3. **Place-making as connecting** – place-making can act to connect diverse people who can then collectively respond to a social problem and its solutions. Place-making can act to stimulate relationships between individuals and this can lead to collective action. I found that the connections made through place-making may depend on how much place-making work makes collaboration essential.

Insights for Institutional Studies and the Organizing of Transformative Social Innovation

These findings, I believe, have implications for both institutional studies and the study and practice of social innovation. For institutional studies this study highlights the possibilities that can come from exploring places and place-making, and their potential institutional connections. At one level my findings are not likely to surprise institutional scholars. The ideas of mediation, containment and portals connect to established concepts in institutional theory.

Equally the ideas of mapping, engaging and connecting are implicit within the emerging field of studies into institutional work. That said, the ideas of proximal and distal institutions, and institutions as temporary containers, might open fresh avenues of enquiry. For the study of institutional work I have introduced the concept of place-making and introduced strategies such as scaling. I have identified the importance of studying the experience of institutional work and suggested an avenue of study focused on the body. Finally, I draw attention to the role of one particular institutional work dynamic – interdependency.

For social innovation my findings have implications for the three areas I identified as being underexplored – contested social problems, the micro-processes of social innovation, and the novel solutions that lead to a re-evaluation of a social problem. My findings point to the important role of places: to shape how social problems are understood in ways that fuel and reduce conflict; to facilitate engagement with contested social problems in transformative ways; and to introduce people to new ways of thinking about a contested social problem. In relation to how social innovation is organized "on the ground", my findings reveal a number of key processes. They highlight how the work to maintain places can be particularly engaging and transformative; the work on places where collaboration between diverse people is essential can lead to individuals being exposed to new ideas; and the work to rearrange places, people and activities can create the conditions for new solutions to be accepted.

Finally, my findings contribute to our understanding of relationship between a novel solution and transformation. My approach to transformation is one where the novel solution leads to a significant shift in the way a social problem is understood in a community. I found evidence of this in both cases. The Mat Program not only changed the trajectory of the lives of many of its users, it also significantly shifted ways of thinking about homelessness for many residents in the Tri-Cities who participated in the program's creation, implementation and maintenance. I found that the Dr. Peter Diaries was associated with changing attitudes towards those living with HIV/AIDS and that this has continued through the Dr. Peter Centre – a Centre which attracts visitors from around the world to understand its philosophy of care that views the lives of some of the most marginalized in society as inherently valuable and provides them a home. I found that in both cases places and place-making played crucial roles in their transformative effects. My study has implications for the prevailing view of transformation in the social innovation literature, one based on replication. I found that a social innovation may gain its transformative effects as much from the process to create, implement and maintain it than from its technical characteristics. I found that transformation can occur even before the solution has been implemented. Rather than associate transformation with replicated copies of a single solution, my study suggests that

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transformation might be assessed in a new way. Transformative social innovations are those that increase a community's engagement and participation in exploring a social problem, leading to the generation of more solutions, more recognition of the social problem, and more change in existing ways of thinking about the social problem.

The Structure of the Dissertation

The structure of this dissertation is as follows:

- **Chapter 1** - *Social innovation & transformation* – I review the literature on social innovation, explore the relationship between social innovation and transformation, and identify the core relationship in which I am interested.

- **Chapter 2** – *An institutional lens on transformative social innovation focusing on place and place-making* – I introduce the lens to examine transformative social innovation, outline the reasons for my choice, and make the connections to place and place-making that lead to my research questions.

- **Chapter 3** – *Research design and context* – I explain my research design and context, introduce the social problem of the hard-to-house and explain my reasons for this choice, provide an overview of the social problem of the hard-to-house in Metro Vancouver and introduce my two cases and my rationale for their selection.

- **Chapter 4** – *Data collection and analysis* – I provide my approach to data collection and analysis, introduce my sources of data, explain my strategy for analysis, outline how I sought to check the credibility of my results, identify limitations of this study and introduce ethical issues associated with this research.

- **Chapter 5** - *Case study of the Tri-Cities Mat Program.*

- **Chapter 6** - *Case study of the Dr. Peter Centre.*

- **Chapter 7** – *The role of places in transformative social innovation* – I explore the role of places in the social innovations of the Mat Program and the Dr. Peter Centre, present three sets of examples where places played a significant role in shaping these innovations, introduce three mechanisms – places as mediators, containers and portals – and consider their implications.

- **Chapter 8** – *The role of place-making in transformative social innovation* – I explore the role of place-making in the Mat Program and the Dr. Peter Centre, present three sets of examples, introduce three mechanisms – place-making as mapping, engaging and connecting – and consider their implications.

- **Chapter 9** – *Discussion* – I consider the implications of these findings. First, I return to the institutional lens to consider the implications for our understanding of institutions and institutional work, and then I return to the core relationship and explore three issues – contested social problems, the micro-processes of social innovation and how a novel solution to a social problem might lead to the re-evaluation of the social problem. I then consider what my findings might mean for practitioners and conclude with what I believe are the study's potential contributions and limitations.
- **Chapter 10** – *Epilogue* – I conclude this study by providing a short update on the two cases: the Mat Program and the Dr. Peter Centre.

CHAPTER 1: SOCIAL INNOVATION & TRANSFORMATION

At one level, social innovation is an extraordinarily creative field – and one that
is having a global impact. But it's also a field that is only just taking shape and
moving beyond anecdotes (Mulgan, 2010).

Interest in the practice of social innovation has been growing at a dramatic rate but so far
this pace has not been matched in academia. Put politely, the study of social innovation is an
emerging field at the early stages of development (Mulgan, 2006; Nilsson, 2003; Phills et al.,
2008). Put more bluntly, it is in a bit of a mess. The results of a survey of the literature found
"little serious research, no widely shared concepts, thorough histories, comparative research or
quantitative analysis" (Mulgan, Tucker, Ali & Sanders, 2007, p. 7). While a number of
universities have established research centres dedicated to the study of social innovation, there is
no clearly identifiable body of literature or academic home. In this chapter I explore the diverse
literature on social innovation and seek to identify some of the central themes, challenges and
insights into its organization. I start with the problematic issue of definition and choose one
definition that provides a template to examine four distinct components underpinning interest in
social innovation. I then consider in further detail the association in the literature of social
innovation with the idea of transformation. I introduce a definition of transformative social
innovation and an unexplored relationship.

Defining Social Innovation

A review of the literature reveals an eclectic range of disciplines interested in the topic of
social innovation. There are connections to social entrepreneurship, social enterprise, social
economy, social capital, social finance, and corporate social responsibility. Social innovation is
also a topic of some significance within urban studies (e.g., Moulaert, Martinelli, González &
Swyngedouw, 2007), technology management (e.g., Dawson, Daniel & Farmer, 2010), and the
study of creativity (e.g., Mumford, 2002). Theoretical connections are made to the innovation
literature, most notably complexity theory (e.g., Westley et al., 2006). This eclectic interest,
however, proves problematic when there are significant differences in how the term is defined.

There is no commonly accepted definition of social innovation (Goldenberg, Kamoji,
Orton & Williamson, 2009; Nilsson, 2003). While many definitions share common elements, they
often emphasize very different characteristics. For some, it is about recognizing the social side of
innovations (e.g., Maxwell, 2003) to highlight the creative changes in social arrangements
required for the adoption and diffusion of new technologies (Mulgan, Tucker, Ali & Sanders,

2007). For others, it represents a quite different class of innovation distinct from, and in some cases a reaction to, technical and market-based approaches (e.g., Nussbaumer & Moulaert, 2004). While the innovation is recognized as important, others place the focus on what motivates the activity such as tackling global social problems (e.g., Cooperrider & Pasmore, 1991). This contrasts those who stress the importance of the effects of the innovation. There are different assessments as to how impactful these effects need to be, for example, improved job satisfaction and organizational performance (Pot & Vaas, 2008), new markets for underserved consumers (Christensen, Baumann, Ruggles and Sadler, 2006), the development of a new social economy (Murray, 2009), or societal and systemic change (Westley & Antadze, 2010).

There are also definitions that elevate how social innovations are organized. Here particular organizational forms are salient such as nonprofits or companies (e.g., Kanter, 1999; Saul, 2010) or particular types of people such as social entrepreneurs (e.g., Bornstein, 2007; Elkington & Hartigan, 2008) and civic entrepreneurs (Goldsmith et al., 2010). Others emphasize the organizing process and the importance of encouraging the participation of different stakeholders in the design of novel solutions (e.g., Burns, Cottam, Vanstone & Winhall, 2006; Goldenberg, 2010) that, for some, entail directly involving those marginalized by existing arrangements (Nussbaumer & Moulaert, 2004). The result of these different definitional emphasises is an amazingly diverse collection of examples of social innovation in the literature, from community gardens to initiatives to tackle global climate change. While this keeps the field of social innovation inclusive and reflects the complexity of the issues being explored, the insufficiently operationalized term has had implications for its study.

Social innovation's definitional ambiguity has meant that researchers have largely avoided examining its processes (Mulgan, 2006). This has led some academics to conclude that social innovation, at its worse, "adds nothing to what we know about innovation and is too vague to be useful" (Pol & Ville, 2009, p. 881) or, at its best, is useful only in broad terms.

> Perhaps it [social innovation] is one of those concepts that can only be framed and used as an analytical tool as well as one can but not exhaustively defined. It goes without saying that the concept of social innovation provides not only a seductively topical, but also a positively wholesome counterweight to more technologically orientated literature. The problem, however, is that when one presses harder to pin down the idea, its inherent appeal and the search for conceptual clarity and precision is tested by theoretical complexity, ambiguity and frustrating conceptual flexibility (Sotarauta, 2009, p. 623).

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In response to these problems, one group of scholars has sought to "rediscover" social innovation and carve out what they see as its distinctive characteristics.

Phills, Deiglmeier and Miller (2008) define social innovation as "a novel solution to a social problem that is more effective, efficient, sustainable, or just than existing solutions and for which the value created accrues primarily to society as a whole rather than private individuals" (Phills et al., 2008, p. 36). This definition has four constitutive components: first, a focus on social problems; second, an interest in finding novel solutions to those social problems; third, the absence of a particular organizing model; and fourth, the benefits of this work are to be distributed beyond the innovators. Using this definition as my template, I examine the literature on social innovation to find out what we know about each of these components and identify areas currently unexplored.

A Focus on Social Problems

One widely shared theme in the literature is that social innovation is concerned with solving social problems. Phills et al. (2008) argue that this is a coalescing point for those with different views of social innovation. One thing that can be agreed, they state, is that we have social problems and we generally understand what they are.

> …there tends to be greater consensus within societies about what constitutes a social need or problem and what kinds of social objectives are valuable (for example, justice, fairness, environmental preservation, improved health, arts and culture, and better education) (Phills et al., 2008, p. 38).

A closer look at how social problems are treated in the literature on social innovation, however, reveals significant differences in the types of social problems presented and the degree to which they are explored.

One of the most striking features of the social problems presented in the literature is how dramatically they vary in scale. Social innovation, for some, is concerned with global problems that affect everyone (Cooperrider & Pasmore, 1991; Osborn, 2009), such as climate change. This contrasts to those who focus on locally situated problems such as deprivation within specific neighbourhoods (Drewe, 2008; Nussbaumer & Moulaert, 2004). There are also differences in the way the social problem is specified. It can range from a general term such as "the economic crisis" (Mulgan, 2009) to more specific issues such as dealing with obesity and addictions (Mulgan, 2006). For some, social problems are ones that need to be tackled now. The "development of social innovation is an urgent task – one of the most urgent there is" (Murray, Tucker, Ali & Sanders, 2007, p. 7) and we are said to be at a point in history where we face a

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"perfect storm" of "rapid climate change, decreasing fossil fuel supplies, food shortages, and economic collapse" (Westley & Antadze, 2009, p. 8). One feature that connects a sizeable subset of the literature is that these social problems are described as intractable and that social innovation is concerned with solving problems that are extremely difficult to solve (e.g., Goldenberg, 2010). Problems are described as "deeply rooted", able to "persist over time despite multiple interventions" (Philia, n.d.), and beyond the reach of a single organization or sector (Murray, Mulgan & Caulier-Grice, 2008).

For the most part, the reasons why social problems might exist are either considered self-evident or left unexplored. There are, however, some references to social problems being related to organizational or field-level characteristics where problems are the result of toxic practices, such as in the financial system (e.g., Murray, 2009), or failures to adapt to the environment. The most significant body of work to identify the reasons for social problems draws on complexity theory (Tapsell & Woods, 2008; Westley, 2008; Westley et al., 2006). Through this lens, social problems emerge out of complex interactions between increasingly interconnected systems (Westley, 2008). Social problems are seen as situated in contexts that they shape and by which they are shaped. The implication is that social problems should not be extracted from the dynamic network of relationships because of the risk that the analysis would fail if the connections with causes and effects are lost (Moore & Westley, 2009). Rather than treating problems as "complicated" challenges amenable to being broken down into fixable components, social problems are complex ones that are "messier and more ambiguous in nature; they are more connected to other problems; more likely to react in unpredictable non-linear ways; and more likely to produce unintended consequences" (Burns et al., 2006, p. 8).

Despite some interest in the "messiness" of social problems, there is barely any discussion in the literature around how this might manifest itself. Social problems are largely portrayed as issues where there is widespread agreement as to their existence and need for solutions. There appears very little critical awareness that the identified problems might be contentious. For example, Mulgan et al. (2007) identify "addiction to alcohol, drugs and gambling" under the label "behavioural problems of affluence" (Mulgan, Tucker, Ali & Sanders, 2007, p. 9), as if addiction and its causes are generally accepted and understood. The literature generally ignores conflict around social problems and frequently cites examples such as climate change and poverty where it seems that there is a consensus on the need to act. But what of issues where there may be less agreement such as gay rights or the unequal distribution of financial resources in the world? This highlights that the identification of social problems can expose

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differences in ways of thinking and behaving and their articulation reflects a set of beliefs and values about what is wrong in the world that may or may not be shared.

Social problems are also presented in the literature in objective terms where their incontrovertible existence enables them to act as a clearly identifiable target on which novel solutions can be aimed. Less explored are questions such as: how have these problems emerged over other issues; how are these problems defined and understood; and how might focusing on these problems in this way privilege some and penalize others (Loseke, 2003). It could be that the construction of social problems in some cases may reveal more creativity than that seen around the novel solution. The idea that social problems might interact with the organizing of the novel solution is also largely missing. Social problems set the scene for action but then play passive roles – often found in the opening paragraph of a case study which provides the setting and stage for the innovator and their solution. It is as though the innovator emerges and operates from a problem-free space, ignoring the possibility that the social problem is changing in time in relationship to, and also independently of, the novel solution.

In summary, a distinctive feature of social innovation is the focus on finding solutions to social problems. As there appears no shortage of social problems, the emerging field of social innovation offers a rich and diverse arena for study and practice. For the most part, however, social problems are largely unexplored in the social innovation literature and they can be presented as self-evident and objective phenomena to which solutions are applied. Studies are needed that locate social problems within the contexts in which they are understood and experienced. This could provide insights into how social problems emerge as well as the impact of novel solutions on these problems. In particular need of study are social innovations that engage with complex social problems where there is considerable disagreement over how they might be resolved.

An Interest in Finding Novel Solutions to Social Problems

In October 2009 the Lien Centre for Social Innovation at the University of Singapore announced the winners of its $1 million (Singapore dollars) social innovation competition. The winning entries included rats able to sniff out landmines, a social enterprise that recycles unwanted clothes for the rural poor in India, an online platform to fund scholarships for Cambodian and Vietnamese children, and interlocking bricks to reduce the costs of assembling basic housing.[11] These initiatives are examples of the second major constitutive component of

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[11] A world of winning ideas to lift up Asia, (2009, October 24). *The Straits Times*, pp. A1, D1-D9.

social innovation, as defined by Phills et al. (2008); the interest in novel solutions to social problems. These solutions can take many forms:

> A social innovation can be a product, production process, or technology…but it
> can also be a principle, an idea, a piece of legislation, a social movement, an
> intervention, or some combination of them (Phills et al., 2008, p. 39).

This potential variety is reflected in the examples in the literature such as Charter schools (Phills et al., 2008), farm agents (Drucker, 1987), and the first street lights in Philadelphia (Mumford, 2002). Despite the overwhelming diversity of these examples, there are four characteristics that many of these novel solutions seem to share.

The first shared characteristic of many novel solutions to social problems is not that they are valued for their originality but for how they can be implemented and shared (Cooperrider & Pasmore, 1991; Mulgan, Ali, Halkett & Sanders, 2007; Pearson, 2007). For many, a social innovation is a solution that can be diffused and taken up in a variety of settings (e.g., Leadbeater, 2008). Christensen et al. (2006) argue that, much like the success of the "no-frills" South West Airlines, novel solutions to social problems just need to be "good enough" – easy to replicate, more convenient and less expensive than rival services attracting the underserved, and a simpler proposition to those overserved by the market – such as walk-in clinics, affordable insurance, online classes and micro-lending. One example is Aravind Eye Care System in India that has managed to streamline eye surgery as well as manufacture lenses cheaply (from $200 to $3) so that it can treat 300,000 of the world's poorest people and is still able to make a profit.[12] Other examples of novel solutions seeking to have a significant impact, however, focus less on the service and more on shifts in the way societies are organized; solutions that directly lead to changes in thinking and behaviour (e.g., Marcy & Mumford, 2007; Mumford, 2002). Examples referenced here include environmentalism and the slow food movement (Murray et al., 2010).

A second shared characteristic of many novel solutions to social problems revolves around their relationship to technology (e.g., Huddart, 2010). In some cases a new technology is enough to qualify as a novel solution, such as solar-powered laptops to educate children in areas without electricity or a new vaccine to halt the spread of a disease. More commonly, novel solutions are seen to embed new technologies, mesh with them or even create the conditions for the new technologies to emerge. For example, the success of the car is said to be related to the "host of associated social innovations: driving schools, road markings and protocols, garages, traffic wardens and speeding tickets, and more recently, congestion charging systems" (Mulgan,

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[12] For more information on Aravind - http://www.aravind.org/aboutus/index.asp.

Tucker, Ali & Sanders, 2007, p. 12). Others point to a more interactive relationship where new technologies such as health care drugs shape and are shaped by changes in the way health care services are organized (Gardner, Acharya and Yach, 2007). Mumford (2002) argues that it is a complex "push-pull" relationship where social innovation can sometimes push the development of certain technologies and at other times be pulled along.

One type of technology, the internet, is seen to play a central role in many novel solutions and, for some, its use and development is directly related to the interest in social innovation (Leadbeater, 2008; Morino, 2009). The internet and its associated network technologies have been used as a resource to generate new social networks such as Tyze, an online support system connecting those with disabilities to family and friends (Tyze, n.d.), and The School of Everything, an online service that puts people in touch with those in their area "who can teach anything from Yoga to Mandarin" (Young Foundation, 2009b, p. 7). The internet also acts as a platform to share information and ideas from around the world, demonstrated in initiatives such as the online encyclopaedia, Wikipedia, and the operating system, Linux. Initiatives connected to this technology are said to be particularly collaborative and "open". In contrast to the view of new technologies as being "high tech", focused on narrow objectives, produced by a select group of "experts", and where the intellectual rights are private and protected, here the emphasis is more on "low tech" solutions that seek to meet public goals through involving large and diverse communities whose collective intelligence produces outputs that are openly shared (Leadbeater, 2008; Murray et al., 2010). The cumulative effects of such collaboration are said to increase a society's innovative capacity (Murray et al., 2010) and to be essential for a new type of economy suited to a world of distributed networks and blurring boundaries between production and consumption (Murray, 2009).

A third shared characteristic of novel solutions in the literature is an interest in participation. The work on many social innovations involves including users in their development and implementation (Rodin, 2010). Users, people with first-hand knowledge of a social problem, can have a legitimacy amongst their peers (Svensson & Bengtsson, 2010) that makes them particularly suited to generate and diffuse new solutions. Technology can clearly assist the participatory process, for example, Ohmynews which uses web-based technology to involve citizen journalists in South Korea or ReachOut!, a web-based peer-to-peer approach that started in Australia and is now spreading in the United States to tackle depression among young people. But technology is not always the essential element. This is typified by the growing interest in social innovation by designers (e.g., Brown & Wyatt, 2010; Burns et al., 2006) seeking to shift from a product-centred to a user-centred approach by actively involving users in the creative process

(Manzini, 2009). This engages with the tacit knowledge of those dealing with social problems, gained through everyday interactions, and starts from "the presumption that people are competent interpreters of their own lives and competent solvers of their own problems" (Mulgan, Tuckers, Ali & Sanders, 2007, p.22).

A fourth characteristic that many novel solutions to social problems seem to share is that they are "hybrids" made up of combinations of different ideas (Mulgan, 2006; Murray et al., 2010): for example, diagnostic health lines, magazines sold by the homeless, and gay rights linked to marriage. These "blends" are not restricted to single solutions but can also be seen in combinations of solutions. For example, the novel solutions of Planned Lifetime Advocacy Network (PLAN), formed in the late 1980s by a small group of parents concerned about how their children with disabilities would be cared for after they died (PLAN, n.d.), included an idea, a process, a movement, a piece of legislation and a product. The parents had the idea that people with disabilities were contributors to society, thus challenging the prevailing view of disability, and they created local support networks to strengthen the relationships around a person with disabilities. The parents also formed another organization, Philia, to raise awareness of these issues at a national level and successfully lobbied government to change legislation. In 2007 the Canadian government announced the Registered Disability Savings Plan, the first of its kind in the world. This new financial product would enable families to provide long-term financial support to their relatives with disabilities, without threatening other financial support from the state.

While the interest in novel solutions in the literature on social innovation is significantly greater than that focused on social problems, the accounts are largely descriptive. The primary emphasis seems to be on prolificacy and pragmatism – generating as many solutions as possible to make a practical difference. Less explored is how these different solutions complement or contradict existing ones, as well as the solutions that fail or have unintended consequences. While it is recognized that labelling something as new does not make it "inherently virtuous" (Bacon, Faizullah, Mulgan & Woodcraft, 2008, p. 14), the solutions all seem to be treated as having positive effects (Murray et al., 2010). This can gloss over any disagreements as to their effectiveness and the values and beliefs of their proponents. For example, Charter Schools, cited as a defining example of social innovation (Phills et al., 2008), are not without critics who view them as a novel but inappropriate solution (e.g., Renzulli & Roscigno, 2007). Also largely unexplored is how past solutions interact with new ones. For example, social innovations of the past may have played a role in creating the social problems of the present (Froud, Johal, Montgomerie & Williams, 2010) or are perceived as so successful that they create resistance to

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ongoing change (Westley et al., 2006). To choose an "old" solution might sometimes be a better choice than trying to create a new one (Moulaert et al., 2005). Policymakers may embrace innovation at the expense of existing programs that need continued support.

The issue of the hybrid nature of novel solutions to social problems is also underexplored despite some interesting research. Westley's (1991) review of the success of Band Aid and Live Aid in the 1980s, to raise funds for famine relief in Ethiopia, highlights how solutions are embedded in particular contexts which influence and shape their elements. Band Aid not only blended "music, as one symbolic language, with television imagery" to produce record-breaking music sales and global events but this solution came at an opportunistic time in the music industry's cycle (Westley, 1991, p. 1020). Mumford's (2002) study of Benjamin Franklin's social innovations that included fire brigades and public libraries also supports the idea of solutions being formed out of complex interactions with their environment. Like Christensen et al. (2006), Mumford supports the idea that novel solutions need only be "good enough" but argues that social innovation is best seen as a series of solutions that interact with each other over time to create "chains of innovation" (Mumford & Moertl, 2003, p. 265). The individual solution may not appear complete, coherent or comprehensive but its strength lies in its generative potential. Mumford argues that social innovation depends on "timely, more limited solutions that address key issues while laying an organizational foundation for more long-term efforts" (Mumford, 2002, p. 258).

In summary, the literature on social innovation highlights a wide range of novel solutions tackling diverse social problems and there appears to be an interest in finding solutions that make a significant difference to those problems. The focus is often on how new technologies can be used to tackle social problems as well as how technology, such as the internet, can facilitate the generation and diffusion of new solutions. While there is a recognition in the literature that individual novel solutions are often "blends" of different ideas, less explored is how new solutions interact with existing solutions and how they might enable as well as constrain future innovation.

An Absence of a Particular Organizing Model

> Innovation can emerge in places and from people outside the scope of social entrepreneurship and social enterprise. In particular, large, established nonprofits, businesses and even governments are producing social innovations (Phills et al., 2008, p. 37).

A third component underpinning the study and practice of social innovation concerns how it can be organized. The consensus is that novel solutions to social problems can originate from any sector (Bacon et al., 2008; Mulgan, Tucker, Ali & Sanders, 2007) and that everyone can be a "change maker" (Drayton, 2006, p. 80) and we should remain "agnostic about the sources of social value" (Phills et al. 2008, p. 37).

The case for not prescribing a particular organizational form for how social innovation should be organized is based on a number of different arguments. The first is a practical one. No single organization or sector has the resources, money or expertise to fix social problems with impacts that extend beyond their boundaries (Goldsmith et al., 2010; Osborn, 2009), such as dealing with climate change. A second argument is a reaction to existing forms of organization. Individual organizations are identified as potentially constraining innovation (Goldsmith et al., 2010; Murray et al., 2010) and limited by a focus on improving organizational capacity rather than on a societal impact (Pearson, 2007). A third case is made for organizational eclecticism by highlighting the creativity that can emerge through cross-sector partnerships, for example, innovations such as fair trade, urban farming, and restorative justice (Murray et al., 2010). The blurring of the boundaries between organizations and sectors also allows one sector to draw on the organizing ideas of another. For example, the business mindset is said to be particularly suited to tackling complex social problems and is able "to see a crisis as an opportunity when the rest of us are stuck in the quicksand of bad news" (Samuelson, 2009, p. 32). New ways of thinking are also said to emerge as different perspectives "collide" (Centre for Social Innovation, 2010; Huddart, 2010). Finally, some theorists use empirical evidence to draw the conclusion that social innovation occurs across sectors. For example, Goldenberg et al. (2009) revisited a study of social innovation research and practice in Canada undertaken in 2004. They identified a growing interest in the field of social innovation and, with evidence of activity in and across all sectors, found that social innovation was no longer exclusive to nonprofit organizations.

While an eclectic range of organizations can be involved in organizing social innovation, the process of how a novel solution is generated and implemented appears to follow a more defined pattern. It is said to conform to the standard "s" curve for innovations that starts with the support of a few committed supporters which then builds rapidly, hits a saturation point, and matures (Mulgan, 2006). In this process there are a number of organizing phases or stages (Bacon et al., 2008; Mulgan, 2006; Murray, et al., 2008; Murray et al., 2010). The first phase is a discovery stage, where new ideas are generated in response to needs, followed by a period of prototyping and piloting. The next stage involves mainstreaming (Bacon et al., 2008) the solution and looking for ways it could be scaled up (Mulgan, 2006) and then embedded across sectors

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(Bacon et al., 2008). The final stage is said to be a period of learning and reflection as the innovation "may have turned out different than expected by their founders" (Mulgan, 2006, p. 154). The phases are not thought to be necessarily consecutive and have feedback loops between each stage where ideas can be transformed. Bacon et al. (2008) argue that there are three important elements to making this process work that include: the importance of *authority*, external pressure that authorizes change; *organizational capacity*, the internal capabilities to deliver change; and *value*, the feedback that comes back to the proponents about the benefits being created that can generate legitimacy for the innovation. These elements play critical roles in different phases but ultimately must all be operating in the latter stages. While there are some different approaches in the literature to explain the process of social innovation, such as the panarchy concept (Pearson, 2007) and resilience theory (Moore & Westley, 2009), there is a shared view that social innovation has some recognizable stages and phases (Westley & Antadze, 2009). The theoretical perspectives do not seem to challenge the idea of emergence and diffusion but they do locate the single innovation within a wider network of relationships and interactions and also deal with the idea of decline. As a Phoenix from its ashes, the remnants of one innovation can provide the opportunities for the next.

Organizing such a process of social innovation appears to involve both deliberate agency and opportunity (Westley & Antadze, 2009). The literature on agency highlights the crucial role individuals play, epitomized by the growing literatures on social and civic entrepreneurship (e.g., Bornstein, 2007; Goldsmith et al., 2010; Light, 2008). A review of historical cases, such as the initiatives of Benjamin Franklin (Mumford, 2002) and Frederick Taylor (Mumford and Moertl, 2003), identify the importance of individuals who were able to develop ground-breaking ideas out of their everyday experiences and a willingness to experiment. Two overlapping skills stand out. Social innovators appear able not only to diagnose causes of social problems but also to consider the "downstream consequences" of any proposed solution. This diagnostic ability may come from having a unique combination of outsider and insider knowledge (Marcy & Mumford, 2007). Second, social innovators need to garner elite support and financial resources. One strategy is "case-based reasoning": to use a prior solution to a problem as a model that, with some adjustment, could serve as a framework for solving the current problem (Mumford, 2002). This enabled Franklin, for example, to use the rules firmly established in the Gentleman's Club as the basis for organizing the volunteer fire department (Mumford, 2002, p. 259).

Deliberate agency can also involve groups and supportive networks. Behind individual innovators like Franklin are those that play many important roles, such as the supportive elites who provided him with ideas and finances (Mumford, 2002). Many social innovations could only

be organized by the combined efforts of many (Murray et al., 2010) and take the form of social movements, for example, the environmental movement, or groups collaborating on a shared project, for example, Wikipedia or PledgeBank. For some, social innovations also involve organizing in ways that engage the most disadvantaged by social arrangements (e.g., Westley, 2008). Although how diverse sets of people might come to organize social innovation is only just beginning to be explored, several themes appear important. First, there is an emphasis on organizing social innovations in ways that privilege "lived experience" and engage groups that may have been previously overlooked. This not only means experts observing the experience of "smallholder farmers, school children and community health workers as they improvise their way through their daily lives" (Brown & Wyatt, 2010, p. 33) but also finding ways to collaborate equally, co-creating solutions (Burns et al., 2006). A central idea is that the solutions can be found in the "assets" of the community (Drewe, 2008; Kretzmann & McKnight, 1993). One approach is to look for "positive deviants"; those who seem somehow to overcome difficulties that others in their situation appear to face (Brown & Wyatt, 2010; Rodin, 2010). Second, engaging different sets of interests requires organizing mechanisms to make that happen effectively. Of importance are those individuals and organizations that can operate as connectors or intermediaries (Goldsmith et al., 2010; Kinder, 2010; Pearson, 2007). They are able to create safe spaces to share and experiment with ideas as well as extend the network that can support and diffuse any innovation (Bacon et al., 2008; Murray et al., 2010).

Deliberate attempts to organize social innovation are not, however, sufficient to entirely explain their emergence. It can involve simply being in the right place at the right time. This means that a "successful social innovator is, intentionally or not, part of the dynamics of transformation rather than the heroic figure leading the change" (Westley et al., 2006, p. 20). This can be the result of particularly favourable field-level conditions independent of the social problem. For example, the success of Band Aid and Live Aid in raising 60 million dollars through sales of music for famine relief in Ethiopia is said to have come at exactly the right time in the cycle of the music industry (Westley, 1991). The timing can also relate directly to a rise in a social problem. For example, the attractiveness of Taylor's scientific management approach was in part a response to the rapid expansion of the mass production industry with its need to rely on an unskilled and poorly educated labour force (Mumford & Moertl, 2003). More generally, organizing social innovation is said to require sector-level conditions that include: a business sector open to competition and with accessible capital; a democratic government with competing parties that have funds for innovation; and a nonprofit sector with practitioner networks and allies in politics (Murray et al., 2010).

The interplay between deliberate agency and opportunities is a complex process (Westley et al., 2006). It can be observed in the cases that locate social innovations in particular places and spaces. For example, the results of a study of why some cities and regions generated more social innovations than others pointed to a complex interaction between outside pressures and resources and local creativity and leadership skills (Bacon et al., 2008). Some individual places have been organized in ways to create the conditions for social innovation. Places have been designed to encourage creativity and connections, such as the "Social Innovation Park"[13] in northern Spain, "The Hub", a network of 12 city locations for "people who believe they can change things…change minds, change lives, and ultimately change the world a little",[14] and the "Centre for Social Innovation" in Toronto, that seeks to build a community of innovation. Places that act as "demonstration sites" to show the feasibility of a proposed innovation can also attract expertise and provide training for those who will disseminate the solution (Mumford & Moertl, 2003). Some places can emerge as focal points for social innovation, where innovators cluster and knowledge and resources can be shared (Klein, Tremblay & Bussières, 2010), and innovations can also be facilitated through an innovator's everyday places. Mumford (2002) identified the importance of the Gentleman Clubs as the locations that provided Franklin with the sounding board for many of his innovations and highlights the role of places that can enable people to think differently and gather support for their ideas.

Although the literature reflects an increasing interest in how social innovations can be organized, there are some significant issues that remain underexplored. A commitment to an eclectic approach to organizing can mask the realities of sectoral differences, power imbalances, resistance, and the practical challenges of diffusing novel solutions to social problems (Antadze & Westley, 2010; Goldsmith et al., 2010). The argument that no specific organizational form or sector has a monopoly on social innovations seems to sidestep some of the different objectives and logics that embody these organizing arrangements. Partnerships between organizations from different sectors are often extremely difficult to sustain (e.g., Berger, Cunningham & Drumwright, 2004; Gazley, 2008). Much is said to depend on each partner's motivation and ability to "recalibrate their roles as the relationship unfolds" (Le Ber & Branzei, 2010, p. 167). Perhaps the need for a shared and unifying language for the practice and study of social innovation has downplayed the idea of different types of social innovation emerging from different sectors, for example, "corporate social innovations" (Kanter, 1999). Where sectoral

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[13] For more info on the Social Innovation Park - http://socialinnovator.info/connecting-people-ideas-and-resources/innovation-intermediaries/hubs/social-innovation-parks

[14] The Hub. (n.d.). *Invitation*. Retrieved from http://the-hub.net/invitation.html

differences are recognized as important is when the argument is made for cross-sector collaboration (Goldenberg, 2010). Here the weaknesses of each sector, such as government reluctance to take risks (Westley & Antadze, 2009), business avoidance of delivering public goods (Mulgan, 2006), and civil society's lack of skills and resources (Murray et al., 2010), are felt to be avoided by cross-sector collaboration. Their positive sectoral qualities, such as a focus on social problems (nonprofits), interest in problem solving (businesses), and commitment to social inclusion (governments), can then be successfully combined. Still underexplored, however, are the ways that this organizing task is accomplished and the effectiveness of the hybrid organizations that have spawned (Billis, 2010; Goldenberg, 2010).

Largely missing in the literature on organizing social innovation is the concept of power. While there is a recognition of organizing "tensions" (Phills et al., 2008, p. 41) and a struggle against vested interests (Mulgan, Tucker, Ali & Sanders, 2007; Pol & Ville, 2009), there is very little exploration of these dynamics and how competing interests might impact organizing. Mulgan, Tucker, Ali and Sanders (2007) argue that resistance to change is likely because of investments – material (time and money), cognitive (assumptions and values) and relational (social capital and networks) - in the existing arrangements. These are diminished when maintaining the status quo is seen as less efficient or when individuals are exposed to different sets of interests, ideas, and relationships. But how these shifts take place is not particularly clear. If, as Westley et al. (2006, p. 121) state, "social innovation involves, indeed requires, redistributing power", then an understanding of power dynamics seems critical. Good practice in social innovation might require being much more upfront about the winners and losers of existing arrangements before and after the implementation of a social innovation as well as adopting a more nuanced approach to resistance. The idea of resistance is currently associated with "the old order" that pioneers need to sidestep (Murray et al., 2010, p. 13) but this can overlook the embedded nature of agency. Those organizing novel solutions often benefit greatly from existing arrangements. Change may be related to individuals who have had slightly "atypical experiences" and "marginalized backgrounds" that helped them to see problems where others might not (Mumford & Moertl, 2003, p. 262) and who are able to deal with and exploit paradoxes in the system (Pina e Cunha & Campos, 2003). Also underexplored is how the organizing process itself might alter power relations. For example, Burns et al. (2006, p. 26, italics in original) credit the focus on user-centred design as shifting "*where* design skills are being applied and *who* is doing the designing" and how this "Pro-Am community" is starting to challenge professional roles and practices.

Finally, the literature points to some significant practical challenges with organizing social innovation, such as how to measure success and deal with growth. Measuring the impact of a social innovation is extremely difficult when its effects extend beyond the boundary of a single organization and involve intangible goals (Mulgan, Tucker, Ali & Sanders, 2007). Equally, diffusing a solution into other settings is not as straightforward as it might be for a business.

> While the benefits of discount retailing and quick oil changes are made widely available, better ways to treat mental illness, move welfare recipients into the workforce, protect environmentally valuable wetlands and educate children remain isolated, unavailable to many who could benefit (Dees, Anderson & Wei-Skillern, 2002, p. 1).

One organizational tension is how to collaborate and share ideas while also trying to protect the intellectual capital crucial for the survival of the organization (Murray et al., 2010). Another is how to decide what ideas to diffuse and how (Dees et al., 2002). One approach is to focus on going to scale by concentrating on maximizing the number of adopters and so measuring success by volume change. An alternative perspective is to look for tipping points where small interventions have big effects (Gladwell, 2000) on how societies are organized (Westley & Antadze, 2009).

In summary, the literature on the study and practice of social innovation reveals an eclectic approach to the organization of social innovation. Early attention of researchers and practitioners has been on identifying the factors that might influence the success of that organizing, from particular individual skills to certain favourable environmental characteristics. These factors are then mapped to specific stages of a social innovation, from conception to diffusion. Less explored is how different forms of organizing might shape the development of solutions and the type of problems they will engage with in the first place. In particular, minimal attention is given to how those organizing novel solutions can challenge existing arrangements and how managing this tension might shape the design and impact of social innovations.

The Benefits of this Organizing is Distributed Beyond the Innovators

A fourth component underpinning the study and practice of social innovation is concerned with its effects. A novel solution to a social problem qualifies as a social innovation if it is "more effective, efficient, sustainable, or just than existing solutions and for which the value created accrues primarily to society as a whole rather than private individuals" (Phills et al., 2008, p. 36). This interest in generating social value is viewed as the quality that makes social innovation distinctive from other types of innovation. Social innovations are solutions that create

benefits or reduce societal costs in ways that "go beyond the private gains and general benefits of market activity" (Phills et al., 2008, p. 39). The literature on social innovation provides examples of those benefits and what might qualify. Key themes are the ideas of: *impact*, the solution has a demonstrable effect on the social problem; *scale*, the number of beneficiaries of the solution; and *durability*, whether the solution can deliver effects over the long-term. Social innovations, for some, cannot be band-aid solutions and must tackle the root causes of a social problem (e.g., Westley et al., 2006) as well as spread widely (e.g., Goldberg et al., 2009) and last (e.g., Leadbeater, 2008). Other effects include the creation of "new social relationships" which seem to have different implications, such as greater participation of a marginalized group in society (Nussbaumer & Mouleart, 2004), an increase in the innovative capacity of a society (Mulgan, Tucker, Ali & Sanders, 2007; Murray et al., 2010), or a substantial disruptive effect on social arrangements (Westley & Antadze, 2009).

There are, however, some difficulties with defining an innovation based on its effects. First, there is a problem of measurement. There are significant difficulties in identifying how one novel solution impacts a complex social problem where the processes are not easily reduced to simple cause-effect relationships (Westley & Antadze, 2009). Second, there is a problem of who benefits from the social innovation. Phills et al. (2008) place the emphasis on benefits to society rather than private individuals but this is not always easy to untangle. Solutions may have multiple private and public benefits, such as with the internet (Pol & Ville, 2009) and there are also difficulties in elevating public benefits over private ones (Aiken, 2010). Many innovations, such as in health and education, are experienced on an individual basis (Auerswald, 2009) and focusing on general societal benefits can overlook the costs experienced by a minority. For example, the transformation of the cotton industry in Britain led to cheap clothing that was easy to clean and design but it also had "disastrous social consequences" for the displaced hand-loom weavers (Pol & Ville, 2009, p. 882). The argument for avoiding private effects seems to relate specifically to those involved in the market but this raises a third problem: how to make sense of the role of the market and business in social innovation.

On the one hand the importance of the involvement of all sectors in organizing social innovations seems well accepted and yet on the other hand the market seems the least compatible. The issue is not that businesses are unable to innovate around social problems. For example, in the area of unemployment and job creation the "contribution of Wal-Mart stores and McDonald's Corporation dwarf those of a dozen Grameen banks" (Auerswald, 2009, p. 55). One issue seems related to the way the market rewards and distributes the benefits of an innovation and how this shapes the orientation of the organization. Phills et al. (2008) provide the example of lifesaving

drugs created by for-profit pharmaceuticals. They argue that these drugs are socially valuable and generate benefits beyond the investors but the primary benefits ultimately accrue to the organization and its investors. These investors are incentivized to protect their investment and its growth depends on organizational capacity and market opportunities available to maximize its returns. That is not to say that it is not possible for businesses to solve chronic social problems, but the orientation to "stimulate their own business development" (Kanter, 1999, p. 124) means that those effects are not as widely distributed as perhaps they might be. While for some the pursuit of commercial and social benefits is seen as inherently compatible (i.e., Saul, 2010), the implication is that social innovation not only denotes a certain kind of intent, an intention to improve a social condition or right a wrong, but that this should be demonstrated in the results.

The emerging field of impact-investing represents one attempt to meet social and financial objectives, and private investors, accustomed to weighing up returns, are said to bring important "rigour" to the process ("Social innovation", 2010, p. 56). For example, JP Morgan's $165 million Urban Renaissance Property Fund provides affordable housing in some of America's poorest communities and also earns a market rate return of 15% for its investors (Rodin, 2010). Where a market approach is perhaps most problematic is when social problems are the result of market failures and where economic benefits are not only hard to measure but viewed as peripheral to an innovator's mission. For example, the San Patrignano organization, the largest drug rehabilitation community in the world, has a mission to change "the established view of drug addiction as a disease rather than a problem of social exclusion" and would do this work "regardless of the level of costs involved and necessary resources required" (Perrini, Vurro & Costanzo, 2010, p. 526). San Patrignano may in fact deliver economic benefits but this is not the motivating objective or standard of measurement.

There is also a problem over the arbiters of the effects of social innovation and at what point in time the judgment is made. Largely missing in the literature is any critical assessment not only of those who benefit from the effects but also those who judge the effects. The ethical and political aspects of social innovation are then avoided. In defining social innovation as motivated to improve quality of life, Pol and Ville (2009, p. 882) recognize that determining its effects is not "ethically neutral", both in defining what quality of life means and how it might be realized. If social innovations are developed over a long period of time (Mumford 2002), and perhaps seen as combinations of different types of solution (Westley & Antadze, 2010), then there are difficulties around when the effects are identified. The politics of declaring a novel solution as a social innovation is also underexplored, especially where there may be pressures to demonstrate its contribution (Mumford, 2002). To declare something as a social innovation is often a declaration

of "potential" rather than realized benefits (Pol & Ville, 2009, p.882) and little is known about how the way a social innovation is presented might influence its impact, scale, and durability.

In summary, the literature on social innovation supports the idea that social innovations are viewed by practitioners and researchers as solutions that are intentionally designed to benefit those most affected by a social problem. There are, however, differences over how significant those benefits need to be and to what extent the benefits of engaging in social innovation can be shared across multiple stakeholders. The value-laden and political aspects of social innovation that can shape how benefits are constructed and articulated are rarely acknowledged in the literature and remain unexplored.

Social Innovation & Transformation

This review of the literature on social innovation has revealed a number of areas in need of further examination. This is not unsurprising for an emerging topic of study and I have identified gaps in the literature for each component of the Phills et al. (2008) definition of social innovation. At this point I want to leave the larger universe of issues around social innovation and focus on one part of this emerging field. My interest is in exploring the relationship between social innovation and transformation. In particular, I am interested in how social innovations might be organized in ways that deliver significant social change. In the next section, I examine the social innovation literature that engages with the idea of transformation and then put forward a definition of transformative social innovation and present an exploratory framework.

Transformation and Social Innovation

For many, what distinguishes social innovation from other types of innovation is the intention of the innovator to transform social arrangements (e.g., Cahill, 2010; Goldenberg, 2010; Goldsmith et al., 2010; Mumford, 2002; Westley et al., 2006). The association with the idea of transformation is used to differentiate social innovations from those that only result in incremental gains (Centre for Social Innovation New Zealand, 2010). For some, the current context is ripe for such innovation.

> We are all heading into the unknown. We are all improvising. Nobody has the
> answers; we are co-creating them in service of a shared vision…It's a
> transformative time of creative ferment, of blasting away encrusted ideologies
> and organization walls. It's a time to cross boundaries, summon the leadership in
> everyone, bust silos, and build unlikely coalitions (Osborn, 2009, p. 29).

The combination of new network technologies and the interest in engaging users in co-creation of products and services is said to make this a "time of transformative innovation" (Murray et al.,

2008, p. 2). Irrespective of whether this particular point in history is suited to such transformation, there are many who define social innovation as novel solutions that achieve substantial change (e.g., Marcy & Mumford, 2007; Nilsson, 2003; Westley, 2008). On closer inspection, there are some differences regarding what is expected to be transformed and how that might be organized.

The focus of transformation in some cases is on organizational or field-level change. For example, the social innovation could potentially transform the "social sector" as "its current form fails to foster innovation" (Christensen, Kirsch & Syman, 2009). The majority of cases in the literature, however, associate social innovation with transformation in two ways: having an impact on society and on the social problem. For example, the cumulative effect of producing social innovations is said to lead to an increase in a society's innovative capacity (Pearson, 2007) and the focus is not on "band-aid solutions" that address the immediate symptoms of social problems but on solutions that tackle their underlying causes (Westley, 2008). For example, Mothers Against Drunk Driving had to tackle the "fact of life" view that "men drank, [and] drank to excess" that was "deeply embedded in cultural perceptions and expectations" (Westley et al., 2006, p. 195). To make a difference necessitates work that seeks to substantially alter social arrangements; social innovation is seen as "innovation in social relations, as well as in meeting human needs" (MacCallum , Moulaert, Hillier & Haddock, 2009, p. 2).

In contrast to social entrepreneurship that may focus on individual actions and social enterprise that addresses organizational issues, the study and practice of social innovation is said to be focused on system change (Westley & Antadze, 2009). Social innovations require "changing how societies think" (Mulgan, Ali, Halkett & Sanders, 2007, p. 22) about social problems in ways that may require "a significant, creative and sustainable shift" (Nilsson, 2003, p. 3). Success is when the new ideas become a "changed common sense" made possible by "a series of reinterpretations by practitioners, beneficiaries, funders and the wider public" (Mulgan et al., 2009, pp. 22-23). One social innovator describes success as when ideas get into the "water supply".[15] Such a shift may involve substantial change in the "basic routines, resource and authority flows or beliefs of any social system" (Westley, 2008).

Evidence of such change, however, is viewed in quite different ways. For some, system change is only apparent when a social innovation is adopted nationally or globally (e.g., Bacon et al., 2008). The transformative aspect of the social innovation is achieved by scaling up to reach increasing numbers of beneficiaries to a point that it influences political, cultural, and economic arrangements (Westley & Antadze, 2009). But for others, transformation of the "rules of the

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[15] Al Etmanski (19th January, 2011). Social innovation and social finance: What is it and why is it going on in Canada? Social Innovation and Finance Tour, Vancouver.

game" take place at the local level (Goldsmith et al., 2010; Moulaert et al., 2007) where selective targeting of established patterns of behaviour and thought can have transformative impacts without the "volume of adoption" (Wesley, 2008, p. 5). There are also differences as to how much a social innovation is a direct challenge to societal systems. In the Urban Studies literature, social innovation emerges as a reaction to "market-led territorial development" (Moulaert & Nussbaumer, 2005, p. 45) and a technological bias in innovation policy, and it is a way to empower those that the system has disadvantaged and excluded (e.g., Gerometta, Haussermann & Longo, 2007; Moulaert et al., 2007). In contrast, the transformative aspect of social innovation is presented by others as an alternative approach rather than a direct challenge to the system (e.g., Murray et al., 2010). The new social economy still has room for all sectors and types of organizations.

There are also questions about how to organize the need to engage with and transform social systems. Mulgan et al. (2007) argue for an approach that learns through practice and through demonstration. In contrast, others have drawn on complexity theory with its interest in exploring the dynamics of complex social systems (Westley, 2008) and highlighted the importance of exploring an institutional perspective: the established meanings, rules and practices underpinning social arrangements (Heiskala, 2007; Westley et al., 2006). Westley (2008) argues that these "taken for granted institutions are often the source of intractable problems. Real innovation without change in these institutions is therefore unlikely". Of importance are institutional entrepreneurs: those with the skills to recognize local institutional dynamics and seize "windows of opportunity" (Westley, 2008). How individuals and organizations are able to do this work and how it might shape the transformative impact of the social innovation is underexplored. Where there is agreement is over some of the practical challenges. To attempt to alter social arrangements is likely to result in resistance (Murray et al., 2010), may often take many years to achieve (Bornstein, 2007; Mumford, 2002), and may require "thinking like a movement" in ways that involve collaborating with multiple actors with different levels of engagement (Osborn, 2009; PLAN, 2008) and drawing on ideas such as framing (Leadbeater, 2008).

In summary, one of the defining aspects of the interest in social innovation is the concern of the innovators that the novel solution has a significant impact on the social problem. For many scholars and practitioners social innovation involves transformative effects, some significant change in social arrangements as a result of introducing the novel solution. The exploration and understanding of how such transformations might be organized, however, is only in the early

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stages of development. My motivation to embark on this study is to find ways to contribute to our knowledge of transformative social innovation.

Exploring Transformative Social Innovation

I define transformative social innovation as:

> *Novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community.*

This definition is different from some existing approaches to transformation in two ways. First, I define change in terms of a significant shift in the ways a social problem is understood and managed. By placing the emphasis on the social problem, my definition differs from accounts that start and end with the novel solution. Transformation in these accounts is considered evident when the solution is implemented or when the solution reaches a certain volume (e.g., Bacon et al., 2008). The advantage of focusing on a social problem is that it not only offers a way to explore the impact of a novel solution it also helps to avoid solution myopia, an exclusive focus on the characteristics of the novel solution that detaches it from the environment it seeks to change.[16] Second, my definition of transformative social innovation is grounded in a particular social context, a community. This is an attempt to set some boundaries around a social problem and its solutions as well as open up a means to explore transformation as a process and not just an outcome. A community focus provides a way to explore how a social problem is experienced by a particular group of people and how novel solutions might interact with these ways of thinking and behaving towards a social problem in ways that can lead to significant change. For the purposes of this study, I define community in terms of a group of people living in a specific locality.

I am also particularly interested in incorporating into my exploration of transformative social innovation two main issues that are underexplored in the social innovation literature:

a) contested social problems where there may be considerable differences over how they are understood;

b) and the challenge of organizing diverse sets of interests around a common project.

A Core Relationship

In the remainder of this chapter I explore transformative social innovation using the following framework. Two essential elements in transformative social innovation are a novel

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[16] Tom Lawrence puts this more succinctly: "The problem of social innovation as a term is that it can move us away from social change as a term – instead of trying to change the world we focus on trying to fix it" (Personal communication, 21st January 2011).

solution to a social problem and existing ways of thinking about that social problem (see Figure 1).

Figure 1: A Core Relationship: Two Essential Elements

A novel solution to a social problem can take many forms, such as an idea, product or process (Phills et al., 2008) and it is novel in the sense that it is new to a given community. I define existing ways of thinking and acting about a social problem as the prevailing beliefs and practices relating to a social problem within a given community. The challenge is to work out how these two elements relate in ways that lead to a significant shift in those beliefs and practices.

The literature on social innovation generally presents the relationship in one-directional terms where the introduction of a novel solution in itself leads to a change in existing ways of thinking about social problems (see Figure 2).

Figure 2: A Core Relationship: Novel Solutions Shape Social Problems
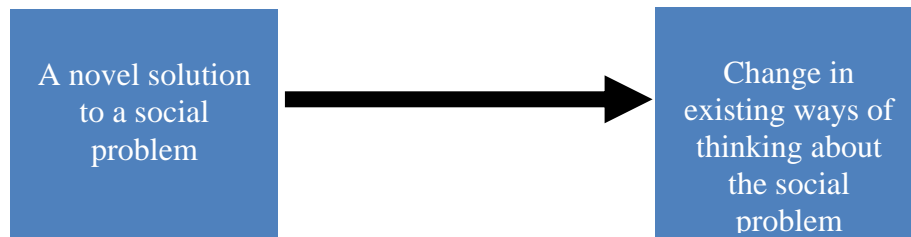
For example, the introduction of micro-credit, small loans issued to those without collateral, is often presented as an example that single-handedly changed attitudes towards some of the world's poorest. Novel solutions in the literature can appear very coherent and stable so that, when they are deployed, they seem unaffected by their interaction with existing ways of thinking and they can produce clear and evident outcomes. It is not surprising then that, when the relationship is seen in these terms, those in search of societal change focus on replicating solutions as more of the same solution is equated with more change. There is some recognition in the social innovation literature, however, that points to the relationship also working the other way.

Another way to think about the relationship is to recognize that a novel solution is influenced and shaped by existing ways of thinking about a social problem in the given community (see Figure 3).

Figure 3: A Core Relationship: Existing Ways of Thinking About Social Problems Shape Novel Solutions

Shape a novel solution to a social problem	⬅	Existing ways of thinking about the social problem

For the most part the social innovation literature presents this in rather negative terms (e.g., Murray et al., 2010) and it is equated with the self-interested responses of individuals and organizations defending the status quo that privileges them. This resistance is normally identified as emerging once the novel solution has been developed and when the solution is in the process of being implemented. Less explored, although recognized by some, is that innovators are often embedded in the communities that they seek to change (e.g., Mumford, 2002). This implication is that while existing ways of thinking about a social problem may have constraining effects, they may also play an enabling role in creating the conditions from which new solutions emerge and are developed.

The relationship then between novel solutions and existing ways of thinking about a social problem can involve movement in both directions (see Figure 4).

Figure 4: A Core Relationship – An Interplay

A novel solution to a social problem	⬅➡	Existing ways of thinking about the social problem

Movement seems particularly likely when organizing transformative social innovation. A solution that seeks to significantly shift the way a community understands a complex and contested social problem is likely to provoke a response. A community may resist the solution or try to modify it in some way and social innovators will need to respond to this. A novel solution is also likely to interact with a community's experience of past and existing novel solutions that are interwoven

into existing ways of thinking about a social problem. This may require considerable to-ing and fro-ing in the relationship in order to create and implement a novel solution that is understandable and applicable to a community, otherwise the solution may be viewed as incompatible, treated as peripheral or accommodated without any significant shift. Transformative social innovations that involve organizing diverse interests around a common project may also require considerable give and take as individuals negotiate how their interests will be met. In summary, the relationship is likely to be a dynamic, recursive, and potentially messy one. It is also one that is likely to involve considerable work.

Summary

The study and practice of social innovation is an exciting and emerging field and there is much to explore and discover. I have chosen one topic to examine: the relationship between social innovation and transformation. I am interested in transformative social innovation: novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community. In particular, I am interested in solutions that tackle contested social problems and how diverse interests might be organized around a common project. The framework I use to explore transformative social innovation focuses on the relationship between a novel solution and existing ways of thinking about a social problem. I argue that this is likely to be a dynamic and recursive relationship involving work. To explore this interplay between a novel solution and existing ways of thinking about a social problem that might lead to transformative social innovation I adopt an institutional lens.

CHAPTER 2: AN INSTITUTIONAL LENS ON TRANSFORMATIVE SOCIAL INNOVATION FOCUSING ON PLACE & PLACE-MAKING

I am interested in transformative social innovation – novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community. To explore this I focus on the relationship between a novel solution and existing ways of thinking about a social problem to understand how a significant shift might occur. In this chapter, I introduce the lens through which to examine this relationship. An institutional perspective provides a way to think about the processes and structures that affect how people talk about and act towards a social problem, the persistence of these attitudes and behaviours, and what would need to change for a significant shift to occur. The explanatory power of an institutional perspective, however, can be lost if the role of agency is neglected. So I introduce an emerging stream of research that explicitly recognizes the institutional work of individuals (Lawrence & Suddaby, 2006; Lawrence et al., 2009; Zietsma & Lawrence, 2010). An institutional lens is too wide-angled and difficult to deploy in practice so I endeavour to ground it by focusing on places and place-making. A focus on places and place-making leads me to identify two research questions.

An Institutional Perspective

Institutional theory is a dominant theoretical perspective in organizational studies (Greenwood, Oliver, Sahlin, & Suddaby, 2008) even if it is still largely unknown outside of academia. The foundations of an institutional perspective lie in its commitment to gain a "real-world" understanding of organizational life (e.g., Selznick, 1949). Unwilling to accept at face-value overly rational accounts of human behaviour, institutionalists are fascinated in looking "under the hood" of social systems to examine how shared patterns of thinking and acting become established and persist (Meyer & Rowan, 1977; Scott, 2001). Institutions are socially-constructed rules and practices which have over time become infused with values (Selznick, 1949), taking on a "life of their own" beyond the influence of their creators, and have developed into prevailing templates for thought and action. Institutions can become so established that deviating from them results in sanction (Jepperson, 1991; Philips, Lawrence & Hardy, 2000). Through this lens, individuals operate in an institutional world where institutions can shape relationships (e.g., marriage), work (e.g., capitalism) and everyday interactions (e.g., greetings).

An institutional perspective has been used to explore patterns of thinking and behaving in a variety of settings. Researchers, for example, have explored the role of institutions in the legal profession (e.g., Edelman, 1992), the civil service (e.g., Tolbert & Zucker, 1983), health care

(e.g., Scott, Ruef, Mendel & Caronna, 2000), banking (e.g., Fox-Wolfgramm, Boal & Hunt, 1998), new technologies (e.g., Garud, Jain & Kumaraswamy, 2002), and social movements (e.g., Clemens, 1993). An institutional lens has also been used to explore significant change such as: environmentalism and the chemical industry (Hoffman, 1999); the establishment of Nouvelle Cuisine in France (Rao, Monin & Durand, 2005); the rise and fall of a University budget category (Covaleski & Dirsmith, 1988); downsizing and permanent employment in Japan (Ahmadijan & Robinson, 2001); and the shift in the higher education publishing industry from a craft-based industry to a market based one (Thornton, 2002). The diversity of the settings to which the institutional perspective has been applied is a testimony to its explanatory power. It provides a way for researchers to identify and explore how practices and beliefs become established and can change. As such an institutional perspective has potential insights for the study and practice of social innovation, a field where it has not yet been applied.

Institutions and Transformative Social Innovation

An institutional perspective can help to examine the interplay between novel solutions and social problems in three principal ways. First it situates novel solutions and social problems within a particular social context and provides a way to explore this context. The way individuals think and act towards a social problem is influenced by shared sets of beliefs, norms and rules in their community. These institutions shape the way individuals make sense of a social problem: how they respond to it as well as their means to interpret new solutions (see Figure 5).

Figure 5: Social Innovation in an Institutional Environment
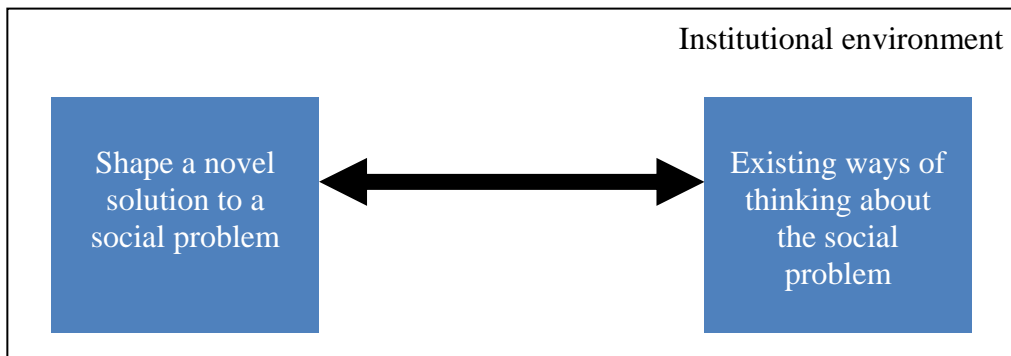
Second, an institutional lens provides an explanation of how ways of thinking and acting towards a social problem can persist. To significantly shift the way a social problem is understood and managed necessitates some change in the institutional arrangements that underpin the problem. To enact such a change may be extremely difficult as institutions are sustained by a complex mix of costs and benefits that motivate their reproduction over time. Individuals can benefit from shared approaches to thinking and acting that become established and gain

legitimacy but also experience increasing costs if they deviate (Jepperson, 1991; Philips, Lawrence & Hardy, 2000). Institutional studies point to three mechanisms - cognitive, normative and regulative - that reinforce this durability (Ingram & Clay, 2000; Lawrence, Winn & Jennings, 2001; Scott, 2001). Cognitive mechanisms emphasize the importance of symbolic structures (e.g., symbols, words, signs) whose meanings become shared, take on a form of objective reality to participants, and become taken for granted (Berger & Luckmann, 1966). Normative mechanisms specify sets of appropriate practices and structures as are found in the professions (Greenwood, Suddaby & Hinings, 2002; Scott, 2001), and regulative mechanisms involve rule-setting, monitoring and sanctioning (Scott, 2001). These mechanisms work to facilitate an institution's reproduction and persistence. It can be costly for those individuals who depart from taken-for-granted meanings, morally-infused practices and enforced rules as non-compliance can appear confusing, immoral, and illegal.

Third, while the institutional perspective has an explanation for the persistence of institutions, it also provides insights into how institutional arrangements can be altered. Studies have identified the importance of dramatic external change from a jolt or crisis (e.g., Hoffman, 1999) as well as institutions being vulnerable to entropy (Dacin & Dacin, 2008; Greif, 2006; Oliver, 1992; Zucker, 1988). Institutional persistence can be eroded through political, functional and social pressures (Oliver, 1992) and institutional arrangements may contain inconsistencies and tensions, contradictions, that provide the possibility for change (Seo & Creed, 2002). Most critical, for those interested in how transformative social innovation might be organized, is the research that highlights the role of agency in changing institutional arrangements. This research has identified strategies through which actors affect new institutions (Beckert, 1999; DiMaggio, 1988; Lawrence, 1999; Maguire, Hardy & Lawrence, 2004), the skills they require to do so (Fligstein, 1997; Garud, Jain & Kumaraswamy, 2002) and the factors which might motivate them (Battilana, 2006; Lawrence, 2004). The implication is that if individuals can actively work to change their institutional environments, environments that shape the way social problems are understood, then these individuals have the potential to significantly alter the way a social problem is understood.

Institutional Work

An emerging stream of institutional studies is focused exclusively on studying the "institutional work" of individuals and groups. Through this lens, individuals are not only subject to institutions but intentionally shape them. This approach recognizes that individuals are not passive participants in institutional worlds and acknowledges the "awareness, skill and

reflexivity" (Lawrence & Suddaby, 2006, p. 219) that individuals have in regards to their institutional environment. Significantly this approach seeks to avoid overly heroic accounts of agency. Individuals are not only recognized as situated in particular contexts that enable and constrain them but also that institutional work is far from straightforward. In recent years, the focus on agency in institutional studies has tended to exclusively highlight the role of institutional entrepreneurs, those who "leverage resources to create new institutions or to transform existing ones" (Maguire et al., 2004, p. 657). For the most part, these accounts are stories of success where the creative work of certain individuals is elevated above that of others (Perkmann & Spiver, 2008) in ways that appear overly orchestrated, too thought-through, and one-directional (Battilana, Leca & Boxenbaum, 2009); where institutional entrepreneurs can appear without self-interest in ways that mask those disadvantaged by the new arrangements (Khan, Munir & Willmott, 2007). An institutional work lens not only introduces two other categories of work, the maintenance and disruption of institutions, to that of institutional creation but also shifts the focus towards practices. In doing so, an institutional work lens highlights the activities of individuals working to create, maintain and disrupt institutions where the outcomes are often uncertain and unintended.

Studies of institutional work show skilled, effortful practices through which actors effect institutional innovation, stability and change in a range of domains, from high-tech innovation (Garud et al., 2002) to complex social change. Hargadon and Douglas' (2001) study of Edison's efforts to establish electricity as an alternative to gas illustrate the complex network of forms of institutional work associated with significant institutional innovation: devising bulbs that mimicked the gas lamp flames, campaigning to bury electric lines under the ground in order to be recognized as a utility, and setting up electricity meters in homes despite any means of measuring usage. In relation to maintenance work, Fox-Wolfgramm, Boal and Hunt's (1998) study of the banking industry reveals the work and resources spent on maintaining the institutional arrangements that dominate banking in the United States: they describe, for instance, the immense effort put into external audits aimed at assessing and ensuring institutional compliance (Fox-Wolfgramm et al., 1998, pp. 107-108). And the work to disrupt institutions is showcased in Leblebici, Salancik, Copay and King's (1991) study of the American radio industry where substantial change is attributed to the disruptive efforts of small independent radio stations in the 1950s and 60s.

More recent research on institutional work has been inspired by Lawrence and Suddaby (2006) who provided a framework to examine existing studies and articulated a distinctive avenue of inquiry. This has led to research that focuses specifically on institutional work, and in-depth

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studies of individual categories of institutional work (e.g., Zilber's (2009) study on institutional maintenance in a Rape Crisis centre in Israel and the powerful role of narratives), and accounts of individuals who engage in combinations of creating, maintaining and disrupting work (e.g., Hirsch and Bermiss' (2009) study of the transformation of the Czech republic from communism to capitalism). A focus on institutional work has provided a way to explore classic organizational topics, such as leadership (Kraatz, 2009) and power (Rojas, 2010), as well to examine "neglected actors and ignored contexts" (e.g., Martí & Mair, 2009, p. 113 who considered the institutional work in relation to poverty alleviation efforts in the developing world). An institutional work lens has also been applied to other complex and contested domains. Zietsma and Lawrence's (2010) study of the forestry industry in British Columbia identified the institutional work, specifically on boundaries and practices, which led to a transformation in the industry approach to clearcut logging.

Institutional Work and Transformative Social Innovation

An institutional work lens can help to examine the interplay between novel solutions and social problems in a number of ways. First, it helps explore how existing ways of thinking about social problems might influence the development of novel solutions. An institutional work lens suggests that to understand this relationship requires recognizing and exploring the intentional efforts of those who create, maintain and disrupt existing ways of thinking about a social problem in ways that shape the creation and development of the novel solution (see Figure 6).

Figure 6: Social Innovation - Institutional Work on Solutions
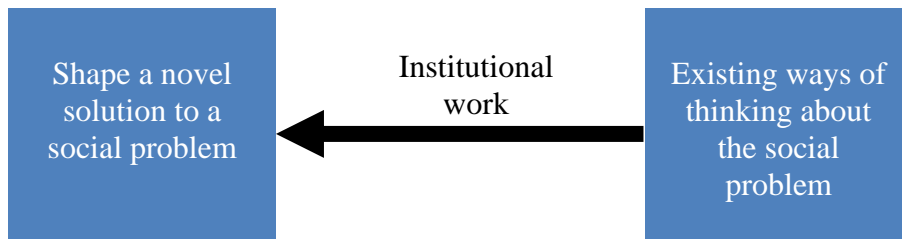
Second, this lens also helps to explore how a novel solution might influence existing ways of thinking about a social problem. An institutional work lens suggests that to understand this relationship requires recognizing and exploring the intentional effort of those who introduce the novel solution in ways that create, maintain and disrupt the existing/established ways of thinking about a social problem (see Figure 7).

Figure 7: Social Innovation - Institutional Work on Existing Ways of Thinking

A novel solution to a social problem	Institutional work →	Shape existing ways of thinking about the social problem
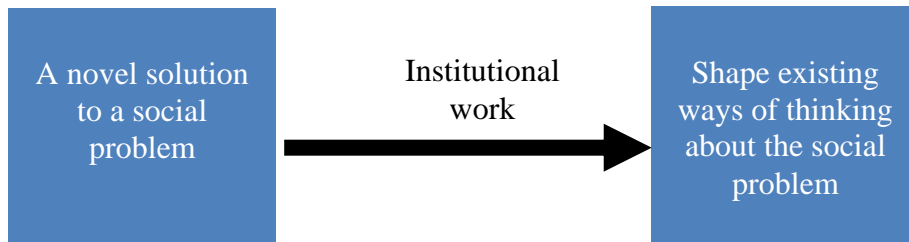
When combined the interplay between novel solutions and social problems then becomes a "story" of institutional work (see Figure 8) as individuals work to create, maintain and disrupt the institutional arrangements that shape the novel solution and the social problem.

Figure 8: Social Innovation – A Story of Institutional Work

Shape a novel solution to a social problem	Institutional work ↔	Shape existing ways of thinking about the social problem
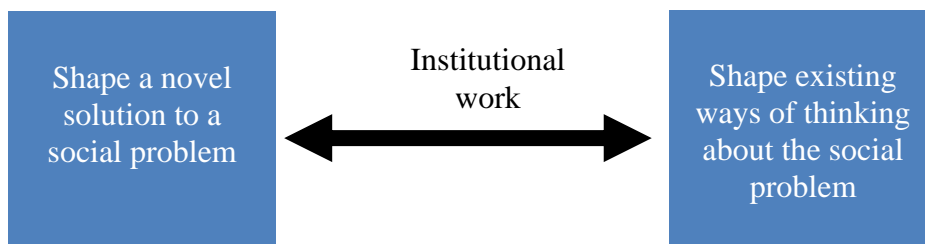
An institutional work lens provides a way to describe this activity and to explore it. In particular, a focus on institutional work provides three principal ways to examine the organizing of transformative social innovation (novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community). First, studies of institutional work view individual and collective actors as intelligent, creative and purposive. While institutions can clearly shape everyday interactions, individuals both participate in and influence this process. This work involves entrepreneurs who create new institutions, the "janitors" and "mechanics" who maintain them, the "homeless" who fall outside of normal institutional boundaries, and the malcontents who disrupt institutional arrangements (Lawrence, 2008; Lawrence & Suddaby, 2006). An approach open to heterogeneous agency and interests is particularly suited to exploring complex and contested social problems. It provides a way to identify the work of a variety of individuals that may maintain existing ways of thinking about a social problem and helps to understand how social problems can become so intractable. To change established ways of thinking about social problems may necessitate work that is doubly costly. In addition to the work to create a new approach to a social problem, individuals need to "write-off" practices and beliefs in which they have invested considerable time and energy.

Second, studies of institutional work recognize that the skills and intelligence of individuals are rooted in their unique contexts. The concept of institutional work is explicitly concerned with "intelligent, situated" action (Lawrence & Suddaby, 2006, p. 219), reflecting the ability of actors to tailor their institutional strategies to the specific contexts in which they operate. This makes an institutional work lens particularly helpful to understand how novel solutions and social problems are experienced "on the ground". It encourages the exploration of how individuals creatively leverage the sets of institutional rules and resources that structure their day-to-day lives in ways that shape the creation and implementation of a novel solution and how aspects unique to their context might enable or constrain this work.

Third, studies of institutional work are interested in processes that are "local and particularistic, context-sensitive, conflictual and ongoing" (Zilber, 2008, p. 163). It presents the possibility to move beyond a sometimes "linear view of institutional processes" in institutional accounts and focus on "activities rather than accomplishment, success as well as failure, acts of resistance and of transformation" (Lawrence et al., 2009, p. 11). For studies of institutional work, this idea shifts attention away from the effects of institutions toward the practices that create, maintain and disrupt them. This approach means that an institutional work lens is especially suited to studying social innovations over time. It provides a way to examine the work of individuals on and around a social innovation, unrestricted by any requirement for particular effects. An institutional work lens provides a way to explore the work that shapes the creation and implementation of a novel solution in a way that is not limited to the efforts of its proponents. It also provides a way to examine how the work on one novel solution shapes work on existing practices and subsequent solutions.

A Research Question

Armed with this institutional perspective to explore the relationship between a novel solution and existing ways of thinking about a social problem leads me to the following research question:

> *How do institutions and institutional work affect the process of transformative social innovation?*

This question, however, presents a very practical problem. If we accept that we live in institutional worlds where there are multiple institutions in play and we are engaged in multiple acts of institutional work, then there is likely to be a whole spectrum of issues that might play a crucial role in transformative social innovation. Any attempt to answer this question as it stands is therefore likely to produce a study that is in danger of being a mile wide and an inch deep. The

monumental task to try to identify every institution and type of work involved in the organizing of a social innovation is likely to produce a largely descriptive account that fails to produce any significant insights into the dynamics of the relationship between a solution and a social problem. To harness the explanatory and exploratory power of the institutional perspective therefore requires a narrowing of focus. My approach is to ground my institutional perspective by focusing on places and place-making. In the next section I explain the reasons for this choice and how it leads to two research questions that guide this study.

Places

To explore the role of institutions in transformative social innovation, I have chosen to focus on the role of places. At first glance places seem simple and commonsensical. A place represents a distinct geographical location that can be, for example, a particular neighbourhood, city, country, continent, planet or a monument, a building or a room. When we think of the earth we might picture a large map where land is divided into identifiable countries with named landmarks such as capital cities. But places are so much more than their location label and maps are such limited guides in capturing the complexity of the way a place is understood and experienced (Lippard, 1997). Gieryn (2000) argues that places are best understood as made up of three interrelated elements: a geographical location, with a material form, invested with meaning and value. In other words, a place is a particular spot in the universe that has a physicality – "whether built upon or just come upon, artificial or natural, streets and doors or rocks and trees, place is stuff"– to which individuals ascribe meanings (Gieryn, 2000, p. 465).

The role of places in society has fascinated many different scholars from a range of academic disciplines, such as geography, philosophy and sociology. There is considerable variety in their approaches and yet they all highlight the powerful connections people can make to places. Individuals can form profound emotional attachments to a place (Sibley, 1995; Tuan, 1977) and identifying with a place can become an important source of individual and community identity (Block, 2008; Relph, 1976; Rose, 1995). People can connect places to memories (Beatley, 2004; Cresswell, 2004) as well as aspirations (Lippard, 1997; Zukin, 1991). To evoke a place can generate feelings of belonging (Block, 2008). Places can provide individuals with security and a sense of order (Bauman, 1995). Our lives are said to be so "place-orientated" and "place-saturated" that "even when we are displaced, we continue to count upon *some* reliable place, if not our present precarious perch then a place-to-come or a place that was" (Casey, 2009, ix, italics in original).

These connections that individuals and communities make to places can have powerful social effects. People can ascribe particular attributes to a place, such as, "ours or theirs; safe or dangerous; public or private; unfamiliar or known, rich or poor; Black or White; beautiful or ugly; new or old; accessible or not" (Gieryn, 2000, p. 472). These attributes enable comparisons and identify boundaries. Through places people can distinguish between "here and there" and appreciate "near and far" (Gieryn, 2002, p. 464). They can also determine what and who is "in-place" and "out-of-place". Hall argues that "place seems to act as a sort of symbolic guarantee of cultural belongingness – marking off those who belong from those who don't" (Hall, 1995, p. 181). These boundaries can shape how people identify with some places and separate themselves from others. Some individuals identify against places, establishing their connection to a place "by contrasting themselves with different places and the people in them" (Easthope, 2004, p. 130). This can have significant social consequences on who is included and excluded from a place. At its most extreme, "insiders" can perceive "outsiders" as a form of "pollution" that can impact the "purity" of a place (Sibley, 1995, p. 59). Such social exclusion may be a result of, for example, class, race, sexuality, poverty, disability and religious differences.

Institutions and Places

Places have a complex relationship with institutions. They can become institutions as well as being created and defined by institutions. I would not argue that places are always institutions but that they can be, or can become, institutions – so infused with values that they "take on a life of their own". They can become the focus for established practices, rules and meanings (Gieryn, 2000; Relph, 1979). The boundaries around places can become so established that they become taken for granted in ways that mask their construction. Places can also play a crucial role in supporting a variety of institutions. Places can play an important role in enabling the mechanisms – regulative, normative and cognitive (Scott, 2001) that underpin institutions (Gieryn, 2000).

Regulative mechanisms underpinning institutions include set rules of conduct, prescribing and proscribing particular practices, and establishing boundaries around practices with respect to the contexts in which they might be permissible (Scott, 2001). Places can, for example, be used to reinforce, police and monitor rules through "architectures of enclosure, display, segregation, surveillance and classification" epitomized in prisons, hospitals, asylums and schools (Gieryn, 2002). Normative mechanisms provide guidance with respect to what are morally or culturally appropriate sets of attitudes, practices and structures, as are found in the professions (Greenwood et al., 2002; Scott, 2001). Places can provide an "institutional reality"

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(Gieryn, 2002, p. 35) to such norms whether it is hospitals for doctors, labs for scientists, churches for religious groups. Their design can also facilitate interactions in ways that reinforce differences and hierarchy and provide durability to social networks. Cognitive mechanisms that maintain institutions rely on symbolic structures (e.g., symbols, words, signs) whose meanings become shared and ultimately taken-for-granted by participants (Berger & Luckmann, 1966; Meyer & Rowan, 1977; Scott, 2001). The meanings associated with a place can reinforce and complement those assumptions in conceptual and physical ways. So places can be evoked as a category (e.g., a business, a church or a hospital) or as an instance of place (e.g., the World Trade Centre, the Taj Mahal, and the Mayo Clinic) in ways that support institutions.

Social Innovation and Places

Despite the power of places to shape social interactions, the emerging literature on social innovation has left largely unexplored the relationship between social innovation and places. While stories of social innovation always anchor their novel solutions in a particular place (e.g., Bornstein, 2007; Westley et al., 2006; Yunus & Jolis, 2003) the depiction of place is generally as the setting in which novel solutions to social problems emerge. Where places are identified in the literature it is often in relation to how novel solutions can be developed. There are examples of specific places associated with creativity such as the "Centre for Social Innovation" in Toronto and the city of Portland in Oregon, with its history of public involvement in decision-making (Murray et al., 2010). Bacon et al. (2008, p. 4) explored places associated with multiple innovations to investigate "why some places innovate more effectively to meet social needs that others". The innovative places included Pittsburgh, Lille, Gouda, Cambridge, and the Highlands in Scotland and shared three characteristics: an external trigger for change, a strong internal capacity to develop innovations and put them into practice, and access to external resources and public feedback. In the search for shared patterns of creativity, however, the unique characteristics of these individual places and their role in generating solutions, as well as the way a social problem is understood, is aggregated away.

The role of places in the social innovation literature is not entirely associated with creativity. Places are often evoked to explain the difficulties with diffusing social innovations. Solutions successful in one place can fail in another because their design and implementation is so unique to the place where they were created (Gerstein, 2002). While some argue that social innovations to some of the world's most intractable problems are best "designed, developed and delivered locally" (Bunt & Harris, 2010, p. 20), the interest in places more generally is arguably more motivated to transcend places than engage with them.

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Research Question

A focus on places offers a way to explore how institutions might affect the process of transformative social innovation as well as contribute to an unexplored area in the study and practice of social innovation. This leads to my first research question:

What is the role of places in transformative social innovation?

Place-Making

Places change. The geography of a place can shift, the material aspects of a place can erode or be reconfigured and the meanings associated with a place can alter. Change can come from powerful forces unattributable to any individual. Any spot on the earth is potentially vulnerable to changes in the planet's structure and atmosphere found in extreme events, earthquakes and hurricanes, as well as the more subtle cumulative exposure to the corrosive power of the elements. Buildings, neighbourhoods, cities and even countries can be lost entirely. For example, the capital city of Montserrat, Plymouth, was completely destroyed by volcanic ash in 1997 and the flooding in Pakistan in 2010 covering nearly one fifth of the country has resulted in "thousands of towns and villages [that] have simply been washed away".[17] Change can also come from societal shifts. For example, population movements from rural to urban areas reflect global changes in production and consumption. Over 50% of the world's population now live in urban areas, up from 29% in 1950, and the UN estimates that this will continue to rise with over 6.3 billion people living in urban areas by 2050 (United Nations, 2010).

The meanings associated with a place can also change. Smith (1999) studied how the actions and meanings associated with the Place de la Bastille changed over time. The Bastille started out as a profane place, marked by contempt, but over time came to be viewed as a sacred place, worthy of respect, before becoming a liminal place, a "special place where everyday rules of life are seen as being held in abeyance", before finally becoming a mundane place, part of everyday life, something that is seen but not noticed (Smith, 1999, p. 16).

Changes to places can also come about through the work of individuals. If places are made by individuals carving out something from their physical environment, carrying out activities in it and associating it with meaning (Gieryn, 2000) then there is the potential for individuals to shape places. This may be a largely unconscious act. People may be unaware of their impact on places. The importance of everyday interactions individuals have with places that reaffirm the significance of a place may go largely unnoticed (Cresswell, 2004). Individuals may

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[17] Ban Ki-moon (2010, August 16). *CNN*. Retrieved from http://www.cnn.com/2010/WORLD/asiapcf/08/16/pakistan.floods/index.html

also be oblivious to the changes to places that come as a result of simply forgetting about a place. Sometimes, however, individuals take an active role in changing places and keeping them the same. This place-making work (Cresswell, 2004; Gieryn, 2000; Schneekloth, 1995) is said to include activities such as "identifying, designating, designing, building, using, interpreting, [and] remembering" (Gieryn, 2000, p. 468).

> Place-making is said to be a universal activity.

> All over the world people are engaged in place-making activities. Homeowners redecorate, build additions, manicure the lawn. Neighbourhood organizations put pressure on people to tidy their yards, city governments legislate for new public buildings...Nations project themselves to the rest of the world through postage stamps, money, parliament buildings, national stadia, tourist brochures etc. (Cresswell, 2004, p. 5).

While there are formal place-makers such as architects and planners, place-making is not restricted to them and continues beyond the designs of their creators.

> Places are endlessly made, not just when the powerful pursue their ambition through brick and mortar, not just when design professional give form to function, but also when ordinary people extract from continuous and abstract space a bounded, identified, named and significant place (Gieryn, 2000, p. 471).

Institutional Work and Place-Making

Place-making can contribute to or even be a form of institutional work. The making of places can be used to create, maintain, and disrupt institutions. There are many examples in the literature of place-making as institutional work, even if it is rarely conceived of in these terms. An example of place-making to create institutions is in Forest's (1995) study that showed the work involved in creating the "first gay city in the US". Place-making involved mobilizing support, redefining identities, and challenging existing ways of thinking about the gay community. There was a conscious effort by the gay press to "portray gayness as akin to ethnicity, in contrast to homophobic characterizations of gayness as a perversion, sickness, or moral failure" (Forest, 1995, p. 134). In contrast to work that led to the inclusion of a marginalized group, Anderson (1991) offers an example of place-making that created an institution that resulted in long-standing exclusion. In a study of Vancouver's Chinatown, Anderson challenges a prevailing view that the Chinese have a cultural tendency to create special enclaves when overseas and she outlines how the creation of Vancouver's Chinatown was the product of European thinking and behaving. Chinatown was created through the work of Europeans to separate themselves from a racial group

that they defined. It was a city official, not the residents, that named an area in Vancouver as "China Town" in the late 1800s and ensured that the concept of the Chinese race became "materially cemented and naturalized in everyday life" (Anderson, 1991, p. 29).

Place-making can also be focused on institutional maintenance. The literature on places highlights the vulnerability of places to change and the need for maintenance work (e.g., Gieryn, 2000; Schneekloth, 1995). The physical characteristics of a place may erode, activities associated with a place can change or stop, and memories fade (e.g., Smith, 1999). Pred (1984) argues that places are never finished and are always "becoming" – while a place can structure the actions of individuals it also depends on their engagement and compliance. One notable example of place-making work to maintain institutions is the response of New York city officials and the media to graffiti in the 1970s (Cresswell, 1992). A considerable amount of work was prompted by graffiti which was sprayed in public places, particularly on the subway. Graffiti was considered out of place and inappropriate by city authorities. Guard dogs were placed in station yards, "buffer machines" were used to scrub subway trains; laws were passed to make the possession of spray paint in public places illegal; anti-graffiti teams were created; and one day a month was named "anti-graffiti day" when Boy and Girl Scouts cleaned defaced subway trains and streets. It was estimated that over $10 million was spent on all these initiatives in 1972 (Cresswell, 1992). Some maintenance work, however, involved recognizing and rewarding the work of those engaged in graffiti. The placing of graffiti into an art gallery transformed its meaning from "the wild, criminal, reviled, and despised product of the insane and deviant into the creative, inspired, aesthetically pleasing product of the artist" (Cresswell, 1992, p. 341).

In addition to work to create and maintain institutions, place-making can disrupt institutional arrangements. Places can be physically destroyed such as the tearing down of the Berlin Wall or the demolition of buildings and neighbourhoods. Practices and meanings associated with a place can also be altered (Shields, 1991; Smith, 1999) and challenged (Jess & Massey, 1995). Gieryn (2000, p. 465) argues that:

> in spite of its relatively enduring and imposing materiality, the meaning or value
> of the same place is labile – flexible in the hands of different people or cultures,
> malleable over time, and inevitably contested.

One example of place-making work that disrupts institutions is in Charlesworth's (1994) study of the Auschwitz death camp. Charlesworth describes the post-war efforts of the Soviet Union and later the Catholic Church in the 1970-80s to disconnect and disassociate Auschwitz from its

Jewish significance.[18] While places can be the primary focus of work to disrupt institutions, the literature also highlights the enabling role of places more generally for disruptive work. For example, Salmenkari's (2009) study of street demonstrations in two capital cities, Buenos Aires and Seoul, highlighted the variety of places important to this work including:

> places of authority, places related to a particular grievance, places with
> audiences, places where social contrasts became visible, places with high
> disruptive potential, historical places, symbolic places, customary protest sites,
> and convenient places (Salmenkari, 2009, p. 256).

Salmenkari highlights, however, that the physical layout of places and the meanings associated with a place can limit disruptive work and some places are "off-limits", defined by the authorities as "no-protest zones". And there is an argument that public places for disruptive work are diminishing. Places that "appear public… are actually private" (Sibley, 1995, p. xi), such as shopping malls, where political protest is either limited or forbidden (McCarthy & McPhail, 2006).

But even in places associated with surveillance and social control there are still examples of creative disruptive work. Bunker Hill is a downtown area in Los Angeles identified by its skyscrapers: office towers, luxury hotels and corporately leased executive residential suites. It is an exclusive place where "urban design, municipal law and private policy conjoin to preclude the potential for unpredictable or "abnormal" behaviour in every street and plaza" (Flusty, 2000, p. 151). But some people seemed to find a way to disrupt its boundaries. Flusty (2000) highlights the place-making work of four individuals: a soap blower, a poet, a skate-boarder, and a saxophone player. Their activities are considered inappropriate in Bunker Hill but their highly visible presence exposes and problematizes maintenance work.

> The playfulness (and even outright absurdity) of bubble-blowing, skating, poetry
> reading or a saxophone serenade in the face of official censure ensures that
> attempts to forcibly curtail these activities will ultimately recast authority as an
> ill-tempered curmudgeon, entailing a loss of face and a corollary degradation of
> legitimacy (Flusty, 2000, p.156).

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[18] The "de-Judaising" work of the Soviets (Charlesworth, 1994, p. 584) involved portraying Auschwitz as a symbol of fascist aggression. In the museum exhibits and literature the victims were described as "people" and not "Jews" and the international character of Auschwitz - Jews from many nations were brought there to be killed - was used to highlight citizens from countries in the Warsaw Pact and their liberation by the Red Army. Through this lens Auschwitz showcased the past and potential threat of fascism that had fled westwards. The Catholic Church, in contrast, associated Auschwitz with acts of Polish Catholic martyrdom. In 1982 Father Maximilian Kolbe was canonized for his willingness to die in the place of a stranger. This work, Charlesworth argues, purposely avoided the fact that 98% of the victims were Jewish.

The poet is part of a group, for example, who use the public transit system as a stage to present poetry that is often highly critical of city officials and conditions. Occasionally, "unsuspecting commuters are dragooned into the role of reader, good-naturedly cajoled into the aisle with a poem pressed into their hands" (Flusty, 2000, p. 155). These readings have continued and proliferated as the Metro Rail security staff was uncertain as to how to respond. Flusty (2000, p. 155) describes how "one sheriff, after commanding a reader to 'keep it down', turns to his partner and comments that he lacks the authority to punish a passenger for public speaking" (Flusty, 2000, p. 155).

Social Innovation and Place-Making

The literature on social innovation does not explicitly deal with the idea of place-making although there are a number of examples of place-making work. Many of the cases studies of social innovation outline the work of individuals and groups involved in creating new places, especially new buildings and facilities, such as Children's Village in the inner city of Minneapolis (Westley et al., 2006). Children's Village was the result of work by community activists, Deanna Foster and Mary Keefe. They started by building a playground and renovating a duplex that shared a driveway with the "largest drug house" where several small children lived. Foster and Keefe cut a hole in the fence between the two properties and put a playground crawl tube to "give the little kids their own doorway" (Westley et al., 2006, p. 171). There are many examples in the literature of place-making that disrupt existing ways of thinking, such as the creation of a network and model of homes for those with learning difficulties in Hungary that sought to challenge the nation's approach to disability (Bornstein, 2007).

There are also examples of place-making that highlight the work of those seeking to change the meanings of places. For example, Westley et al. (2006) describe the work of Dr. Balfour Mount to establish Canada's first palliative care unit in one of the country's largest teaching hospitals. Palliative care represented a significant shift away from an emphasis on cure towards relieving the suffering of patients and enhancing the quality of life in a patient's final days. Dr. Mount's place-making efforts involved persuading his peers and other health care professionals to rethink the established practices of the hospital that emphasized the primacy of doctors and their life-saving work. Westley et al. (2006, p. 118) argue that Mount was successful in integrating a new approach to care delivered by multi-disciplinary teams that involved volunteers and families because he positioned palliative care in the "language of his audience", showing the connection to already established values and existing priorities.

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Place-making seems an important activity in those solutions associated with transformation. For example, the account of Fabio Rosa's ability to provide low cost electrification for small farming communities in Brazil emerged out of his efforts to craft a tailor-made solution in his local community (Bornstein, 2007). Rosa started by listening to the priorities of farmers in rural communities who feared that, without an increase in their farm incomes, they would lose their farms and need to move to the cities in search of work. Their rice crops needed considerable amounts of water which was very expensive to access so Rosa designed a solution that could do this more cheaply through artesian wells that use a basic electrical system to extract water. Working with the farmers, wells were dug, trees were cut for electrical poles and families were hooked up to the electric grid. The effect was to increase their income and some people even returned from the city to their local villages. From a place-making perspective though, much is missing in these accounts. We know little about place-making efforts beyond the actions of the main protagonist and even less is known about place-making that might constrain social innovation.

Research Question

A focus on place-making offers a way to explore the role of institutional work in transformative social innovation as well as contribute to an unexplored area in the study and practice of social innovation. This leads to my second research question:

What is the role of place-making in transformative social innovation?

Summary

To explore transformative social innovation - novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community - I have focused on the relationship between a novel solution and existing ways of thinking. To understand that relationship I am using an institutional lens. An institutional lens provides a way to think about how ways of thinking and behaving about a social problem become established as well as to highlight the work of individuals in that process. This lens, however, is too wide-angled for a single study and so I have focused on places and place-making (see Table 1 for a summary of definitions and relationships). This has led me to two research questions:

1. What is the role of places in transformative social innovation?
2. What is the role of place-making in transformative social innovation?

Table 1: A Summary of Definitions and Key Relationships

	Definition
Institution	Institutions are socially-constructed rules and practices which have over time become infused with values taking on a "life of their own" beyond the influence of their creators, and have developed into prevailing templates for thought and action.
Institutional work	The work and efforts of individuals and organizations to create, maintain and disrupt institutions.
Places	Places are made up of three interrelated elements: a geographical location, with a material form, invested with meaning and value.
Place-making	The work of people to change places and their efforts to keep them the same.

	Relationships
Places & institutions	Places have a complex relationship with institutions. They can become institutions as well as created and defined by institutions.
Place-making and institutional work	Place-making can be a category of institutional work. The making of places can be used to create, maintain, and disrupt institutions.

CHAPTER 3: RESEARCH DESIGN & CONTEXT – CASE STUDIES EXPLORING SOLUTIONS FOR THE HARD-TO-HOUSE

The purpose of this chapter is to introduce my research design and context. I first outline my reasons for choosing a multiple case study design. I then introduce my research context -novel solutions in Metro Vancouver for those perceived as hard-to-house: individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless and are often stigmatized and misunderstood by the wider community. I explain my rationale for this focus and then introduce two cases and outline the reasons I selected them.

Design: Multiple Case Studies

I adopted a research strategy that uses case studies as the tool for theory building (Eisenhardt, 1989; Eisenhardt & Graebner, 2007) for four main reasons. First, to study the role of places and place-making in the relationship between a novel solution and existing ways of thinking about a social problem requires a methodology that is able to explore complex interactions. A case study approach is recognized as particularly suited to dealing with such complexity (Stake, 2005; Weick; 2007). Central to this method is the focus on recording detailed interactions between people and places in order to seek answers to "how or why questions" (Yin, 2009, p. 13). In addition, the development of "rich, detailed case studies" has been identified as an important and useful tool in exploring institutional work (Lawrence et al., 2009, p. 2).

Second, a case study approach is well suited to exploring the context for action by encouraging the collection of evidence on a variety of different topics (Stake, 2005), making it particularly appropriate to study the role of places. While a case study has a singular focus, such as an interest in a novel solution to a social problem, this method encourages the researcher to situate their object of interest within a wider sphere (Rowley, 2002). As Stake (2005, p. 449) points out "the case to be studied is a complex entity located in the milieu or situation embedded in a number of contexts or backgrounds". This perspective facilitates the exploration of other important factors, such as economic and political conditions, that may shape action as well as help to interpret the significance of events and activities. The case study approach offers the possibility to develop detailed and nuanced accounts that avoid overly neat or simplistic descriptions and explanations (Flyvbjerg, 2006).

Third, case studies enable the incorporation of activities and events that have taken place over many years and so are highly suited to explore the role of places and place-making in transformative social innovation over time. Mumford and Moertl (2003) argue that case histories are essential for the study of social innovation.

One reason we find few studies of social innovation in the literature is that social innovation is a notoriously difficult phenomenon to study using the methods commonly applied to the social sciences. Not only are social innovations highly complex events unfolding over substantial periods of time; it has proven difficult to identify the nature and origins of the new ideas, along with the conditions supporting its implementation. (Mumford & Moertl, 2003, p. 261)

Fourth, to explore how the role of places and place-making on transformative social innovation may differ in different settings requires some means of comparison. Case studies are often compared as a way to explore relationships in different contexts (Eisenhardt & Graebner, 2007; Weick, 2007). The issue is not about replicating findings, as comparisons between several cases represent too small a sample to make any generalizations, but to help refine and extend theoretical ideas (Stake, 2005).

Research Context: The Hard to House

For the purposes of this study, I define the "hard-to-house" as individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless and are often stigmatized and misunderstood by the wider community. There are four core components to this social problem.

a) *Complex health and social needs*: The hard-to-house are individuals with multiple challenges, such as disability, substance abuse and mental illness as well as very low incomes.[19]

b) *Difficulty in securing and maintaining stable housing*: The hard-to-house with complex social and health needs require specific housing requirements that may be difficult to find. The hard-to-house require more than just affordable shelter: they need housing with a range of support services (Brophy & Godsil, 2009; Popkin, Cunningham & Burt, 2006).

c) *Risk becoming or are homeless*: Without access to housing with support services, the hard-to-house can find themselves constantly moving between temporary accommodation, shelters, and the street.

   The issues surrounding homelessness and the hard-to-house are inextricably linked. In many instances, homelessness is the end result of being "hard to house" and the lack of appropriate housing and support in the community for this group. Moreover, the living situations of much of the hard to house population in

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[19] Penn Institute for Urban Research. (2009). *Retooling HUD for a catalytic federal government: A report to Secretary Shaun Donovan*. Retrieved from http://penniur.upenn.edu/uploads/media_items/retooling-hud-entirereport-pdf.original.pdf

Canada would fall under one of the two categories of homelessness as defined by the United Nations – absolute and relative homelessness (O'Dea, 1999, p.1).[20]

d) *Stigmatized and misunderstood by communities*: The label hard-to-house is not a personal attribute. It comes out of a struggle between individuals with complex health and social needs and those who organize and influence access to housing. The ability to access such accommodation depends in part on how those who shape and control access to housing perceive those challenges as difficult.[21] The hard-to-house then are those individuals that landlords, housing providers, neighbourhoods and governments experience difficulties in accommodating either because they lack the necessary resources and/or because of their discriminatory attitudes towards these individuals' needs (Goetz, 2009; Gurstein & Small, 2005). There is often considerable stigma around complex health and social needs. For example, those homeless and living with HIV/AIDS have been characterized as dangerous and unpredictable and viewed as personally culpable for their circumstances (Takahashi, 1998). Landlords can be wary of renting their accommodation and communities can mobilize to resist projects specifically dedicated to the hard-to-house. The hard-to-house are men and women from all social backgrounds.

This definition of the hard-to-house, however, does not adequately capture the impact of this social problem. Malcolm Gladwell (2009) provides an example in his story of "million-dollar Murray". Murray Barr, a homeless man in Reno, had about a million dollars spent on him by public agencies. Murray died prematurely as their solutions were temporary rather than providing him with the long-term care he needed. Gladwell drew attention to a failure in public policy and delivery: a small number of people place inordinate and costly demands on health and social services and yet it still fails them. But even this story does not really capture the very real social impacts faced by the hard-to-house. What we know is that without somewhere to live you are more likely to be sick, experience difficulty accessing medical care, and die early and alone.[22]

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[20] "According the United Nations, absolute homelessness refers to individuals living with no physical shelter. This would include, for example: people living on the streets or in doorways, parkades or vacant buildings, in parks or on beaches, or in their vehicles. Relative homeless includes those living in spaces that do not meet basic health and safety standards, including protection from the elements, access to safe water and sanitation, security of tenure, personal safety and affordability. For example, relative homeless would include many individuals living in substandard single room occupancy (SRO) hotels and rooming houses" (O'Dea, 1999, p. 1)

[21] Crowe, a homeless advocate, states that, "I have met and known thousands of people who were homeless, and I can't think of one who deserved it, who chose it, or who couldn't have done just fine if the right type of housing and supports had been there. No one is hard to house; it's the right housing that's hard to find" (Crowe, 2007, p. 29-30).

[22] Layton (2000, p. 13) describes homelessness as "death by a thousand cuts. Most homeless people don't die suddenly. They endure, struggle and survive in whatever way they can".

Without somewhere to live you are more likely to struggle to find work and less likely to participate in community activities. Without somewhere to live you are more vulnerable to physical abuse. The hard-to-house are people who experience these impacts and more. The issues associated with the hard-to-house then are not academic but can have dire social consequences. In the following section I introduce the research context in which I explored solutions for the hard-to-house in two communities in western Canada.

The Hard-to-House in Metro Vancouver, British Columbia, Canada

Canada may seem an unlikely place in the world to be dealing with the social problem of the hard-to-house. It is a country in the G8 with a GDP that places it amongst the top ten economies in the world. It has plentiful natural resources and no shortage of land. Up until the 1980s any discussion of the inability of people to secure housing was related to issues faced by other countries (Hulchanski, 2009). But this has profoundly changed. In less than three decades, homelessness has become a visible and significant social problem affecting communities across Canada.[23] On May 11 2005 the United Nations Special Rapporteur on Adequate Housing, Miloon Kothari, announced that there were 1.6 billion people in the world inadequately housed and an estimated 100 million homeless (United Nations, 2005). Kothari reported on two countries with a long history of homelessness, Kenya and Brazil, but he also drew attention to emerging problems in Australia, the United States and Canada. Canada was singled out again the following year when a United Nations Committee described the country's growing homelessness problem as a national emergency (United Nations Committee on Economic, Social & Cultural Rights, 2006). Kothari's visit to Canada in October 2007 highlighted a significant social problem and, even without an official definition of homelessness, the government estimated there were 150,000 homeless people across Canada (United Nations Commission on Human Rights, 2009). Others argued it was potentially double that size and rising (Laird, 2007). Homelessness has been described as Canada's 21st century paradox (Laird, 2007). As the country appears to prosper and is increasingly recognized for its wealth, economic status and reputation for a high standard of living, more of its citizens are struggling to secure housing, viewed by many as one of humanity's most basic needs. That paradox is most evident in its western province, British Columbia.

"Beautiful British Columbia" is inscribed on car license plates across the province for good reasons. Set between the Pacific Ocean to the west and the Rocky Mountains to the east, British Columbia has stunning scenery that makes it an attractive place to visit and settle. British Columbia's largest city, Vancouver, has been described as the world's most liveable city

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[23] Bula, F. (2005). *No place like home*. Ideas, CBC Radio One.

(Economist Intelligence Unit, 2005). And yet, it is estimated that the province has 10,000 to 15,000 people who are homeless (Chudnovsky, 2008; Patterson, Sommers, McIntosh, Sheill & Frankish 2008), the majority in the Metro Vancouver region. The most recent count identified over 2,600 people without homes in Vancouver and its surrounding 21 municipalities; an increase of 137 per cent from the first count in 2002 (Greater Vancouver Regional Steering Committee on Homelessness, 2008). Of the 2,660 people surveyed in the 2008 count nearly half had been homeless for more than a year and 84 per cent reported at least one health condition, including addiction (61 per cent), mental illness (33 per cent) and physical disability (31 per cent). Over half indicated that they were dealing with two or more health problems. The challenges of those dealing with multiple social and health issues to secure housing had been identified nearly 10 years earlier. A report by the public agency responsible for housing, BC Housing, described the rise in the number of hard-to-house and stated that, when looking at the issue of homelessness, they represented the province's "greatest challenge" (O'Dea, 1999, p. 3).

There are multiple reasons given for why the social problem of the hard-to-house has emerged and seems so intractable. Some focus on housing supply. For example, the federal government stopped investing in social housing in the early 1990s and the shortages can be seen today - BC Housing had 13,400 applicants on its waitlist in May 2008 (Campbell, Boyd & Culbert, 2009). In the housing market more generally, Metro Vancouver has some of the highest rents and costs in Canada. One in three renter households spends more than 30% of its gross household income on housing costs, and the average cost of a house is approximately $650,000.[24] Others highlight the opposition of local communities. For example, the City of Richmond responded to local pressure to turn down a proposal from RainCity Housing, a nonprofit organization, for supportive housing despite evidence that community fears had rarely materialized on other such projects established in Metro Vancouver.[25] A scan of the NIABY website (Not In Anyone's Back Yard) highlights the energy invested by a "community of hard working, tax paying, concerned citizens" in Metro Vancouver to oppose "addiction and mental health community treatment solutions proposed for residential neighbourhoods".[26] Other reasons for the social problem of the hard-to-house include a policy of deinstitutionalization of mental

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[24] And rising. It is predicted that in 2011 the average unit will go up 5% to $698, 250 in Greater Vancouver - Sandborn, T. (2011, January 5). Solution to homelessness not found in free market. *The Vancouver Courier*, p. 9.
[25] 2008, April 5. Studies don't support fears of social housing. *The Vancouver Sun*. Retrieved from http://www.canada.com/vancouversun/news/story.html?id=60adb4a2-e345-4e3c-98ed-8c6f324393d0
[26] NIABY. (n.d.). About Us. Retrieved from http://www.niaby.com/about.cfm?ArticleID=51

hospitals, the increased availability of crack cocaine,[27] a shortage of services (e.g., detox), barriers to access these services (e.g., "being clean"), and lack of coordination between services.[28] These issues are particularly visible in one area of the city, the Downtown Eastside. One of the poorest areas in Canada and containing 6,000 people, it was estimated that $1.4 billion had been invested in the last 10 years to improve the living conditions for approximately 2,100 individuals considered in most dire need.[29]

Metro Vancouver & the Hard-to-House in 2009/2010

I entered the field in 2009 and nearly every day in Metro Vancouver there were media articles related to the hard-to-house. In this section I provide a list of examples that provide the context for my research. I first provide examples from each level of government and I then list a sample of events followed by a list of publications.

Interest from all Levels of Government

Each level of government was involved in some way in engaging with issues around the hard-to-house. Here are some examples:

<u>Federal level</u>

- In early 2009, Libby Davies, the MP for Vancouver East, introduced a private members Bill (C-304)[30] in the House of Commons to enshrine in Canadian law a national housing strategy that would ensure all Canadians have access to shelter. The bill describes housing as a human right. On September 30, 2009 it was passed so that the Bill could be read a second time.

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[27] See Alexander, B. (2008). Alexander states that, "Throughout the 20th century and into the 21st, Vancouver has been Canada's most drug and alcohol addicted city and British Columbia its most drug and alcohol-addicted province by a plethora of quantitative measures" (p. 20).
[28] See the findings of the Headline Theatre Report. "People with co-occurring substance addictions and mental health challenges are not served when they are directed into an endless loop of referrals to mutually exclusive services. The needs and difficulties can be even greater when acquired and / or developmental brain disorders are part of the picture" (p. 11). Retrieved from
http://www.headlinestheatre.com/past_work/after_homelessness/reports/AH_CAR_Final_Report.pdf
[29] Matas, R. (2009, February 14). The money pit. *The Globe & Mail*. Retrieved from
http://www.theglobeandmail.com/archives/article971240.ece
[30] See copy of Bill C-304 at
http://www2.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Parl=40&Ses=3&Mode=1&Pub=Bill&Doc=C-304_2

<u>Provincial level</u>

- In 2007 the BC government started to purchase 26 single-room occupancy hotels at a cost of $86 million. Supportive housing for the homeless jumped from 2,500 units in 2007/8 to 5,530 units in 2009/10.[31]

- In June 2007 the BC government announced 12 new projects that would provide homes for the hard-to-house with the intention that at least six would be underway in the year and a couple completed by the 2010 Olympics. The City of Vancouver provided the land and the province would pay operating costs – but capital costs were not finalized. As of February 2009 no construction had taken place.[32] Designing buildings to cope with a degree of "hardening" was said to be costly – for example, fixtures that twist rather than levers that can be broken, thicker drywall to cope with kicks, ventilation systems that can handle smokers, and heat treatment rooms to eradicate bed bugs for incoming tenant's clothes and belongings.

- In March 2009 the Housing Minister, Rich Coleman, named himself BC's new "homelessness czar" and launched a Homelessness Intervention Project to establish cross-agency teams for those "persistently homeless" in five communities: Vancouver, Victoria, Surrey, Kelowna, and Prince George.[33]

- In June 2008 a hundred-bed Centre for Mental Health and Addiction was opened in the city of Burnaby, immediately east of Vancouver, for the most "difficult to reach people on the streets" (Campbell et al., 2009, p. 267): for "people who aren't just mentally ill, addicted, physically debilitated or whose behaviour is so difficult that no one wants to deal with them, but all of the above". In 2009 the first reports of activity in the Centre were published. The Centre was instantly full and turnover was low.[34] It was described as "unlike anything else in the province – or that anyone knows in North America". With 140 staff including psychiatrists, doctors and nurses, it costs $1.2 million a month to run.

- In November 2009 the BC government introduced legislation (Bill 18)[35] to give the police the power to move homeless people into shelters during periods of extreme weather. It was a

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[31] Klein, S., & Copas, L. (2010). *Unpacking the housing numbers: How much new social housing is BC building.* Sparc BC & Canadian Centre for Policy Alternatives. Retrieved from http://www.policyalternatives.ca/sites/default/files/uploads/publications/2010/09/CCPA-BC-SPARC-Unpacking-Housing-Numbers.pdf

[32] Stueck, W. (2009, February 21). It takes time to build these things. *The Globe & Mail*, p. S3.

[33] Hunter, J. (2009, March 4). Coleman to integrate homeless services. *The Globe & Mail*, p. S1.

[34] Bula, F. (2009, January 26). A new level of care provides B.C.'s most troubled citizens with refuge. *The Globe & Mail*, p. S1.

[35] See Bill 18 online at http://www.leg.bc.ca/39th1st/3rd_read/gov18-3.htm

controversial move and some feared it would lead to further isolation of those on the streets as many would rather hide than stay overnight in a city shelter.[36]

- In 2010 the Housing Minister announced that they would spend $562 million on affordable housing and homelessness, four times more than in 2001.[37]

Municipal Level

- In 2008 the new Mayor of the City of Vancouver, Gregor Robertson, made ending homelessness a priority[38] with the goal that it would be achieved by 2015.[39] The Mayor organized for additional emergency shelters to be opened in early 2009,[40] cutting the number of people sleeping outdoors by half. The overall rate of homelessness, however, had increased by 12% by March 2010.[41] Three shelters, known as Homeless Emergency Action Team (HEAT) shelters secured funding to remain open all year round until 2013. The HEAT shelters are low barrier – users can bring in pets and shopping carts. They were not without controversy. Two shelters were closed because of local neighbourhood opposition.

Other organizational activity

- Community level examples: The Portland Hotel Society in the Downtown Eastside continued to innovate for the hard-to-house. Alongside its residential services, social enterprise, credit union, art gallery and community garden, it was announced that it would run the social housing units at a well-known landmark, the Woodwards building, where the 536 market-priced units sold out in 24 hours for a total of $200 million (Campbell et al., 2009). The First United Mission Church in the Downtown Eastside opened up its sanctuary for shelter. Its October 2009 Benefit Concert and launch of a new CD to raise awareness and funds was just one example of many fundraising initiatives being run by churches, schools and community groups across Metro Vancouver.

- Cross sector examples: In 2009 the Mental Health Commission of Canada started a three year project across Canada to research the effectiveness of "Housing First", a new model of supportive housing for the hard-to-house that will involve 500 participants in Vancouver. A Housing First approach in Seattle, just across the border to the south of Vancouver, had found

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[36] Mason, G. (2009, September 22). Protecting lives, or protecting rights? B.C.'s plan to force homeless into shelters hits the streets. *The Globe & Mail*, p. A1.
[37] Coleman, R. (2010, October 19). Finding solutions to homelessness. *The Alaska Highway News*, p. A4.
[38] New Vancouver mayor unveils team to tackle homeless problem. (2008, December 9). *CBC News*. Retrieved from http://www.cbc.ca/news/canada/british-columbia/story/2008/12/09/bc-081209-robertson-homeless-emergency-action-team.html
[39] Juicing up city hall. (2009, Winter). *Corporate Knights*, pp. 12- 13.
[40] Bula, F. (2010, April 17). Province to keep three Vancouver shelters open. *The Globe and Mail*, p. S4.
[41] Ward, D. (2010, April, 9). City steps up pressure on Victoria for shelter funding. *The Vancouver Sun*, p. A12.

that housing 75 individuals had saved over $4 million in just one year.[42] The no eviction policies of the Portland Hotel Society had led the way in this direction for many years (Alexander, 2008, p. 334).

- Business involvement: In February 2009 a new Foundation, Streetohome, was launched in Vancouver with the explicit remit to tackle homelessness in the city. Members of the Board included leading business people, the Chief of police, the Chief Justice of the BC Supreme Court, and a former Premier. Streetohome provided some funding for the Mayor's emergency shelters, invested $860,000 in the Mental Health Commission project,[43] and pledged in March 2010 to raise $26.5 million for social housing programs as well as $20 million towards the $225 million costs of building 1,000 more supportive housing beds on eight sites in Vancouver.[44] Campaign Chair Frank Giustra, a "mining magnate", donated $5 million.[45]

Salient Events

- In December 2008, Dawn (Tracey) Bergman died after a candle she was using to keep warm set her shopping cart of possessions on fire.[46] In January 2009 there was another fire that was attributed to homeless people.[47] The Pattullo Bridge, a pivotal commuting route dealing with an average of 80,000 vehicles a day, went up in flames as a consequence of the bridge being used as shelter.

- In March 2009 the Paul Inquiry Commission released an interim report into the death of Frank Paul, a homeless man that the Vancouver Police had removed from their jail and left in an alley on a cold December night in 1998. Severely intoxicated and unable to walk, he was found dead the next morning where he had been left. No charges were laid against the police.[48]

- The "Reel Justice" Film festival on homelessness, held at the SFU Harbour Centre campus in April 2009, highlighted the increasing range of documentary films on homelessness. For example, in 2009 two films were released: "Carts of Darkness", homeless men in North

[42] Lanier et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA*, *301*(13), 38-42.
[43] Streetohome Foundation. (2009). *2009: A year of growth*. Retrieved from http://www.streetohome.org/sites/default/files/Winter2009WebVersion.pdf
[44] Lee, J. (2010, May 26). Business community fights against homelessness. *The Vancouver Sun*, p. A2.
[45] Bula, F. (2010, May 26). Mining Magnate donates $5-million for housing. *The Globe and Mail*, p. S1.
[46] Culbert, L. (2010, January 22). Not enough female shelters, advocate says. *The Vancouver Sun*, p. A6.
[47] Atkinson, C. (2009, January 18). Pattullo Bridge closed by homeless campfire. *CTV News*. Retrieved from http://www.ctvbc.ctv.ca/servlet/an/local/CTVNews/20090118/bc_patulllo_bridge_090118?hub=BritishColumbiaHome
[48] Hume, M. (2010, April 9). Crown must testify at Paul inquiry, court rules. *The Globe & Mail*, p. S1.

Vancouver who have "turned bottle-picking, their primary source of income, into the extreme sport of shopping cart racing",[49] and "Streets of Plenty", one man's story of survival in the Downtown Eastside.[50]

- In April the BC Court of Appeal heard the federal government's appeal of a ruling that enabled North America's first officially sanctioned supervised injection site, Insite, to remain open. Insite, operated by Vancouver Coastal Health and the Portland Hotel Society, was established in 2003 under a special exemption which was time-limited. Research into the site had shown that in addition to reducing public injecting and syringe sharing it also increased use of detoxification and addiction treatment.[51] Many of the clients of Insite would be considered as hard-to-house.

- Alongside opposition to the HEAT shelters there were other examples of neighbourhood opposition to housing solutions for the hard-to-house. Tenants of a newly refurbished hotel, Dominion Hotel, clashed with ground floor retail tenants.[52]

- In November and December 2009 the Headline Theatre group presented "After Homelessness" with a cast that had direct experience of homelessness. The community dialogues after each play involved a total of 1,600 people who contributed to a report with recommendations for organizations and all levels of governments.[53]

- One event dominated 2009/2010: the Winter Olympics. The Winter Olympics, staged in Vancouver in early 2010, provided a platform to raise the issue of homelessness to a wider audience. For example, the Vancouver Action Coalition, students from SFU and UBC, held rallies against homelessness[54] and there were many publicly expressed concerns that preparations for the Olympics would lead to mass evictions and overuse of the Assistance to Shelter Act.[55] During the Olympics, a "Share the Gold" event was organized to raise the issue that homelessness needed Olympic-style coordination and resources (the Olympics was a $2.6 billion event).[56] BC Housing opened a $150,000 Centre named "Downtown Eastside Connect" in the Downtown Eastside to showcase to international journalists the work being

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[49] See film online - http://films.nfb.ca/carts-of-darkness/

[50] See film online - http://streetsofplenty.com/

[51] See CBC documentary, "Staying Alive" (aired March 13, 2009) - http://www.cbc.ca/fifth/2008-2009/staying_alive/video.html

[52] Armstrong, J. (2009, September 29). Upstairs, downstairs. *The Globe & Mail*, p. S1.

[53] Headlines Theatre (2010). *After homelessness…Community action report*. Retrieved from http://www.headlinestheatre.com/past_work/after_homelessness/reports/AH_CAR_Final_Report.pdf

[54] Hume, M. (2010, February 2). Activists hold B.C. feet to fire over housing. *The Globe & Mail*, p. S3.

[55] Bula, F. (2010, March 5). How the Downtown Eastside became an Olympics non-story. *The Globe & Mail*, p. S3.

[56] Mickleburgh, R. (2010, February 5). Harnessing games spirit to tackle homelessness. *The Globe & Mail*, p. S3.

done in the area.[57] Carnegie Community Action Project, who protested outside the office,

called it the "ministry of propaganda"[58]and journalists had to navigate red tents with the

messages "housing is a right" and "end homelessness now", set up by the Pivot Legal

Society. Over 500 tents, 200 tarps, 200 ponchos and several banners were distributed around

the city. It was hoped that a positive Olympic legacy could be realized in Vancouver's

Olympic Village which was designed with a social housing component. This project,

however, would face some significant difficulties. In 2009 the City of Vancouver had to step

in as the developer ran out of funds. The costs ballooned from $65 to $110 million for the 250

social housing units.[59]

Some Notable Publications

Alongside initiatives and events, there were a number of key publications that entered the

public domain.

- In March 2009 the Auditor General of British Columbia, John Doyle, produced a report on
  homelessness and highlighted the need for a provincial plan. Doyle stated that, "The
  continuing increase in the number of homeless counted suggests a lack of success in
  managing homelessness, not reducing it".[60] The government responded by saying its goal was
  to eliminate homelessness and there was a need to "find local solutions to local problems".

- In August 2009, a research study of injection drug users in Victoria revealed that these users'
  greatest concern was shelter and physical safety and not the risk of contracting HIV/AIDS.[61]
  One of the authors said, "You don't have time to worry about HIV if your basic survival
  needs aren't being met"[62] and the implication was a need to rethink HIV/AIDS prevention.
  Safe housing may be crucial to reducing risk behaviours and housing can bring important
  stability to support recovery.

- In November 2009 the members of the Burnaby Board of Trade identified homelessness and
  affordable housing as the most pressing social issue. They produced a position paper on

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[57] Culbert, L. (2010, February 1). Advocates slam government's 'spin-doctoring' of Vancouver homelessness ahead of Olympics. *CanWest News*.

[58] Howell, M. (2010, February 12). Homelessness issue looms over Olympics. *The Vancouver Courier*, p. 4.

[59] Stueck, W. (2009, February 21). It takes time to build these things. *The Globe & Mail*, p. S3.

[60] Office of the Auditor General. (2009). Homelessness: Clear focus needed. Retrieved from http://www.bcauditor.com/pubs/2009/report16/homelessness-clear-focus-needed

[61] Exner et al. (2009). Worry as a window into the lives of people who use injection drugs: A factor analysis approach, *Harm Reduction Journal*. Retrieved from http://www.harmreductionjournal.com/content/6/1/20

[62] Sandborn, T. (2009, August 24). Housing policies could help prevent AIDS, says study. *The Tyee*. Retrieved from http://thetyee.ca/News/2009/08/24/housingAIDS/

homelessness and stated that "homelessness is bad for business, expensive, a waste of human capital and productivity, and reflects poorly on our society".[63]

- Newspapers also provided extensive coverage throughout the year. Between 1st January 2009 and 31st March 2010, a national newspaper, *The Globe & Mail*, published 46 stories on homelessness in Vancouver and the local newspaper, *The Vancouver Sun*, published over 200 articles.[64]

Rationale

I chose to study the social problem of the hard-to-house for theoretical and personal reasons. In this section, I take each reason in turn and explain my choice.

Theoretical

Theoretically I sought a social problem that would meet my criteria: it needed to be complex and challenging, where any solutions were likely to engage, and may need to transform, established ways of thinking and behaving in a community. The hard-to-house as a social problem is particularly suitable for a number of reasons. First, the social problem is an extremely complex one and it has no simple solution. Even though there has been an "unusual level of agreement" for over 15 years that there is a problem in Canada, the challenges not only remain but have grown (Caragata, 2006, p. 267).While we know that giving individuals a place to live can change the trajectory of their lives for the better, and that stable housing can be transformational for the hard-to-house (Bula, 2005; Culhane & Metraux, 2008), the hard-to-house require a certain type of accommodation: They need certain social and health supports connected to their housing, some of which can be provided by agencies, but they also need wider community engagement if they are to become socially included (Caragata, 2006). For this to happen requires a wide ranging and interconnecting set of solutions operating at different levels, from macro initiatives to increase housing supply to micro activities that facilitate everyday interactions between neighbours.

Second, this social problem is internally complex as people are dealing with multiple and overlapping health and social issues, such as poverty, addiction, mental illness, and HIV/AIDS. These conditions are aggravated or even instigated by their difficulty to secure suitable housing (Allen, 2002; Struening & Padgett, 1990; Wright, 1990). For example, addiction can be a consequence of homelessness and homelessness increases the risk of HIV infection (Tepperman

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[63] Burnaby Board of Trade (2009, November). *Voice of Burnaby*. Retrieved from http://www.cameray.ca/pdf/BBOT_8PG_Nov09.pdf

[64] Using ProQuest database accessing Canadian Newsstand databases.

& Curtis, 2004) and can lead to mental illness (Kendall, Nygaard & Thompson, 2008; Ramcharan, 1989). The different issues, however, tend to be treated separately. Takashaski (1998, p. 4), in his study of homelessness and HIV/AIDS, argued:

> Homelessness and HIV/AIDS are becoming increasingly connected, scholarly
> interpretation of their social and spatial expansion and the public and policy
> responses to them have remained relatively distinct.

To tackle this social problem, therefore, requires solutions that recognize the interactions between social and health issues and find ways to involve diverse interests.

Third, this social problem is a contested one. The issues associated with the hard-to-house are often the subject of considerable stigma. The difficulty to access housing can be the result of deeply held prejudices of individuals and communities related to the particular social and health needs of the hard-to-house.[65] For example, those with HIV/AIDS may face eviction (although illegal), rejection by family members, and unemployment (Takashaski, 1998). The stigma experienced by people living with HIV/AIDS in North America is associated with low social support, poor physical health, poor mental health, and income (Logie & Gadalla, 2009), and the most vulnerable to HIV-related stigma are those who are homeless/unstably housed (Wolitski et al., 2009). Stigma can present itself in NIMBYism (Not In My Back Yard) towards solutions. Gaster et al.'s (2003) study of social housing projects placed in residential areas in Baltimore County and Denver supported previous research findings (e.g., Dear, 1992; Takahashi & Dear, 1997) that the projects most likely to experience opposition were those for people with mental illnesses, HIV/AIDS, or substance abuse problems. The implication is that solutions for the hard-to-house are likely to be particularly difficult to implement unless these underlying issues are addressed.

Fourth, the complexity and contested aspects of this social problem mean that it is likely to engage existing ways of thinking and behaving in a community. There appear significant differences in how people attribute the causes of the social problem of the hard-to-house which then shape their view of solutions. For those who perceive that the hard-to-house experience difficulties because of their personal choices, then any solutions are for the hard-to-house to organize. Even for those who recognize that the hard-to-house need services, the solutions may be seen as a way to help them "turn their lives around" and that when this is achieved their housing

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[65] See CMHC & NHI Report that provides 46 case studies of projects across Canada to create affordable housing and shelter and service to homeless people and the opposition of communities. The report argues that proponents need to recognize the deep seated prejudices that lie hidden below the surface, akin to the foundations of an iceberg. (Canada Mortgage & Housing Corporation and the National Homelessness Initiative (n.d.). *Strategies for gaining community acceptance: Addressing community resistance to affordable housing and homelessness services*. Workshop Manual).

problems will solve themselves (Bula, 2005). For those that view the hard-to-house as a social problem caused by structural issues such as the economy, the housing market, and municipal rezoning policies, the solution is essentially about providing housing. While clearly these views are not mutually exclusive, they can lead to very different responses to the social problem.[66] The issue of the hard-to-house is also seen to be informed by broader institutions, such as home (Cresswell, 2004; Crowe, 2007), and this can directly shape understanding of what is meant by homelessness (Veness, 1992) and how solutions are understood.

> For some a home has at least one bedroom for every two people. It's a place
> where parents don't have to share a bedroom with their children and cousins
> aren't sleeping for months at a time on the living room couch. For others a home
> is where a ceiling doesn't leak and the electrical system isn't constantly shorting
> out. Where the floors don't sag into the ground and the window frames aren't
> warped. And home is also a place that doesn't eat up more than 30% of your
> income (Bula, 2005).

Fifth, the hard-to-house is a social problem where the role of places and place-making can be explored. Places and place-making are integral to this social problem: the hard-to-house are individuals defined by their inability to secure a particular type of place. It is their experience of placelessness that can have devastating impacts on psychological well-being (Fullilove, 1996; May, 2000) and lead to lives "forced into constant motion" (Kawash, 1998, p. 327). Places can also play crucial roles in making the problem of the hard-to-house visible as well as reinforcing stigma (Anderson, Snow & Cress, 1994). Hard-to-house individuals in public places can be "exceedingly obvious and yet ghost-like in their transparency" (Amster, 2008, p. 40). In addition to highlighting the social consequences of a social problem, a focus on places may provide insights into a social problem's existence and maintenance. For example, the reason why some individuals may be considered hard-to-house in a community may be the result of specific health and social needs of the hard-to-house that are incompatible with existing rules, practices and beliefs about housing and home in that community (Takahashi, 1998; Veness, 1992). The problem of the hard-to-house also connects with the activity of place-making. Solutions for the hard-to-house often involve very deliberate acts of place-making by proponents to create a new place in a community as well as place-making work of opponents who seek to defend and maintain existing arrangements. The transient lives of the hard-to-house mean that they too are often engaged in daily acts of place-making (Ruddick, 1996).

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[66] For example, "To some, homelessness is an indictment of Canadian society; to others its existence is an affront to hardworking Canadians everywhere" (Fleras, 2005, p. 55).

Personal

The visibility of the social problem of homelessness on the streets of Vancouver shocked me when I first arrived from the UK in 2006. I quickly found, however, that I could screen the issue out.

> Today it is hard to avoid the homeless. Canadians have become accustomed to seeing people sleeping on sidewalks, on heating grates and in parks…The visible homeless are so prevalent that we have come to accept them as a fixture of modern life as inescapable as rush-hour traffic and cell phone conversations in restaurants (Bula, 2005).

I could not cocoon myself for long, however, from this social problem. By 2007, the issue of the hard-to-house became an issue for my local community and I watched my family and friends participate in emerging solutions. I also became involved in a research project that exposed me to some of the issues faced by some of the hard-to-house, such as addiction and HIV/AIDS. Over time the issue of the hard-to-house became less of an academic issue and more one to which I began to attach names, faces, and meaning. I was struck by the complexity of the social problem and hoped that an attempt to wrestle with this issue might produce both theoretical and practical insights. I choose two cases that I thought had the greatest potential.

Case Selection

The research context was rich with potential innovations to investigate. The cases I chose were the Tri-Cities Mat Program and the Dr. Peter Centre.

The Tri-Cities Mat Program

The first novel solution I chose to study did not at first glance appear to be particularly novel or likely to have the potential to transform attitudes and behaviours. The solution, known locally as the "Mat Program", involved providing individuals in need of shelter with overnight accommodation in a church hall. They received an evening meal, a mat to sleep on, breakfast, and a bagged lunch. The program started in December 2007 and continues to run over the winter months. It was a community response to an increasing number of individuals identified both as homeless and dealing with an alcohol and drug addiction (89 per cent). The Mat Program, however, was unique for several important reasons. First, the program was designed and implemented in the Tri-Cities, a suburban area to the east of Vancouver, which had not had, until very recently, any history of homelessness. Second, the mats were moved each month to a

different church; five in total, all located in residential areas. In the process of setting up and implementing the Mat Program, ways of thinking about and behaving towards those perceived as hard-to-house seemed to substantially change.

When the idea of the Mat Program was shared with the local community there was considerable opposition. The public hearing in one municipality lasted over 7 hours and many residents presented arguments against it. There was considerable fear about providing accommodation in churches to homeless people and especially those dealing with addictions. These fears were not realized. Once implemented the Mat Program was associated with significant change for a number of different individuals and organizations. Many of the hundreds of volunteers involved spoke of a dramatic shift in their attitudes and actions towards those using the program. Their stereotypes were broken down by close contact. Even some previously vocal opponents spoke of their changed views and a few became active in developing more permanent solutions. Some people also credited the community interest in the Mat Program as the reason for one municipality to take the unusual step of donating land for a permanent shelter. The Mat Program encouraged political action at the municipal level - it inspired one resident to run a successful campaign to become a city councillor and provided the backdrop for one Mayor who campaigned on a platform to eradicate homelessness in his city. It also made a practical difference to those it served. Of the 350 people that used the service in its first two years, 69 individuals were able to access housing and detox and recovery services.

The Dr. Peter Centre

The second case I chose involved the establishment of a permanent centre for people living with HIV/AIDS. The Dr. Peter Centre opened in 2003 as Canada's first HIV/AIDS day health program and supported-living residence for people with HIV/AIDS. The Centre is located in a residential area of Vancouver's West End known as Mole Hill. Its participants would be perceived by many as hard-to-house since 100 per cent of the participants have complex health issues, 98 per cent have overt mental health symptoms, 54 per cent are poly substance users, and 30 per cent are homeless or have extended and/or frequent periods of homelessness. The establishment of the Centre and its subsequent operation has been associated with transforming attitudes and behaviours towards those perceived as hard-to-house, especially those living with HIV/AIDS.

The work to change attitudes towards those living with HIV/AIDS started some 11 years before the Centre opened. A young gay physician with HIV/AIDS was given the opportunity to educate others about the disease by sharing his experience of it on TV. On a prime time news

hour, Dr. Peter Jepson-Young presented over 111 "diaries" to a general public which had previously had little exposure to those living with HIV/AIDS. It is still possible to find individuals some 20 years later who credit "Dr. Peter" with changing their approach to HIV/AIDS. Before Peter died he shared a vision that would continue to challenge attitudes. He launched a Foundation that would seek to provide "comfort care", a level of support akin to that which he had received from his friends and family, to those living with HIV/AIDS who at the time were often shunned by relatives, statutory agencies and the general public. The Foundation sought to translate this vision into practice and managed to engage and connect diverse agencies to design and implement a new service. The Foundation also had to adapt itself. As HIV/AIDS started to impact intravenous drug users as well as gay men, the plans for the Centre were changed to include those dealing with multiple health and social needs as well as HIV/AIDS. Today the Centre is recognized as not only transforming the quality of life of its participants and residents but it also serves as a model to others who visit from around the world. Outsiders cannot fail to be influenced by its ability to provide a home to those dealing with complex social and health needs.

Why These Specific Cases?

I chose these two particular cases for the following reasons:

a) *Novelty*. I sought cases that were novel in the sense that they were new to the particular geographical community in which they were implemented rather than being particularly unique on a national or global level. The reason for this choice was to place the focus on the relationship between a novel solution and existing ways of thinking instead of concentrating on the singular characteristics of an innovation; an approach that can distract attention from observing the interaction effects with the community in which it is embedded. Both the Mat Program and the Dr. Peter Centre were responses to local needs and situated within two communities. That is not to say that these novel solutions were generic. They each have characteristics that attract outside interest but I chose them not so much because they heralded new models of service delivery for the hard-to-house but because they provided ways to explore how innovations might transform existing ways of thinking about these groups.

b) *Challenged established ways of thinking.* I looked for examples of social innovations with evidence of challenging established ways of thinking. I chose the Mat Program because, while considerable attention had been focused largely on one part of the city, the Downtown Eastside, the most recent homeless count in 2008 showed a growing homeless population outside of this area. The impact was being felt in the suburbs. Aprodio Laquian, an emeritus

professor of human settlement at UBC, argued that the problems so visible in the Downtown Eastside were not confined to this place and needed to be engaged by other communities.[67] Although the numbers were still relatively small, these communities were dealing with a social problem not previously encountered and it appeared challenging. The proponents of the Mat Program experienced considerable opposition that was demonstrated, for example, in public meetings and hearings. An Executive Director of a leading nonprofit that provides services to the hard-to-house in the Downtown Eastside stated, "It would be healthier to create accepting communities [outside of the Downtown Eastside], but first we need a cultural shift in society to make these people accepted" (Campbell et al., 2009, p. 259). The Mat Program offered the chance to explore how such a shift might be organized. Whereas the challenge to established ways of thinking in the Mat Program concerned a community coming to terms with the social problem of the hard-to-house in general terms, I chose the Dr. Peter Centre because it provided a way to explore how a community had engaged with specific and complex health needs that were associated with difficulties to secure housing. The Centre's existence not only seemed to challenge existing ways of thinking about HIV/AIDS but also attitudes to drug addiction by those who came into contact with it.

c) *Associated with transformation*. I was interested in novel solutions that were seen by those with experience of them as transforming ways of thinking and behaving towards a social problem. Both the Mat Program and the Dr. Peter Centre had stories of individual and organizational change that suggested something quite unique had taken place.

d) *Boundaries*. I also needed examples where I could create some boundaries around the places and place-making of different actors. I needed a frame to explore the interplay between a novel solution and existing ways of thinking as well as a starting point to observe action. Both cases offered such clarity. The Mat Program was located within the Tri-Cities and the organizing for the solution was coordinated by a Task Group. The Dr. Peter Centre was located in the West End of Vancouver and was developed and implemented by the Board and staff of the Dr. Peter AIDS Foundation.

e) *Ongoing*. The cases had a retrospective and a "live" element to them. This was important for two reasons. First, I was keen to mitigate retrospective sense-making and impression management by "image-conscious informants" (Eisenhardt & Graebner, 2007, p. 28). I was concerned that I might lose the messiness and complexity of working on a social innovation as individuals tried to produce coherent accounts of its effects. Second, I wanted to talk to and observe the work of those implementing and responding to the solution at first hand. The Mat

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[67] Hume, M. (2009, February 23). The universal solution. *The Globe and Mail*, p. S1.

Program and the Dr. Peter Centre offered me this. The Mat Program was still running and the Task Group were actively seeking to develop additional solutions, providing me with an opportunity to observe the conversations, practices and strategies associated with social innovation in real-time. The Dr. Peter Centre operated 24 hours a day and was seeking to establish two additional sites.

Gaining Access

The process of finding and gaining access to these cases involved a number of steps. I started by spending a couple of months interviewing a diverse group of individuals in Metro Vancouver. I interviewed three chief executives of some of the largest non-profit housing providers in Vancouver. They gave me an insight into some of the issues facing those providing solutions to people perceived as hard-to-house and this led me to investigate some possible cases, for example, a social housing project that would recycle accommodation used by athletes at the Winter Olympics. These organizations employed staff to manage community relations and I ideally wanted to get much closer to the front-line. I interviewed several community leaders whose everyday experience brought them in contact with the hard-to-house. I was given a "tour" of the Downtown Eastside, where the hard-to-house are perhaps most visible in the region, and walked around First United Church where I saw at first hand those using the sanctuary and pews as beds.[68] I sat in a meeting with researchers from another local university working in this area to understand some of the challenges of conducting research with some of society's most marginalized and vulnerable individuals. I decided to focus on those organizing solutions for the hard-to-house away from what seemed the well-researched Downtown Eastside. I spent a morning with a manager of an assisted living complex for some of the city's poorest citizens and I interviewed several academics that included one with a particular interest in homelessness and mental health and addiction issues and another who is a specialist in community capacity building. These conversations were helpful in clarifying the focus of my study as well as my ideas about social innovation more generally. In addition I interviewed a health professional working directly with those with multiple health and social issues to help me understand some of the challenges. I also spoke to several social entrepreneurs, one an Ashoka Fellow involved with projects associated with transformative social innovation. In total I spoke to 21 people, often in excess of several hours, and I am indebted to them for their time in helping me to identify the cases.

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[68] To help visualise this see photo in article by Rebecca Lindell (2009, October 15). Informal shelter seeks funds to buy beds. *The Globe & Mail*, p. S3.

Once I had identified the two cases I approached the Chair of the Task Group where the idea of the Mat Program had been generated and the Executive Director of the Dr. Peter Centre. I was invited to outline my research project to the Task Group and I presented my objectives at their regular monthly meeting in February 2009. They gave permission for me to attend the meetings and expressed interest in participating. I had already met the Executive Director of the Dr. Peter Centre as part of a research project into a collaborative forum involved in the establishment of North America's first supervised injection site. We met in February 2009 and I started to collect data for both cases.

CHAPTER 4: DATA COLLECTION & ANALYSIS

My approach to data collection involved seeking "thick description" (Geertz, 1973, p. 27) to gather evidence that goes beyond the obvious and superficial. Geertz (1973) argues that to gather "densely textured facts" requires trying to capture the meanings of social actions to those in the setting. In this chapter, I explain how I sought to achieve this. I start by outlining each method I used: interviews; observations; and internal and external documents. I then explain my approach to data analysis and how I sought to check the credibility and validity of my findings, conscious of the limitations of this study. I conclude by describing how I dealt with the ethical issues associated with this investigation.

Interviews

I conducted 72 interviews (59 different individuals) between February 2009 and March 2010 (see Table 2 for a summary of the interviews by interviewee type).

Table 2: Data Collection – Interviews by Interviewee Type

Interviewee Type re: Mat Program	No. of Interviews	No. of Interviewees
Task Group Chair	2	1
Task Group Members		
• Provincial or Regional Roles (Public agency staff)	3	3
• Municipal Roles (Councillors and City employees)	8	8
• Nonprofit Representatives (Staff and volunteers)	6	6
• Business Representatives	2	2
• Community Groups (Staff and volunteers) & Individuals	6	6

Interviewee Type re: Dr. Peter Centre	No. of Interviews	No. of Interviewees
Executive Director, Dr. Peter AIDS Foundation	10	1
The Board & Founding Members	6	5
Staff & Volunteers	19	18
External Stakeholders (public, private, nonprofit and community sectors)	10	9

The majority of these interviews lasted around 1.5 hours. Each interview was transcribed. The people I chose to interview had either been identified as important by other interviewees and/or I

had read about them in organizational documents or media reports as playing a significant role. I looked to incorporate a variety of different perspectives and experiences. For example, I interviewed leaders of organizations as well as front-line staff and volunteers, those with a public profile and those working behind the scenes, and I sought out individuals that had worked in the area for many years as well those who had engaged in more recent times. When trying to understand particular events I interviewed those who played obvious central roles, for example, those who spoke at a public hearing, as well as those who watched them in action as bystanders (see Table 3 for a summary of experience of interviewees in each innovation).

Table 3: Data Collection – Interviewee Experience of Each Innovation

Interviewee experience re: Mat Program	No. of Interviewees
At the meeting when the Mat Program was created	3
Attended public meetings about the Mat Program (in support and opposition)	18
Attended public hearings about the Mat Program	24
Involved in the delivery of the Mat Program	12
Had been a client of the Mat Program	1

Interviewee experience re: Dr. Peter Centre	No. of Interviewees
Knew Peter (Family, friends and colleagues)	5
Watched the Diaries	20
Involved in creating the Centre at St Paul's	5
Worked to establish the Centre in Mole Hill	8
Work in the Centre today (Staff and volunteers)	21

For both cases, the Mat Program and the Dr. Peter Centre, I adopted a similar format to each interview. I took seriously the advice that my role was to "listen more, talk less" (Seidman, 2005, p. 63). After describing my research interest and working through the informed consent form, I opened with a "grand tour question" (Miller & Crabtree, 2004, p. 196) that encouraged the interviewee to tell their story of how they came to be involved in this area more generally before concentrating on each solution. Over the course of the interview I focused my questions on specific events and processes and asked questions such as, "Could you tell me what happened when…". Towards the end of the interview I asked compare and contrast questions to explore the changes associated with each novel solution and also asked questions to test out some of my emerging interpretations. Where I knew in advance that I would have limited time my interview

protocol followed more of a "tree and branch" structure (Rubin & Rubin, 2005, p. 145), divided into clear topics with a main overarching question and each topic chronologically related. In other interviews, especially those where I was seeking to understand the broader context in which the work on the novel solution took place, I would start with a very open-ended question and adopt what Rubin and Rubin (2005, p. 146) call a "river and channel" approach, willing to follow one issue to the exclusion of others.

The interviews were a dynamic and iterative process as I tried both to learn about the work of interviewees in relation to the novel solution and their interpretation of the meaning of that experience. After each interview I would ask permission to follow up with additional questions. Within 24 hours I wrote a "contact summary" of the interview, a two page bulleted list of key events, activities and notes relating to the role of places and place-making. This informed the interview protocol for the next interview and I would then rework following interview protocols as necessary. I rarely looked at my interview protocol in the interview itself so its purpose was to force me to reflect and learn from past interviews in both their style and substance and prepare questions that seemed particularly suited to that interviewee.

Some interviews seemed to flow a lot better than others. In some cases the interviewee enthusiastically responded to the questions and matched the format outlined by Rubin and Rubin (2005) for in-depth interviewing. In other cases the interviewees were less engaged and one or two were very guarded. The location of the interview and the system of recording the interviews seemed important here. Informal settings, such as a coffee shop, lent themselves to more open dialogue but made it difficult to use a digital recorder. Formal settings, such as within an office, ensured that the interview kept on topic but some interviewees were less certain about sharing their experience. The digital recorder seemed to influence most interviewees at the start of the interview, even those very comfortable with being interviewed, but it soon seemed to be forgotten. I asked each interviewee for permission to use the recorder and assured them that we did not need to use it if it would be a distraction. Only three people preferred that it was not used. At the end of the interview I switched the recorder off and in some cases this was a very important time as interviewees would reinforce points or speak more candidly, especially about others. There was, however, only one interviewee who introduced completely new information at this stage and no individuals made statements that contradicted or undermined their previous statements.

There were some differences in how I conducted interviews between the two cases. In the Dr. Peter Centre I asked to interview the Executive Director every few weeks so that I could get a sense of the challenges of introducing novel solutions for the hard-to-house in real-time. These

interviews lasted around an hour and the Executive Director provided updates on how projects had progressed since the last meeting. I carried out the bulk of the interviews for this case at the Dr. Peter Centre site. In relation to the Mat Program, I was able to observe the Task Group every month in its monthly meetings to get a sense of the work around developing and maintaining new solutions. I interviewed the Chair of the Task Group at the start and middle of my time in the field to gain some insights into some of the activities taking place behind the scenes and to explore the significance of particular activities and events I was observing. All the interviews of Task Group members were conducted in different places - homes, offices and coffee shops – as members represented a diverse range of organizations and the Task Group had no central office in which to meet.

Observations

I spent from February 2009 to March 2010 in the field observing as much as I could about the context for both cases and the types and processes of work used by different actors (see Table 4 on field observations).

Table 4: Data Collection – Field Observations

Observations related to the Mat Program	Events
Regular Meetings of the Task Group	9
Sub-Committee Meetings	6
Special Events (e.g., Training evening, an "Open House", Homeless Action Week Events, and public hearing)	6
Additional Meetings (e.g., Mayor's Action Team on Homelessness)	7

Observations related to the Dr. Peter Centre	Events
In-house events (Volunteer Training, Board Meeting Strategy Session)	2
Public events (Symposium on Harm Reduction held at the Centre and BC Supreme Court hearings re: Insite where Dr. Peter AIDS Foundation had Intervenor status)	2

Meetings and presentations (HIV/AIDS Regional Task Group meeting and presentation in Victoria)	2
Days in the Residence	5

My rationale for this approach is best summarized by Emerson, Fretz and Shaw (1995) who state:

> The ethos of fieldwork holds that in order to fully understand and appreciate action from the perspective of the participants, one must get close to and participate in a wide cross-section of their everyday activities over an extended period of time (Emerson et al., 1995, p. 10).

I started by observing as many activities as I could. For example, at the first meeting of the Task Group I was invited to a meeting that evening of the group that had originally opposed the Mat Program, and I accepted immediately. In the early stages of the research it was important to make connections to different individuals and groups but over time my observations became more focused, as suggested by Marshall and Rossman (2006). For example, in the latter stages of my fieldwork I spent a week in the residence of the Dr. Peter Centre. It had a profound impact on me, partly because I was in a more informed position at this stage of my inquiry to make sense of the experience. While I did prepare for fieldwork, it was not always predictable and it did turn out to be a rather "sprawling" and diverse activity (Van Maanen, 2004, p. 430).

I collected data from observations of formal meetings, such as the monthly Task Group meetings and a strategic planning session of the Dr. Peter AIDS Foundation's Board, as well as informal interactions. For example, I often waited to meet people for interviews and this time would enable me to take in the setting and watch people engage in conversation. I tried to really situate the work by spending time in the areas of both social innovations. For example, I walked to the Dr. Peter Centre from different directions as a way to understand its geographical and social location. The Mat Program was run in churches close to where I live, making it in some ways easier for me to understand its context and visualize the settings in which work had been carried out as they were places I knew. I also spent extended periods of time in a setting. For example, after one interview I was shown the area where some of the homeless camped and it really highlighted how ignorant I was of a social problem so close to home. I also went to several public hearings and sat in the public gallery to better understand the process and experience.

I recorded all my observations in a series of notebooks. I tried to write as much description as I could within a few hours of observation. I described the setting and recorded episodes of conversation and my own reaction to the events I had observed. I followed Emerson, Fretz and Shaw's advice to consider the "mundane and the dramatic" (1995, p. xv) and sought to

avoid evaluative adjectives and verbs. Below is an extract from field notes I made of a trip to an IMAX theatre with some residents at the Dr. Peter Centre.

> We could now see the Theatre across a busy road but getting there would prove tricky. The Walk Sign seemed to change too quickly for Rob[69] whose body could not match his will to move faster across the road. The truck at the line revved its engine as if a green light meant go at any cost. Rob was propelled onto the sidewalk as the truck narrowly missed him. His "F_" seemed to sum it up. At the entrance to the IMAX theatre the uniformed attendant moved sideways as our group line entered the building. Colin turned quickly into the shop. Rob entered and his dentures shifted in his mouth giving the impression he was smiling. The attendant smiled nervously back and looked away. Josie went to the booking desk and showed her staff badge which secured a previously negotiated discount. We found the elevator located in the centre of the building. All around us were what seemed like hundreds of children playing with interactive exhibits. Mike decided to go by stair and was quickly out of sight. We watched the kids playing below us through the glass of the elevator that took us smoothly to the floor above towards the special IMAX screen [like in Charlie and the Chocolate Factory]…we were excited.

Internal and External Documents

My third principal method for collecting data involved drawing on documents that provided information on each novel solution and the context in which it was implemented. Internal documents, those written by those who had organized each innovation, provided insights into work behind the scenes. This included minutes of meetings and internal reports. External documents, such as publicly available reports on homelessness or HIV/AIDS helped to situate and connect the work on the novel solution to other actors and potential influences. When combined, these two sets of documents served to produce a chronology of events for each case that served as a backbone to the study from which I could gather more information. Documentary evidence was particularly important in the early stages to sensitize me to the issues and prepare for interviews. This unobtrusive method (Marshall & Rossman, 2006) enabled me to establish a framework on which to ask more detailed questions.

In addition to formal reports, I also accessed websites (for example, of the Task Group and the Dr. Peter AIDS Foundation) and watched video recordings of the public hearings of the

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[69] All names have been changed for the sake of anonymity.

Mat Program in one municipality. The other municipalities had audio recordings for their public hearings and I listened to and made notes of the 8 hour meeting in Coquitlam City Hall. In relation to the Dr. Peter Centre, I watched all 111 "diaries" as well as two related documentaries. I also had the privilege to watch a video of Dr. Peter speaking a few days before his death and examine his parents' albums that recorded many of the written responses to Peter's diaries. I was fortunate to access a personal archive of one individual who, over 30 years, had collected media articles and other important documents relating to HIV/AIDS in Vancouver that was very helpful in understanding the context of the Dr. Peter AIDS Foundation and its work. Media articles were particularly important in establishing sequences of events and I collected articles that directly related to each innovation. Using the ProQuest database I looked for direct references to both innovations and then broadened my search to include thousands more articles around the theme of homelessness, HIV/AIDS and the hard-to-house relating to that period and setting. This involved reading articles from the early 1980s to the present day for the Dr. Peter Centre and from 2000 onwards in relation to the Mat Program. While I worked in the field I used a Google Alert service to inform me of any articles on the internet relating to the two cases and more broadly to "homelessness", "Metro Vancouver" and the "hard-to-house". Somewhat ironically, the "hard-to-house" alert seemed to produce more articles on the topic of how to look after difficult pets than anything else.

Data Analysis

To analyze the data I adopted a seven phase approach (Marshall & Rossman, 2006) that divided into three stages: getting to grips with the data; detailed analysis; and broader interpretation. In practice the process of research was an iterative one that moved back and forth between the different stages and motivated further data collection, "simultaneously collecting, analyzing and writing up the data" (Creswell, 2003, p. 183). In this section I outline my approach to each stage of analysis.

Stage 1: Getting to Grips with the Data

The purpose of this stage was to generate a description of "what is going on here?" in each case and to incorporate as many "vantage points" as possible (Wolcott, 1994, p 16). This stage involved three phases:

a) *Organizing the data*. In order to make the vast quantities of data accessible I used an NVivo database designed for qualitative data management. At the start of the study I met several times with an experienced qualitative researcher, an expert in NVivo software, to act as a sounding board while I developed the organizing structure. I experimented with a variety of

different structures that had different implications for early coding. For example, I created a structure that had categories of institutional work as defined by Lawrence and Suddaby (2006) but I found that this tried to compress the data into a category before I had really explored its significance. I settled for a structure that allowed me to allocate data quickly to each case once I had considered their importance. Each piece of information was first placed into a "source" folder (i.e., interviews, field notes, and documents) and given a date, a description and its link to each case. As I placed documents into NVivo I started to build a chronology in Microsoft Excel to identify key events.

b) *Immersion in the data.* My chronology became more detailed as I collected more information, so I migrated this information to a custom-made software tool, Timeline Maker Professional. This allowed me to identify key events as well as the work of different actors. Documentary evidence and media reports were particularly helpful in establishing dates and interviews helped me to better understand how these events were experienced. As I interviewed, took field notes and read more documents, an organizing narrative for each case started to emerge.

c) *Generating categories and themes*. It became clear that embedded within each case were "mini-cases" (Stake, 2005). I identified six mini-cases in the chronology of the Dr. Peter Centre. These cases had clear defining events and work so I created folders in NVivo where each piece of information on the Centre was then coded into one or more of these mini-cases. I identified five mini-cases for the Mat Program and coded them in a similar way. I ran simple queries to identify how much data I was collecting for each case and this helped to identify gaps. I created a "project log" in NVivo to record changes in the coding structure as recommended by Pat Beazley (2007). I also used a paper based system, a set of binders for each mini-case to collate documents that I could not easily scan into NVivo as well as articles on topics beyond those that directly related to each social innovation. This enabled me to keep thinking about a variety of different ideas. For example, a quick glance at a binder on the shelf would reveal a UN report on housing in Canada, an *Economist* article on HIV/AIDS, my notes of a TV documentary on homelessness in British Columbia and a synopsis of an autobiography of someone living and dying with HIV/AIDS. At this stage I did not know how useful this information would be but it helped to organize information on a wide range of potential topics.

Stage 2: Detailed Analysis

This stage involved "panning in" on the data in a systematic way. The purpose of this stage was to identify "essential features and the systematic description of interrelationships among them – in short, how things work?" (Wolcott, 1994, p. 12). It had two principal phases:

a) *Coding the data*. With data assembled in each of the 11 mini-cases I then started to code to a higher level of detail. I experimented with free coding for a few weeks. I drew on Tesch's (1990) process of reviewing textual data to develop codes, starting with descriptive codes before turning them into category codes. I used a series of questions to guide this process such as: "What is going on? What are the people doing? What is the person saying? What do these actions and statements take for granted? How do structure and context serve to support, maintain, impede or change these actions and statements?" (Charmaz, 2004, p. 507). This was a helpful process to create some consistency to the coding process. That said, I found free coding produced too many codes and it was overwhelming until I revisited my research questions and realized that I already had some clear categories that I could use. So, for each mini-case I coded around the following topics: the features of the novel solution; what made it novel and contested; how did it actually come about (who, what, where, and when); the role of places; what did the process seem to enable or constrain; and random (a category for things that seemed important but did not quite fit). This resulted in 11 mini-case reports, on average 35 pages long including references and quotes. Each report also had a small section on other salient events at that time in Canada and British Columbia to help situate the events of each case.

b) *Writing analytic memos*. As I developed comprehensive mini-case studies I also worked on writing analytic memos. The purpose of these was to provide an "intermediate step" between the coding and the interpretation/write up of the data (Hesse-Biber & Leavy, 2006). I wrote memos on how places shaped the work of individuals and memos on types of place-making. The advantage of these memos was to allow myself not to become too constrained by the structural logic of the mini-cases. These memos did not use all the coded information from all 11 cases but instead focused on two or three key events. For example, I wrote memos on how places had shaped the design and implementation of the Dr. Peter Diaries and also wrote extensively on place-making at one public hearing on the Mat Program viewed as significant in changing attitudes and behaviours.

Stage 3: Broader Interpretation

This stage involved "panning out" from the data to explore the question "What is to be made of it all?" (Wolcott, 1994, p. 12) and had two main phases:

a) *Offering interpretations.* I worked to bring meaning and coherence to the themes and categories and connect them into a "story line" that I hoped would be "engaging to read" (Marshall & Rossman, 2006, p. 162). This involved first combining all the mini-cases into two overarching narratives that would help readers to "live their way into an experience that has been described and interpreted" (Denzin, 2004, p. 456). In other words the challenge was "to learn enough about the case to encapsulate complex meanings into a finite report but to describe the case in sufficient descriptive narrative so that readers can experience these happenings vicariously and draw their own conclusions" (Stake, 2005, p. 450). I next applied my institutional lens to interpret the activities of individuals involved in each case to develop a more "theorized storyline" (Golden-Biddle & Locke, 2007, p. 7). I then narrowed my focus to explore in more detail particular places and specific types of place-making work. This generated a series of possible explanations of the role of places and place-making in these two cases. I then drew on a wider set of literature around the two themes as well as the literature on social innovation to see how my interpretations might connect or challenge existing research. I presented several working papers to help refine these interpretations.

b) *Searching for alternative explanations.* I sought to identify and evaluate alternative explanations, working with the data, the literature, participants in the study, and other interested academics. From the start of data collection I had created a process for recording and keeping random or alternative explanations which I now revisited and explored in more detail. I updated my literature on social innovation, institutions and places, looking for different angles to approach my data. I also shared my overall description of each case with the Chair of the Task Group and the Executive Director to check whether my depiction had inadvertently excluded a key event or activity or had overly emphasized a point. In addition, I sought advice from academics with expertise in social innovation and institutional work. The consideration of alternative explanations was not always an easy process as it sometimes involved not including information that felt important. But it refined the arguments. Stake's (2005, p.456) assessment of case study research was right: "More will be pursued than was volunteered, and less will be reported than was learned". I also tried to remain open to alternative explanations by accepting Geertz's view that "what we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to" (Geertz, 1973, p. 9). Geertz argues that "analysis is sorting out the structures of

signification...and determining their social ground and import", and so my objective was to present findings in a way that was understandable and credible – they highlighted things that appeared significant in the field and, seen through an institutional lens, created potentially interesting and compelling insights for theory and practice.

Credibility & Validation

I sought to validate the findings from this research in the following ways: using triangulation to explain and substantiate themes by using evidence from three different data sources; participant-checking, to engage interviewees in checking the accuracy of descriptive parts of the case and to provide their reactions; and developing "rich, thick descriptions" (Creswell, 2003, p. 196) that help the reader to connect to the setting and enable them to gauge and assess the meanings attached to my observations and the environment (Hesse-Biber & Leavy, 2006). In this section, I outline how I tried to meet the requirements for a "good" case study and my approach to engaging participants in my findings. I then explore how my approach to the study shaped my interpretations and consider the study's limitations.

A "Good" Case Study

The literature on what is considered a "good" qualitative case study offers a variety of different criteria to assess its credibility and validity. For example, Stake (2005) has over twenty ways to assess the final output and Creswell (2003) has eight. There are also quite different types of assessment, from very practical measures such as whether the case is easy to read to broader questions concerning its authenticity and trustworthiness (Guba & Lincoln, 2004). My approach was to work to build a case with "thick description" that "gives the context of an experience, states the intentions and meanings that organized the experience, and reveals the experience as a process. Out of this process arises a text's claims for truth, or its verisimilitude" (Denzin, 2004, p 455). My focus was to get to grips with some of the complexity of the two cases and articulate them in ways that might offer insights to others. The use of three different methods to collect data helped to corroborate facts and identify activities that seemed significant to each innovation. The purpose of triangulation, using a variety of sources to clarify meanings and work, was "to tease out what deserves to be called experiential knowledge from what is opinion and preference" (Stake, 2005, p. 455). I used triangulation, however, not so much as a tool to amass supporting evidence but more to include different perspectives and experiences. I also tried to manage a tension in case study research: the need to produce a structured narrative but one that also in some way catches the messiness and complexity of the setting. I hoped the reader would share Geertz's

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view that "coherence cannot be the major test of validity for a cultural description" (Geertz, 1973, p. 17). I placed considerable weight on the feedback of interviewees.

Interviewee Checks

My motivation to involve specific interviewees to check my findings was for two main reasons. First, I was describing and presenting information of which they had direct knowledge and they would quickly be able to identify any factual inaccuracies or misrepresentations. Second, I wanted to honour their participation – they had given me hours of time. The decision to involve interviewees in checking the findings was a potentially risky one as it meant that I could be placed under pressure to modify my findings. Fortunately that was not my actual experience at all. I drew heavily on the advice of Locke and Velamuri (2009) who distinguish between three different levels of transparency: restrictive, selective, and comprehensive. My approach was a selective one. I chose specific individuals: the individuals who were my original points of contact in starting this research but who also had an overview of each innovation and the work involved. I sent them a copy of a chapter specific to their particular case and arranged to meet with them. The advantages of offering interviewees selective material is that:

> Research participants may not only raise issues with regard to representations
> made of them; they may also exercise voice regarding the descriptive accuracy of
> the events, action patterns, and interpretations in which they are implicated
> (Locke & Velamuri, 2009, p. 496).

In addition, the process itself may be generative as more data may be offered to support statements and any disagreements can lead to more in-depth analysis and new lines of inquiry (Locke & Velamuri, 2009). There are dangers, however, that the interviewees believe that the material does not cover things that they believe are significant even though they are beyond the scope of the study.

My experience was an incredibly positive one. I had three meetings (two hours each) where I listened and responded to their comments. The feedback was very respectful and constructive. Some of the feedback involved very minor changes (e.g., organizational names) as well as clarifying statements to understand my meaning (e.g., some of my terms were too "English" and stood out). More substantive comments were around the ordering of particular events and their significance. For example, I had a very valuable discussion about Riverview, a mental health facility in Coquitlam, and realized that I had underestimated its political importance and so needed to rethink how I should present it. I also had a really helpful debate about my interpretation of the reasons for the need for the Dr. Peter Centre to move from its temporary

location at St. Paul's Hospital to a purpose-built site. Perhaps most importantly, these meetings enabled me to see at first hand both positive and negative reactions to my writing. Overall I was reassured that I had provided a factual account in their eyes but the process also highlighted that my research, for the most part, would not help them in their everyday and current challenges. I made an attempt to translate some of my initial findings and presented these to a few individuals at the Dr. Peter Centre but left that meeting feeling that I had simply articulated what they already knew. This process also highlighted to me how little is captured in a single study – so many stories were left untold.

Interpretation & Voice of the Researcher

> The inquirer's voice is that of a "passionate participant" actively engaged in facilitating the "multi-voiced" reconstruction of his or her own construction as well as those of all other participants (Guba & Lincoln, 1994, pp. 110-111).

Interpreting the meaning of events and actions is a central part of qualitative case study research. The interpreting process is not a neutral one and was shaped by my abilities as a researcher and my way of seeing the world. In many ways the cases were covering subjects, people and places of which I had no prior knowledge or experience. I have never been homeless and I have not directly experienced stigma around issues such as addiction, mental health or my sexuality. I am also not Canadian and had only lived in Canada for three years at the start of the study. Being an outsider, however, had some advantages. Many interviewees offered important explanations of events and activities which they might have assumed I should know if I was "native". It also meant that I was like a tourist, hyper-conscious of places I was visiting and spending time to absorb details that others, more familiar, might have taken for granted. And some things were not that new. I had spent my three years in Canada on a research project in Vancouver and all that time I had lived in the Tri-Cities, the setting for the Mat Program.

My approach to make the reader conscious that the cases were constructed by my interpretations was not, however, to produce a "confessional ethnography" (Stake, 2005, p. 431). My desire was for the cases, not my struggles as a researcher, to remain the focus of the study. I did not seek to hide my "voice" and tried to write up the cases in ways that made my interpretations transparent to the reader so they could make their own assessments as to their merits. I hoped that spending time in the field, interviewing over 50 individuals and reading widely around the topics would provide me with multiple perspectives that would expose and challenge my ways of thinking. It certainly was challenging and raised many questions on both a personal and conceptual level. For example, who did I perceive as hard-to-house and why? How

might my view of home and housing influence my approach to the issue? How might my identity as a researcher shape my ability to make vital connections to people and places? Knowing what I know now, how do I now respond practically? Richardson (2004, p. 488) asks the question, "What voices did you exclude in your writing?" and this influenced my interviewing and writing as I wondered who I might be missing, those I might perhaps be unconsciously avoiding or neglecting.

Limitations of the Study

There are at least five important limitations with this study. The first is a practical one. As Stake (2005, p. 453) points out, case study research takes a lot of time and "even the ordinary is too complicated to be mastered in the time available". Even with over one year of fieldwork I am certain that there were more people that I could have interviewed and more documents I could have processed. While I believe that I spoke to individuals who were central to both innovations and included documents viewed as significant by those in the field, it is inevitable that some perspectives have not been included. It is also quite possible that in collecting data I have misinterpreted items of significance. Geertz (1973) gives the example of watching a person whose eye twitches. Those with cultural intelligence can identify whether it is a blink or a wink. Knowing the significance of actions requires a level of discernment not easily gained. Time in the field certainly helps but is insufficient. I relied heavily on participants in the study to guide me. Second, the findings of each case are situated within very specific contexts that limit any attempts to generalize these insights to other such cases. The motivation of this research study was not about proving something definitively but that, by focusing on two particular examples of social innovation in such detail, interesting and potentially important insights might be gained.

Third, while I have some good reasons for not including the voices of those who currently use the Mat Program and the Dr. Peter Centre (see "Approaching participants" in the Ethics section below), their absence has limitations for this study. Although I have attempted to capture the experience of individuals who organized and implemented each innovation, I have had to rely significantly on indirect and second-hand accounts of the experience and impact of these solutions on their users. Less explored is how the users experience and interact with the places and the place-making work associated with the Mat Program and the Dr. Peter Centre. Unexplored is how these solutions might fit within the wider network of places experienced by the users as well as the users' place-making work, successful and otherwise, to shape the solutions.

Fourth, this study is particularly limited if any of its components become isolated. If the emphasis is placed too heavily on the social problem of the hard-to-house this study is a light-weight one. There are researchers and practitioners working solely on issues facing the hard-to-house. If the focus is placed too exclusively on these two specific innovations then the study also comes up short. There are many other examples of novel solutions to complex problems in Metro Vancouver and across Canada. If the theoretical lens is held too tightly then this study is likely to disappoint. There is no shortage of institutional studies or studies associated with places. Fifth, this study is limited by my personal biases. While I have tried to integrate alternative perspectives into my research, the whole process, from articulating the question through to writing up, is inevitably shaped by my personal prejudices. Rather than attempt to articulate all my personal failings, I encourage the reader to take an open and critical stance to this work.

Ethics

Conducting research on social innovations for complex and contested social issues can raise some particular ethical issues. The organizations involved in the social innovations are actively seeking to maintain and develop innovations in communities where they have had, and may continue to experience, resistance. Establishing permanent shelters for the homeless and an HIV/AIDS Centre for those with active drug addictions requires sensitivity to how political these issues can be. For example, issues around housing for the hard-to-house are regularly covered in the local and national press and so, for participants to speak openly in interviews and meetings, they need to be reassured that this research will be completely confidential and that my interest is scholarly. In this section, I outline how I approached participants, ensured confidentiality, and my use of the term hard-to-house.

Approaching Participants

I approached participants in this study by first contacting the senior leaders in the Task Group and the Dr. Peter Centre and explaining my objectives. I identified with them the people they thought I should speak to and I followed up these leads. I contacted individuals by phone and email and provided them with a brief summary of my research project. If they were willing I arranged to meet at a time and place convenient to them to conduct an interview. Some interviewees suggested further contacts to whom I should speak and I followed these up. I presented my research objectives at a monthly meeting of the Task Group and this helped to make some early connections with people. Over time, it became slightly easier to arrange interviews as people were more aware of who I was and what I was doing. I decided not to interview any currently homeless individuals for several reasons. First, my cases were focused on two

innovations and how they had been organized and, while I was interested in the impact on those using the service, I could collect a significant amount of information from less obtrusive methods, such as documentary evidence and observation. Second, there are a number of ethical challenges in approaching those with complex health and social needs. The most challenging is how to ensure that consent is voluntary. My approach at the Dr. Peter Centre was to spend some extended time on site to observe life in the residence. I did not carry out any interviews with residents but had many conversations and interactions which helped me to better understand how the Centre operated. All those I spoke to were told that I was a researcher but I could not be certain they understood the implications. In contrast, I was able to approach members of staff, work through a consent form, and they were able to disclose everything with which they were comfortable. Another issue is that there is already a considerable amount of research that describes the challenges and experiences of homelessness and living with housing instability (e.g., Crowe, 2007; O'Reilly-Fleming, 1993; Snow & Anderson, 1993; Wasserman & Clair, 2010; Wolch & Dear, 1993) and a considerable amount of research is specific to Vancouver (e.g., Allen, 2000; Amster, 2008; Baxter, 1991). With these difficulties articulated I decided that, once sensitized to the material, I should concentrate on those organizing solutions.

Confidentiality

Research involving human subjects requires Ethics Approval by Simon Fraser University. I applied and permission was given. I ensured that the confidentiality of participants was maintained in several ways. Computerized transcriptions of interviews and field notes were kept in an encrypted format, digital interview files were erased 12 months after the interviews, and participant names did not appear on any documentation or in any resulting articles or presentations. For those who were interviewed I provided an informed consent document which explained my research objectives as well as the precautions I was taking to protect those I interviewed. The interviews took place either at the interviewee's place of work or residence or, if the interviewee preferred, at a public location chosen by them. Their consent to be interviewed was strictly voluntary and they were advised that they could terminate their involvement in the research process at any time. The participants were only asked about their involvement with either the Mat Program or the Dr. Peter Centre and were advised only to disclose that with which they felt safe and comfortable. At each meeting that I observed, I introduced myself and explained my role to any new members. I provided any interested individual with a document outlining my project and offered to leave the room if they perceived my observation to be an

impediment to their discussion. At the end of my research I reported my findings to the participants through group presentations and one-to-one discussions.

The Hard-to-House Label

One ethical issue I had to deal with was the use of the term hard-to-house. The use of this term does raise ethical issues as it could add another negative attribute to those already vulnerable and marginalized (Popkin et al., 2006). My approach was to continue to use the term but seek to ensure that the emphasis "should not be the problematized constituents but rather the nature of housing delivery for this population" (Gurstein & Small, 2005, p. 733). In practice, I rarely used the term hard-to-house at all when in the field, where the heterogeneity of issues and individuals make this overarching label problematic. The utility of the term is when it is used to recognize the struggle of individuals and communities to deal with complex social and health needs that impact an individual's access to housing. This is something that is open to change and can vary from community to community.

Ethical Commitments

Finally, I need to acknowledge the ethical commitments that underpin this study. As stated earlier, I recognize that the terms "transformation" and "innovation" are value-laden, and to engage seriously with these issues requires transparency about the motivations underpinning this study. My interest is in exploring how social arrangements can disadvantage and marginalize individuals and how these arrangements might be changed. I am committed to research that raises awareness of social problems and seeks to generate new insights into how imbalances in social arrangements might be addressed. I am also committed to applying the academic knowledge that I have had the privilege to gain in the last few years to what I consider to be important issues. I believe that management and organizational studies has much to offer to the understanding of social problems and systems and yet many of its ideas remain disconnected from practice. An institutional perspective, in particular, has so far largely remained an academic pursuit and this study was an opportunity to explore its application and introduce it to a wider audience. These commitments do not mean, however, that I embarked on this study with predetermined outcomes. I entered the field committed to explore the social problem and its existing solutions with an open and critical stance. I did not have a specific agenda, solution or approach to either support or undermine. Overall, I hoped that this research would be generative: theoretically interesting to researchers, to encourage them to take part in further research into social innovation; and engaging to practitioners, to inspire and inform their organizing of social change.

Summary

To find answers to my research questions – the role of places and place-making in transformative social innovation – I chose a multiple case study design. I have chosen to study the social problem of the hard-to-house: individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless and are often stigmatized and misunderstood by the wider community. The context for this study is Metro Vancouver where there is considerable activity around this social problem. In this context, I have chosen two particular solutions: a Mat Program in the Tri-Cities and the Dr. Peter Centre in Vancouver's West End. Between February 2009 and March 2010 I collected data: interviews, observations and documents. My analysis of the data led me to produce a series of mini-cases through which I explored the role of places and place-making. I sought to check the credibility and validity of my findings through the triangulation of data sources and through interviewee checks while ensuring confidentiality and acknowledging my role and the limitations of the study. The next chapter introduces my first case study: The Tri-Cities Mat Program.

CHAPTER 5: TRANSFORMATION IN THE SURBURBS - THE TRI-CITIES MAT PROGRAM

Few people anticipated that at the turn of the 21st century the city of Vancouver, sometimes known as the world's most liveable city, would have a problem with homelessness. Until the 1980s the word "homelessness" was rarely used in Canada as it was a phenomenon associated with developing countries (Hulchanski, 2009). In the next twenty years Canadian cities started to witness a rising number of people living without permanent shelter. By early 2000 there were signs that this was no longer a problem associated only with inner-city neighbourhoods. Three cities to the east of Vancouver – Coquitlam, Port Coquitlam, and Port Moody – found that the number of people identified as homeless in their area rose from 7 in 2001 to around 180 by 2006. These cities had no shelters and no obvious strategy for how they might deal with those now living on their streets. One solution mobilized this community. It was a simple plan to provide someone without a home with a vinyl mat laid on a dry and warm church hall floor. Five churches agreed to take one winter month each to provide shelter for up to 30 people a night. This sparked considerable opposition in surrounding neighbourhoods but, once implemented, the solution provided shelter and food to over 350 individuals in its first two years. It also helped in assisting 69 people to transition into housing, detoxification, and recovery services. And yet perhaps the greatest impact of the "Mat Program", as it is known locally, was to transform the attitudes and behaviours of many in the area towards those without shelter.

The Tri-Cities: Coquitlam, Port Coquitlam & Port Moody

The cities of Coquitlam, Port Coquitlam and Port Moody lie to the east of Vancouver. Their combined population is just over 200,000 and Coquitlam is the fifth largest city in British Columbia. The three cities are often grouped under a single label, the "Tri-Cities", to reflect that their official boundaries are often indistinguishable to those who live and work in the area. This has not always been the case. The cities were created by European settlers seeking to remain close to New Westminster, the anticipated capital of the Colony of British Columbia in 1859. To defend New Westminster from the thousands of gold prospectors arriving in the area, the Royal Engineers carved a path, the North Road, to a northern inlet so that military support could be organized if the capital was attacked from the south.[70] The effect was to trigger the creation of three cities. The stretch of land to the east of North Road was to become the city of Coquitlam, named after the aboriginal name for small salmon vital to the existence of the Coast Salish, the

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[70] Whitney, J. (1997). Port Moody. In C. Davis (Ed.), *The Greater Vancouver book: An urban encyclopedia* (p. 126). Surrey, BC: Linkman Press.

area's first inhabitants. The city at the inlet was named Port Moody in 1859 after the Royal Engineer's commanding officer and Port Coquitlam was established in 1913 on a railway spur line to New Westminster. This area, however, did not remain at the epicentre of the influx of prospectors who moved quickly to the west. Although Port Moody was temporarily designated as the western terminus for the Canadian Pacific Railway and welcomed the first transcontinental passenger train from Montreal on the 4th July 1886, the terminus was soon moved to Vancouver. The effect was that Port Moody's population remained static at 250 residents for nearly 20 years. While in 1887 Coquitlam boasted the largest Saw Mill in British Columbia, its growth was not rapid. Port Coquitlam perhaps suffered the most. In less than a decade after it was established, Port Coquitlam was virtually bankrupt and forced to sell its single fire engine, only to watch its downtown burn the following year.[71]

Much has changed in the last hundred years. The cities of today are full of housing, retail, and light commercial units. Those moving into the area are attracted to the railways and rivers for different reasons than in the past. The railway now enables residents to commute into Vancouver and the rivers and parks make for a stunning setting in which to live and play. A 2009 Visitors' Guide says that "the recipe for success in the Tri Cities is simple. Take abundant parks, arts and cultural venues, recreational facilitates and of course, a dash of world-class shopping". It has become a popular place to live, especially for new immigrants to Canada. Nearly 40% of Coquitlam's population are immigrants of whom 80% have lived in Canada between 5 and 10 years.[72] It was a shock then for these cities to face a social problem where everyone was expected to have a home (see Figure 9 for a Timeline of the Tri-Cities Mat Program).

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[71] Postma, H. (1997). Port Coquitlam. In C. Davis (Ed.), *The Greater Vancouver book: An urban encyclopedia* (p. 128). Surrey, BC: Linkman Press.

[72] Welcome BC (Feb 2008). *2006 Census Fact Sheet*: Coquitlam. Retrieved from http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/440573/coquitlam2006.pdf

Figure 9: The Tri-Cities Mat Program - Timeline
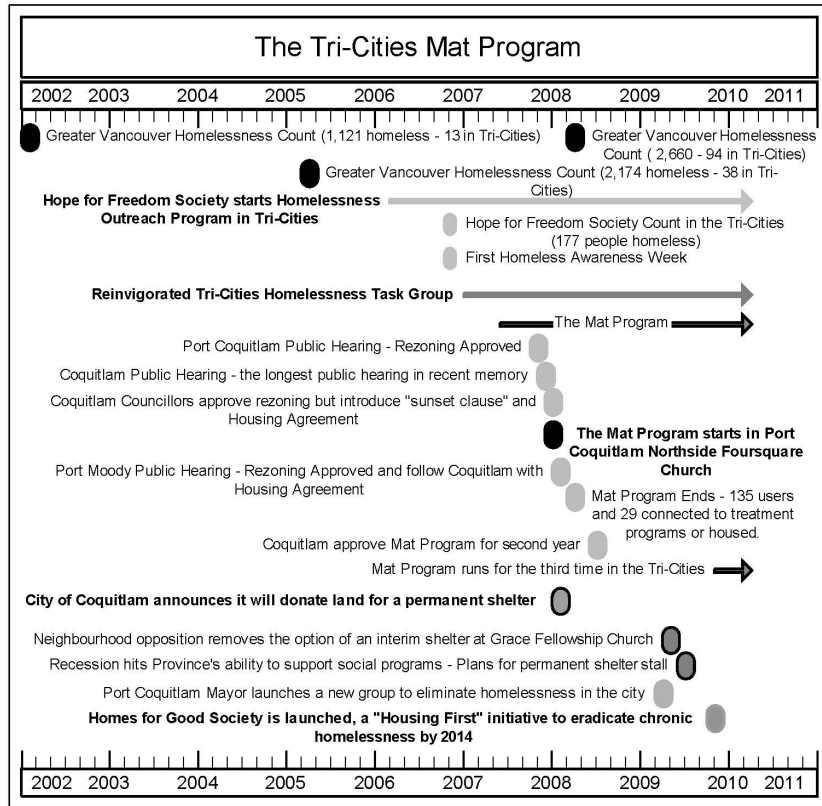
Homelessness in British Columbia: A Growing Trend

There were signs in the 1990s that homelessness was becoming a problem in Canadian cities. In 1998 the Federation of Canadian Municipalities, the Mayors of Canada's largest cities, passed a resolution declaring homelessness a national disaster.[73] In the province of British Columbia the statutory agency responsible for housing, BC Housing, issued a report that indicated "a trend towards people living on the streets along with a rise of individuals who are considered 'hard to house'…communities are struggling to address this difficult and complex issue" (O'Dea, 1999). The reasons for the rise in homelessness were difficult to pinpoint to a single cause. Changes in government policies likely played a role. The termination of a federal social housing program in 1993, and the subsequent shift of responsibility for social housing to the provinces in 1996, resulted in a drop in the number of new social housing units completed in

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[73] FCM - National Affordable Housing Strategy. (n.d.). Retrieved from http://www.fcm.ca/English/View.asp?mp=813&x=814

Canada from a high of 19,000 in 1992 to just over 1,400 in 1998 (Layton, 2000).[74] The policy of deinstitutionalization, to "decommission" mental institutions, was also considered a factor as the number of mental health beds in Canada was reduced by more than 60% between 1960 and 1980 (Hulchanski, 2009). In addition, other factors not so easily within the government's reach, such as the increased availability of illegal drugs in Canadian cities, are said to have contributed to homelessness (Dupuis, 2000). In December 1999, the federal government announced a plan to spend $305 million over three years to support "community partnership initiatives".[75] These funds provided the impetus for a committee to form with a responsibility to tackle homelessness in Metro Vancouver. In March 2000, the Greater Vancouver Regional Steering Committee on Homelessness announced its goal to end homelessness with a plan entitled "*Three Ways to Home*".[76] It said that the solutions were affordable housing, support services, and adequate income. For many in the Tri-Cities homelessness was essentially an issue for their neighbours in Vancouver. While only 25 kilometres away, Tri-Cities' residents appeared largely immune from the problem of homelessness and associated it primarily with a 10 block area in Vancouver, the Downtown Eastside.

The First Homeless "Counts" in Greater Vancouver and the Tri-Cities

The new committee's first count in January 2002 of those homeless in Greater Vancouver provided evidence to support the view that homelessness was largely Vancouver's problem. Over a 24 hour period more than 1,100 homeless people were counted with only 13 identified as being in the Tri-Cities (10 in Port Coquitlam, 3 in Coquitlam and none in Port Moody).[77] Quantifying homelessness was and remains problematic. The committee chose to count both those who lived on the streets without access to any shelter, sometimes labelled as the "absolute" homeless, as

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[74] Jill Davidson, Assistant Director of Housing Policy, City of Vancouver, described the impact on Vancouver. "In the 80's, under the federal funding scheme, we built 700 units (of social housing) per year. We're now down to building 200 per year. If the feds had continued the funding we would have built 8000 by now. The same number, it turns out, that we calculate we need now" (2010). *After homelessness…Community action report: Policy recommendations arising from the audience responses to the Headlines Theatre production*. Retrieved from http://www.headlinestheatre.com/past_work/after_homelessness/reports/AH_CAR_Final_Report.pdf

[75] Government of Canada, H. R. S. D. C. (n.d.). *Evaluation of the National Homelessness Initiative: Implementation and early outcomes of the HRDC-based components - March 2003*. Retrieved from http://www.hrsdc.gc.ca/eng/cs/sp/hrsdc/edd/reports/2003-002435/page05.shtml. This funding program ran from 2000 to March 2007 (known as SCPI) and then replaced with the Homelessness Partnership Initiative (HPI) from April 2007 to March 2011.

[76] Social Planning & Research Council of BC (2000). *Three Ways to Home*. Retrieved from http://stophomelessness.ca//wp-content/uploads/2008/09/3waysreport.pdf

[77] Greater Vancouver Regional District (2002). *Research project on homelessness in Greater Vancouver*. Retrieved from http://www.metrovancouver.org/planning/homelessness/ResourcesPage/Volume1_Executive_SummaryL.pdf

well as those who lacked security around their housing, such as "couch surfers" (people living on a friend's couch or floor) and those in temporary shelters. The count provided only a brief snapshot of activity visible to the volunteers walking the streets armed with their questionnaires. The results for the Tri-Cities received minimal coverage in the local newspapers. A study into homelessness in the Tri-Cities had been commissioned the year before and only 7 individuals had been identified, living along the Coquitlam River and in a large Coquitlam park.[78] Although this study estimated that there might be up to 30 to 45 people who were couch surfing, the numbers were too small to attract the attention of statutory agencies, local politicians, and the general public. A Tri-Cities Task Group was formed to develop solutions to homelessness but it struggled to capture attention.

Attitudes and behaviours at that time towards those homeless in the Tri-Cities are difficult to assess. The coverage of homelessness in the two local newspapers, however, provides some insights. Until the year 2000, the issue of homelessness was not mentioned at all in the newspapers but by 2002 there were articles on how homelessness might "spread" from Vancouver. One newspaper editorial reacted to the city of Toronto's plans to deal with those homeless in the city before a visit by the Pope.

> This increasingly common practice of "cleansing" the streets may well come to
> haunt us here in the suburbs. Homelessness is growing, whether the provincial
> government acknowledges it or not, and if Vancouver starts to push people out of
> the downtown core, where do you suppose they will go?[79]

The letters pages in the local newspapers also expressed some resident concerns as the number of homeless people living in public spaces started to become more obvious. One resident wrote:

> I hope you can advise me if I should sell my house now before this area looks
> like a crack alley and my house price drops. I realize that with the rainy season
> the bums will wash away somewhere else, but if nothing is done now will next
> summer be even worse? I don't feel, as a tax paying citizen, that my
> grandchildren should feel threatened when they go to use the playground here.[80]

The municipal response to homelessness at that time fell more by default than intention to the Parks and Recreation departments, those most likely to encounter people living outside

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[78] John Talbot & Associates Inc. (2001). *Homelessness study project for the Tri-Cities*. Retrieved from http://www.tricitieshomelessness.ca/NR/rdonlyres/11D0D373-B500-4C58-BDA5-284B359214A8/0/HomelessnessMay2001ReportSummaryReport.pdf
[79] "Cleaning" up cities. (2002, July 24). *The Coquitlam Now,* p. 10.
[80] Hale, S. (2006, September 8). Homeless a problem in park. *The Coquitlam Now*, p. 18.

(Coquitlam alone has 80 municipal parks, totalling 2,200 acres). Port Coquitlam introduced an "Inappropriate User Conduct Policy" to deal with what one resident described as the "legions of homeless who congregate at all hours of the day, drinking, smoking and swearing in Lions Park and along the Traboulay PoCo trail".[81] It was hoped that fines and evictions would resolve the problem. In terms of services there were no emergency shelter beds (except 14 beds for women and children fleeing abuse) and only a few food banks, a soup kitchen and a "Soup and Sandwich" club. The Salvation Army provided four beds for people who were homeless but this required being transported to a shelter in New Westminster. In 2004 a solution for a permanent shelter emerged when the Salvation Army presented the city of Port Coquitlam with a proposal. Their decision would have significant ramifications on future solutions to homelessness in the region.

In November 2004 the Salvation Army announced a plan to purchase a property in Port Coquitlam and make it into a permanent homeless shelter. This would have been the first shelter of its kind in the Tri-Cities, run by a provider with considerable experience of managing shelters in Metro Vancouver. The shelter plans included eight beds for men, three for women and a room for children, as well as laundry facilities, a resource centre and an additional nine rooms for longer stays.[82] The Salvation Army needed permission from the council by March 2005 in order to access $1.4 million in federal and provincial funding. The city was reluctant, however, to allow the Salvation Army to operate a shelter within existing zoning rules, especially as the site the Salvation Army had identified was in the downtown core.

> The Salvation Army came to the planning counter and they said, "Hey, we're thinking of buying this building. Can we put up a homeless shelter there?" They looked at the bylaw and said, "Well, no, that's for a hotel." The Salvation Army said, "But it doesn't say hotel. It doesn't say you have to pay for it." Why is that a hotel and not just an apartment building that people stay overnight in?" They quickly looked at it and went, "Holy cow, they're right." The city brought in a bylaw immediately to stop that, to correct that. They brought in a bylaw that said any "transition or homeless shelter has to go through the rezoning process".[83]

This effectively meant that the Salvation Army would need to go through a lengthy and uncertain rezoning process that could not be achieved by the March deadline. This decision would have some significant implications. Not only had the Tri-Cities lost an interested and potential shelter

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[81] Sayer, P. (2004, December 4). Will policy address parks problems? *The Coquitlam Now*, p. 13.
[82] Easton, L. (2004, July 24). Homeless shelter proposed for PoCo. *The Coquitlam Now*, p. 1.
[83] Interviewee.

provider (the Salvation Army left the area following that event) but they had also jeopardized important statutory funding. BC Housing, the provincial agency tasked with tackling homelessness, was now reluctant to commit resources having invested funds in the preparation of the Salvation Army proposal. The councillors defended their decision and argued that the province was "downloading" a provincial responsibility.[84] They also suggested an alternative site owned by the province outside of their municipality. Riverview Hospital had been established in 1910 in Coquitlam as the province's main psychiatric hospital. It had once housed over 4,000 patients but was now only occupied by a few hundred. The redevelopment of the Riverview site, however, was already a subject of considerable debate in the community that was likely to involve years of discussions and planning. The pressure on the municipal councillors to act was only just starting to build.

Transforming Community Awareness: A Different Type of Count

Just before the proposal was rejected the Salvation Army announced that they had identified over 100 homeless people living by the Coquitlam River. While a second Greater Vancouver count on March 15th 2005 would not confirm these numbers, it showed an increase in homelessness in the Tri-Cities from 13 homeless individuals in 2002 to 38 in 2005.[85] The 2005 count was important for a number of reasons. The count showed that homelessness in the Greater Vancouver region was growing and had risen from 1,121 in 2002 to 2,174 in 2005. And yet what attracted significant attention was that there were homeless people in the suburbs and this was increasing. While the number of homeless in the Tri-Cities was identified as less than 3 per cent of the total homeless population in Greater Vancouver, the rate of increase was highlighted at 192 per cent. There were calls to act from other municipalities who provided services to the homeless. The city of New Westminster complained that they had a disproportionately high number of homeless people compared to the Tri-Cities and Burnaby, a large municipality that borders Coquitlam.[86] The pressure was also building on provincial agencies to engage with homelessness. The Ministry of Employment and Income Assistance decided to undertake some pilot projects of outreach to homeless persons and in the Tri-Cities they approached a local non-profit

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[84] Province is downloading to cities and Sally Ann, says PoCo mayor. (2005, March 5). *The Tri City News*, p. 8.

[85] Social Planning and Research Council of BC. (September 2005). *On our streets and in our shelters: Results of the 2005 Greater Vancouver Homeless Count*. Retrieved from http://www.metrovancouver.org/planning/homelessness/ResourcesPage/HomelessCount2005Bulletin.pdf

[86] Devitt, R. (2005, June 29). Council says burden unfair: Other cities not doing enough for the homeless. *The Record*, p. 1.

organization. This work would transform the numbers of the 2005 count in quite unexpected ways.

The choice of the Hope for Freedom Society in Port Coquitlam was a surprising one. The Society's dealings with the agency had not always gone smoothly. The Society advocated for clients dealing with alcohol and drug addictions and they operated a network of recovery houses that had for many years remained largely under the radar. The Society's abstinence-based approach to addiction meant it was at odds to the prevailing harm reduction stance of the local Health Authority. The local manager of the Ministry office, however, told his boss that the Hope for Freedom Society workers were the most likely of all local non-profit agencies to find ways to establish some connection to those who were homeless. The Society agreed to carry out an "Outreach and Advocacy Project" for six months with a goal "to contact the homeless, establish trust and work toward connecting them to resources".[87] Their Managing Director, Rob Thiessen, used the $50,000 contract to employ four workers, who had all been homeless in the past, to develop relationships and build a profile of those homeless in the Tri-Cities. Unlike the 24 hour snapshot method used to generate the Greater Vancouver counts, these outreach workers covered all days of the week and all hours of the day. They clocked in over 1,500 hours and had over 1,100 individual "encounters" with those who were homeless. In October 2006 the Society released a report with surprising results.[88] The outreach workers identified 177 people who were homeless in the Tri-Cities, nearly 130 more than the last Greater Vancouver count. The report also outlined some of the barriers faced by those homeless, in particular, the challenges of mental illness and addiction. As to where most of those homeless lived, the outreach workers found that the majority "camped" within one kilometre of the downtown area of Port Coquitlam, an area that the Society labelled "Ground Zero".

The Hope for Freedom Society Report seemed to impact the way people understood and behaved towards the homeless, especially those in statutory agencies.

> This report was very, very pivotal to what happened and what has happened since
> because it created an alarming picture of homelessness in the Tri-Cities, much
> greater than most people suspected…Living here I could go through years
> without seeing a homeless person and not think that there was any homelessness

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[87] Government-funded project aims at helping homeless. (2006, April 12). *The Vancouver Sun*, p. B2.
[88] Thiessen, R. C. (2006). *Hope for Freedom Society Report on the homeless in Tri-cities: April - September 2006*. Retrieved from http://www.tricitieshomelessness.ca/NR/rdonlyres/DF684C33-0595-45F9-894C-4EF8D5833ED2/0/TriCitiesOutreachandAdvocacyReport1093006.pdf

in the Tri-Cities. It created an awareness of a problem that was still largely

invisible.[89]

It became increasingly difficult to ignore the existence of a problem of homelessness in the Tri-Cities. With over 177 people identified as homeless the report, by implication, highlighted the inadequacy of the existing response to the homeless in each municipality. The dramatic increase in numbers reinforced the sense that homelessness was rising rapidly and created a sense of urgency for some action to be taken. The report also provided credible evidence to validate the efforts of those who had quietly worked behind the scenes with those who were homeless. The largest non-profit in the area, SHARE Family and Community Services, had established a food bank outlet in a church in Port Coquitlam in 2003 and by 2004 had experienced a dramatic rise in the number of people without an address asking for food. This had challenged their systems as previously food parcels could only be issued to those with an address and there was an assumption that the individual had access to a kitchen. SHARE changed its approach to allow those homeless to use the church address and issued public requests for items such as pull-top cans. Just along the road from the Port Coquitlam food bank a separate group of volunteers provided a weekly dinner. This had been going on for several years and served up to 150 people at the local Kinsmen Hall. In addition, some individuals operated independently, visiting homeless camps along the river with meals and supplies. The Hope for Freedom Society report provided a context for all this work. And yet perhaps the most tangible result of the Society's pilot project was that it led to some homeless people being housed. The outreach workers found housing for 44 people in the first six months by making connections to different agencies that had previously seemed out of reach to many of those homeless.[90]

They [the clients] were freaked out by big bad government. They were afraid to

go into offices to find out whether they were qualified for any income assistance.

The whole process intimidated them.[91]

The contract with the Hope for Freedom Society was extended for a further three years, administered by BC Housing who decided to implement the outreach program across the province.

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[89] Interviewee.

[90] Thiessen, R. C. (2006). *Hope for Freedom Society Report on the homeless in Tri-cities: April - September 2006*. Retrieved from http://www.tricitieshomelessness.ca/NR/rdonlyres/DF684C33-0595-45F9-894C-4EF8D5833ED2/0/TriCitiesOutreachandAdvocacyReport1093006.pdf

[91] Interviewee.

Those reports [the Hope for Freedom Society Reports] got passed all over the

place, in the Lower Mainland and Victoria, and were actually a key catalyst in

forming the provincial program which is now in 47 communities.[92]

For the majority of those living in the Tri-Cities the report, however, was all still rather academic.

Most residents were unlikely to have had any contact with those homeless. The work of the

Society, however, attracted the interest of a coalition which took a lead role in transforming the

way the growing problem of homelessness was tackled.

Transformative Connections: Tri-Cities Homelessness Task Group

While the Hope for Freedom Society engaged directly with those who were homeless

another group in the Tri-Cities had mobilized around the issue of affordable housing. For over

three years a coalition of members from local Christian churches, a Jewish congregation, and

several community groups had decided to invest time in advocating for more affordable housing

in the Tri-Cities.

The chosen subject was housing, because they recognized that housing is an

essential part of well-being. That if you don't have housing, and you can't afford

suitable housing, you're not going to be able to afford food, education, clothing

for your kids. Secure housing changes the way that you can approach your life.[93]

Led by Sandy Burpee, a retired BC Hydro manager, the "Tri-Cities Housing Coalition" made

presentations to each council and successfully lobbied Coquitlam City Council to recruit and

employ a social planner to work on developing an affordable housing strategy. When the Greater

Vancouver Regional Steering Committee on Homelessness announced plans for a "Homeless

Awareness Week" (October 16 – 22, 2006), the coalition approached the existing Tri-Cities Task

Group on homelessness. The coalition offered to co-host a public forum during the Homeless

Awareness Week. The Task Group willingly accepted as it was uncertain about its future. Sandy

Burpee wrote to the Mayors of each council to ask them to send a representative and he presented

the forum as an opportunity to learn more about the Hope for Freedom Society pilot program and

"give these homeless persons a human face".[94] The forum was held in Coquitlam Council

Chambers and more than 200 people were present. The message was that the problem was

growing. "Turn-aways" from the region's seasonal shelters had increased 500% in the last five

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[92] Interviewee.

[93] Interviewee.

[94] Burpee, S. (8 September 2006). Letter to Mayor Maxine Wilson. Retrieved from
http://www.coquitlam.ca/NR/rdonlyres/D3606766-3AE6-4023-8DA8-
6E5DCE2B4C65/57081/CITYDOCS445066v1RC_October022006_301.PDF

years (some 6,600 people in 2005).[95] There were also personal accounts of those who were currently homeless in the Tri-Cities as well as information on some missed opportunities. Mary MacDougall, the manager for the provincial program that provided funds for programs offering assistance in extreme weather, said that the Tri-Cities had still not taken advantage of the scheme despite it being in existence for 5 years. One local newspaper ran an editorial after the forum, highlighting the need for "leadership" to "solve the homeless crisis in the Tri-Cities".[96] The editor asked, "Where are the people with influence who can push ahead a pro-active agenda for the homeless, including shelter services for the winter ahead?" and called on the councils to convince the Salvation Army to come back. That was not necessary as many of those at the forum agreed to commit to revitalizing the existing Task Group.

In contrast to the old Task Group that had found it hard to recruit and engage members, the "new look" Task Group managed to attract a diverse range of individuals. At one of its early meetings the seventeen people around the table included councillors, health authority officials, staff from a range of different local nonprofit organizations, provincial politicians, and "concerned citizens" not representing any organization. They also had crucial support from a representative of the Greater Vancouver Regional Committee whose role was to "facilitate, connect and encourage"[97] the creation and development of community "tables" such as the Task Group. At their first meeting in 2007 at Port Moody City Hall they agreed on the following vision statement: "A future where all citizens of the Tri-Cities have access to appropriate housing and supports and no one is homeless".[98] The role of the Task Group was "to provide leadership to create a continuum of housing and supports in the Tri-Cities" and "to be a voice in the Tri-Cities to implement the *Three Ways to Home*", the mission of the Greater Vancouver Regional Steering Committee. The initial priorities were to: highlight needs and gaps in existing services; facilitate the development of a shelter proposal; take non-partisan political action to address gaps in services; and provide education to combat NIMBYism (Not in My Back Yard). To secure municipal involvement each council was invited to send a representative and host the monthly Task Group meetings on a rotating annual basis by providing a room and someone to take minutes. Without any legal status, offices or paid staff, the Task Group relied heavily on its members' voluntary contributions. The first test of the municipal commitment came early when the Task Group needed funds to employ a consultant to help them develop a strategic plan.

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[95] Homelessness: The next steps. (2006, October 20). *The Tri City News*, p. 3.
[96] Do something. (2006, October 20). *The Tri City News*, p. 10.
[97] Description of the Committee's role by a Task Group Member.
[98] The Tri-Cities Homelessness Task Group Minutes 5th January 2007.

The Task Group sought $4,000 from each council towards the cost of organizing a strategic plan. BC Housing was willing to support the proposal but insisted that the councils also contribute. Sandy Burpee approached each council. In Port Coquitlam, he made the case in front of a "packed gallery of supporters" and argued that the work of the Task Group dovetailed into council commitments outlined in their planning documents.[99] One councillor opposed any contribution, stating that too many people were researching the issue and there was not enough action. Another councillor used the opportunity to refer once again to the suitability of the Riverview site. Homelessness was not their only pressing issue, however, as the Port Coquitlam Mayor, Scott Young, had been arrested earlier in the month over allegations of harassing his ex-girlfriend.[100] In the end, Port Coquitlam contributed $1,500, Port Moody $1,680 and the Coquitlam council, BC Housing and the local health authority each gave $4,000. The Hope for Freedom Society donated $750. Having secured funding, the Task Group commissioned Jim Woodward and Associates to facilitate a planning workshop and construct a strategic plan.

The new strategic plan had eleven actions that were broken down into four areas: advocacy; mental health and detox; facilities; and services. It was decided that the Task Group would set up separate sub-committees for each of these areas that would meet between the regular monthly Task Group meetings and do the substantive work. The sub-committees were to provide the detail to the strategic plan, find ways to implement the plan, and communicate their progress to the main Task Group over time. By June 2007 the sub-committees were in full-swing. The Advocacy sub-committee reported back on a campaign to support a YWCA project proposed for Coquitlam as well as plans to organize a workshop on NIMBYism. Preparations were also underway for the second annual awareness week - now called Homelessness Action Week - sponsored by the Greater Vancouver Regional Steering Committee. The Mental Health and Detox sub-committee was at the early stages of assessing the level of services in the area and sought additional members. The Services sub-committee was active in tackling issues around organizing identification documents, essential for those homeless to access certain services. The Facilities sub-committee was focused on how best to apply for funding from the Federal Government's "Homeless Partnership Initiative", a $16 million fund with a deadline of 15th August. They reported back that the proposals should be orientated towards a permanent emergency shelter, improving services to the homeless, providing supportive housing, and using existing facilities at Riverview. Trips were to be arranged to existing successful shelters. The organizing of the Task

[99] Strandberg, D. (2007, February 9). Sally Ann interested in housing plans. *The Tri City News*, p. 3.
[100] Strandberg, D. (2010, January 2). 2007 Decade in review. *The Tri City News*. Retrieved from http://www.bclocalnews.com/tri_city_maple_ridge/tricitynews/news/80430517.html

Group was also becoming established. Meetings were co-chaired by Sandy Burpee and Cheryl McKeever, a leader of another local nonprofit society. Rules were established on membership participation (the importance of regular attendance), confidentiality (minutes circulated in the group and not publicly shared until approved), dealing with the media (the responsibility of the Chairs), leadership (Chairs elected at the beginning of each year), and reporting (sub-committees to produce minutes of their meetings with actions). The work of the Task Group was given greater impetus by the publication of a second report by the Hope for Freedom Society.[101] The front cover of the report showed a photograph of graffiti inscribed on a concrete wall in Coquitlam. It read, "Welcome to Hell". The Hope for Freedom Society described the Task Group as "the best chance at developing a comprehensive strategy to overcome homelessness in our region".

Within six months the new Task Group had made significant attempts to change the way homelessness was understood and managed in the Tri-Cities. First, the Task Group had found a way to involve agencies from all levels of government and had managed to connect senior representatives from the three different municipalities. The issue of homelessness was now very much on the political agenda and not just an issue for city Parks Departments. Whereas the public forum had provided a point of contact to all who "cared about the homeless and not just to get them off the streets",[102] the Task Group connected these individuals to employees at different levels of government. Even provincial and federal politicians attended or sent a representative. Second, the Task Group became a focal point to coordinate the efforts of a range of different groups. The strategic plan offered the group a clear direction as well as legitimacy with important outside agencies. A demonstration of collaborative work was increasingly essential to access funds from agencies such as BC Housing. Third, the Task Group resolved the challenges of managing a large group of diverse interests by using smaller sub-committees that had the freedom to develop solutions. It was in the Facilities sub-committee that the idea for the "Mat Program" was first generated – a solution that no-one anticipated would have such significant effects.

A Transformative Solution: A Different Kind of Mat Program

There was nothing particularly novel about providing shelter for the homeless by placing 1.5 inch thick vinyl mats on a floor in a church building - mat programs had been established in

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[101] Thiessen, R. C (2007). *2nd Report on the homeless in Tri-Cities: October 2006 – March 2007*. The Hope for Freedom Society.
[102] Interviewee.

other areas of Greater Vancouver.[103] But this mat program was different in two main ways. First, whereas mat programs were usually run out of one location, this program was designed to operate from November to March in different churches, rotating each month to share the load on the volunteers. Second, mat programs were normally located outside or at the edge of established residential areas whereas these churches were in residential neighbourhoods. These differences came in part out of the connections of Rob Thiessen. Rob Thiessen was both the Managing Director of the Hope for Freedom Society and a local church leader. He pitched the idea of the Mat Program to a network of pastors in the area and five churches signed up (three in Coquitlam, one in Port Moody and one in Port Coquitlam). The Hope for Freedom Society said that they could provide the staff and use their bus to transport clients to the churches as some churches were quite a distance from "Ground Zero". It was hoped that the program could start in November 2007 and, with the support of the Greater Vancouver Regional Steering Committee on Homelessness, an application was submitted to the federal government for funding. The Task Group was optimistic about setting up the program as over the previous winter an Extreme Weather Response Shelter had been run at Trinity United Church in Port Coquitlam.

The first Extreme Weather Response Shelter in the Tri-Cities had opened over the winter period of 2006-2007 for 11 nights when the temperature dropped below -4C. Twenty mats were available on the floor of the church hall, in the same building as the Port Coquitlam food bank operated during the day. It was also conveniently located close to the river and many homeless "camps". In the first season the shelter had a total of 142 overnight visits (120 men, 22 women and two dogs).[104] The Task Group provided help in developing the plans and a local city councillor had provided advice on how to meet building regulations. It was in many ways a remarkable collaborative effort. The New View Society (a local nonprofit providing mental health services) dropped off and picked up the mats daily as the church was short of space; the Hope for Freedom Society's outreach workers advertised the service; SHARE provided snacks and food; and the two churches that met in the same building organized volunteers to provide meals and clean the area. The media also promoted the service which in turn led to donations and perhaps challenged some perceptions about the homeless.[105] In particular, it highlighted those homeless

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[103] Approximately 275 Cold Wet Weather Shelter beds/mats and 400 beds/mats were provided during periods of extreme winter weather in 2006. Source: GVRCH (2006, February). *Understanding Greater Vancouver's Shelter System*. Retrieved from
http://vancouver.ca/commsvcs/socialplanning/tools/pdf/ShelterFact-Feb06.pdf
[104] Trinity United Church (n.d.) *Extreme Wet Weather Mat Program*. Retrieved from
http://www.ucpoco.ca/EWMP.php
[105] For example, Robb, L. (2006, November 29). Church opens doors to the homeless: Eight use cold-weather shelter. *The Coquitlam Now*, p. 1.

who were also employed. The program coordinator told a local reporter about one homeless man who "has a wakeup call at 5am, gets something to eat and then he goes off to his job".[106] A company, Scott Paper, heard of the need for some of the homeless to have steel-toe boots in order to gain work as labourers and started to provide the shelter with a regular supply of boots. This mat program did not experience any complaints from its neighbours despite the church being in a residential area. The experience of the Extreme Weather Response initiative was not, however, a good predictor for the response to a mat program planned to open every night.

The city planners for each municipality informed the Task Group that the Mat Program would require a "rezoning" of each church site. While churches were generally associated with humanitarian work, their zoning designation did not permit them to allow people to stay overnight. There was no zoning category for a temporary shelter so each city had to first create and approve a new type of activity and then make a legal/administrative connection to each church address. Such a change of use required amending city bylaws which in turn triggered a process of public involvement and a formal public hearing. The Task Group and, in particular, the Hope for Freedom Society, found itself dealing with three different municipal systems and public responses. The first task was to ensure that the buildings would pass the necessary fire inspections. A building code consultant was hired by the Hope for Freedom Society and produced a report with recommendations for each building. This was initially rejected by Coquitlam city staff, leading to some frantic discussions with planners and councillors as expensive renovations to the church buildings would make the program unfeasible. Planning fees of around $4,000 per city also had to be negotiated. These were waived although Port Coquitlam made the Task Group purchase the signs to advertise their public hearing. Task Group members encouraged the Hope for Freedom Society to meet as many councillors as possible while the city planning staff worked as quickly as they could on the necessary reports for their different councils. A rezoning process normally takes many months to process but the pressure was on to achieve it within weeks before the winter months. Port Coquitlam was the first city to process the paperwork and it received a positive response from the councillors. "This is exactly what we've been asking for in the Tri-Cities," said the Mayor.[107] Their support reflected the visible social need in their community, the positive experience with the Extreme Wet Weather Program, and that this was a temporary solution located away from the downtown core. The council chambers were overflowing with

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[106] Strandberg, D. (2007, January 17). Weather warms but rain puts strain on shelter. *The Tri City News*, p. 12.

[107] Blais, S. (2007, October 12). Shelter gains preliminary approval; Temporary facility would house up to 30 homeless. *The Coquitlam Now*, p. 1.

people at the public hearing on October 22, 2007.[108] Many people who were homeless spoke and one identified himself as a former homeowner and neighbour of one of the councillors who appeared deeply moved.

> I knew him when he had a house, his own business and two properties. I would
>
> never have believed it unless I had seen it.[109]

There were a number of people who spoke against the proposal for different reasons. Some argued that it would divert resources away from a permanent shelter; others raised questions about what would happen to those turned away and the unsuitability of the program's location in a residential area. Greg Moore, a councillor, spoke in favour.

> These are our neighbours. These aren't people who have been shipped in. We
>
> need to not only look after people who pay taxes but also look after people who
>
> can't afford to pay taxes.[110]

The councillors voted to make the changes to the bylaw that would allow the program to start on 1st December. A local newspaper editorial praised their "brave stand" and said that it indicated a change in society's views.[111] Such a change, however, was not immediately evident in Coquitlam.

Before the official public hearing in Coquitlam, the planning staff had encouraged the Hope for Freedom Society and the three Coquitlam churches to hold meetings with their neighbours. For one church, that involved meeting with parents of a daycare, the Parents Advisory Committee of an adjacent school, and local residents. The overwhelming response was negative and sometimes personal. Rob Thiessen received letters, emails and a death threat on his voicemail. In accordance with regulations, the public hearing was advertised by large signs displayed at the front of the churches and through 500 letters mailed to those living within 400 feet of the properties. The city received over 172 submissions in the form of emails and letters for the attention of the councillors.[112] The majority were negative. One submission included a CD of documents, all part of an argument against the program. In addition to objections often expressed by neighbourhoods to homelessness services, such as problems with the public participation

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[108] The Public Hearing was filmed by Shaw TV. The video is available at the City of Port Coquitlam.
[109] Blais, S. (2007, October 24). PoCo council OK's shelter for homeless. *The Coquitlam Now*, p. 1.
[110] *Ibid.*
[111] Homeless win a small victory. (2007, October 24). *The Coquitlam Now*, p. 14.
[112] City of Coquitlam (2007, November 21). *Public Hearing Minutes*. Retrieved 8 March 2009 from http://www.coquitlam.ca/NR/rdonlyres/FADC9FC9-3D5E-4CC7-B678-F227EF24527B/73543/CITYDOCS587321v1RC_B_dec_032007_505.PDF. All the submissions are in the public domain and can be reviewed by contacting the City of Coquitlam.

process,[113] there were concerns that the Mat Program could pose serious risks to the community. For example, one fear expressed by a PhD qualified Coordinator of Clinical Research and Drug Information at the local Health Authority who lived next door to one of the churches was the spread of communicable diseases. The Task Group mobilized its own support. The Coquitlam Royal Canadian Mounted Police publicly stated their support for the program and stated that their statistics showed no relationship between concentrations of homeless persons and property crime (this criminal activity was associated more with those who were housed). The congregations of the Mat Program churches as well as those in the Housing Coalition, a different group of churches, were encouraged to attend the public hearing.

On the night of 21st November 2007 the Coquitlam Council Chambers were so full that many of the 250 people had to listen to the hearing in the lobby. The initial seven items on the agenda were cleared within 45 minutes. Over 80 people then spoke for and against the Mat Program until 3am the next morning. It was the longest public hearing in recent memory. The eight councillors listened to speeches equally split in favour of and against the proposal. The atmosphere was highly charged and emotional. Rob Thiessen, one of the first speakers, had outlined the program and then asked for all those in favour to raise their hands. It was a very powerful way to demonstrate to the councillors the substantial support in the room for the program. Many of the opponents to the program were not impressed and suggested that the churches had "bussed" in outsiders to bolster their cause. Some held signs with "NO" or "VOTE NO" on letter-sized paper so as not to contravene the rule prohibiting posters.

> The energy at that public hearing was unbelievable. I was surprised that a fight didn't break out…it was so tense. People were so angry. To this day, I don't understand. I think about my friend Steve [anonymized]. He had his laptop out, and he was doing research and he was writing … through the entire public hearing. It was packed ... they opened up the back doors, and it went all the way out. There had to be 400, 500 people there. If you take a look at our public hearings, you know, they may get 30 people. It <u>really</u> brought the community out in a big way.[114]

In the few weeks before the public hearing the opposition to the Mat Program had organized. They estimated they had as many as 800 members. Many of those in opposition spoke of how the Mat Program would pose significant risks to their families and children and expressed

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[113] *Strategies for gaining community acceptance: Addressing community resistance to affordable housing and homelessness services workshop guide.* Developed in partnership with the Canada Mortgage and Housing Corporation and the National Homelessness Initiative.
[114] Interviewee.

anger with the council over its response. One strategy of the opponents, however, was to highlight the inadequacy of the plan by seeming to adopt the position of the proponents but advocating for a superior solution. A case was made for a permanent shelter with support services. This strategy sought to avoid any criticisms of NIMBYism as well as delay and ideally frustrate the current proposal for the Mat Program.[115] It was a strategy that would ultimately backfire.

In the short-term the councillors were in a very difficult position when they left the meeting. Their democratic mandate was tenuous as only 20% of the electorate voted in municipal elections. This meant that councillors had to be sensitive to any organized groups. The councillors had no obvious alternative to the Mat Program but equally they needed in some way to respond to the vocal opposition. The city staff worked on a way forward. At the next council meeting on December 3rd 2007 each of the councillors said that they would support the rezoning application while also expressing their misgivings.[116] The compromise they were willing to accept involved an additional two steps. The first was to require each church to sign a Housing Agreement, an operational contract, to ensure that the shelters would be run in the way outlined by the Hope for Freedom Society. The second step was to introduce what became known as a "sunset clause". When the councillors approved the bylaw they also set a date for when it would be repealed. In effect the Mat Program was only allowed to operate for one season and the whole public process would have to be repeated again if needed in the future. The other two councils viewed the sunset clause as both unnecessary and highly unusual as bylaws are normally set without any time limitation and only Coquitlam adopted this method. Port Moody council, however, observed the decision of Coquitlam and then decided to implement a Housing Agreement for their designated church. It meant that the council had to rush to complete the necessary paperwork with only days to spare.

The fears of the opponents to the Mat Program were not realized. Between December 1st and March 31st each church provided mats to around 15-30 people each night. 135 different individuals used the mats.[117] A positive but largely unintended consequence was that the Mat Program provided an opportunity for the Hope for Freedom Society to help individuals find accommodation. Of the 135 users, 29 took steps to go into a treatment program or find their own

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[115] Interviewees.

[116] Kurucz, J. (2007, December 5). Temporary shelters gain preliminary approval. *The Coquitlam Now*, p. 1.

[117] The Hope for Freedom Society (2008). *Season summary report: Cold Wet Weather Mat Program*. Retrieved 12 June 2009 from http://www.tricitieshomelessness.ca/NR/rdonlyres/A0018D1E-D06C-4CF3-9DEF-1E1104EA2CB8/0/SummaryReportforCWW1stSeason.pdf

homes. One couple was able to secure housing, find work and make contact with their children.[118] One client, Doreen Carter, who had spoken at the Coquitlam public hearing, said that it "saved her life".[119] The Mat Program dovetailed with the daily work of the outreach workers. The outreach workers found that those using the Mat Program on consecutive nights gained physical and emotional strength and became more open to seeking and trusting outside help.

> One of the guys that went through is eloquently able to describe that to me, as to how that essentially cleared off some hard drive space in his head. The life of a homeless person – he referred to it as the tyranny of the immediate – you don't think more than 5 or 10 seconds, you're dead. What is on your mind all day long is – you're unlikely to starve to death in the Tri-Cities – but "where am I going to eat, what am I going to eat. Where am I going to sleep tonight, how safe is my camp." Those are the things that occupy your head. When you go in a shelter program, you're not worrying about those two major things. Then you can start, when somebody comes up and says to you "you're obviously dealing with addiction, why don't you consider dealing with that?" And they finally realize "yeah, maybe I can deal with it." Whereas before it doesn't seem like it's possible. It seems impossible.[120]

The work on implementing the Mat Program transformed the way many others in the community understood and behaved towards homeless people. It had profound effects on a sizeable number of individuals. The Mat Program was a labour intensive process involving a large number of volunteers. The volunteer contribution in time, food and the provision of venues for two seasons was valued at $168,000.[121] A report to the Port Moody Council on 11th March 2008 outlined how 10 volunteers were used on each evening shift and 6 in the morning in the Port Moody church.[122] Over 100 volunteers had been involved for that month alone.

> They came from schools, churches, community groups, individuals of all ages, from early teens to over 80, all kinds of nationalities and races, several different religions, some who go to church and a great many who don't.[123]

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[118] See "Homelessness in the Tri-Cities" video (2008) on YouTube - http://www.youtube.com/watch?v=ep7ELE25tcI
[119] Mat Program sparks change (2009, October, 14). *The Coquitlam Now*, p. A3.
[120] Interviewee.
[121] Coquitlam City Council (2009, September 10). *Public information session on Cold Wet Weather Mat Program.*
[122] MacKenzie, A. (2008, March 14). Many volunteers and few problems at homeless shelter. *The Coquitlam Now*, p. 11.
[123] *Ibid.*

These volunteers had direct contact with people who were homeless, enabling them to put a "human face to homelessness". This helped in creating a bridge to those with often very different life experiences as well as to highlight the heterogeneity of the homeless who are often viewed as a single population. It also took away any romanticism of this work as many were confronted by individuals with complex health and social needs. For some volunteers, being part of the process to get the Mat Program established was significant in its own right. To stand up in public and speak in favour of the Mat Program led one person to embark on a political career and she led a successful campaign the following year to become a municipal councillor. And yet, it was some of the residents who had expressed opposition to the Mat Program that seem most changed.

Even before the Mat Program had started, the council received phone calls from individuals apologizing for their past submissions and wanting to express their support having changed their minds after the public hearing. This had not happened before. Some past opponents even volunteered at the Mat Program churches and, of great significance to the proponents, senior members of the group that had organized to resist the scheme joined the Task Group with the intention of supporting efforts to establish a permanent shelter. Individuals spoke of having become sensitized to the issue and now wanting to see action. At an organizational level, the organizations most affected by the Mat Program were the councils and especially that of Coquitlam. As one senior councillor admitted, the Mat Program had "brought everyone to life in these council chambers".[124] Homelessness proved to be a key issue in the municipal election that year.

The five churches also found the Mat Program to be a galvanizing experience. The difficult meetings with their neighbours had highlighted for some churches how they needed to improve their communication with local residents. Although the churches were by no means homogenous in terms of denomination, size or age, the Mat Program seemed to provide them with a way to "enact their values" and show compassion to those in need. Some members of these congregations would open up basement suites and start to build long-term relationships. A few of the homeless started to join these congregations and the impacts on the church communities are still unknown. It was certainly educational to some church members.

> I got questions about "if Buddy sits beside me in the pew on Sunday morning,
> and he's got HIV, am I going to get it?" I'd have to say "Well, unless you're
> doing something really inappropriate in church you're not going to get it".[125]

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[124] Saltman, J. (2008, January 9). Three-council talks proposed on homelessness. *The Coquitlam Now*, p. 3.
[125] Interviewee.

The success of the Mat Program put the Hope for Freedom Society "on the map" and the Task Group also started 2008 with increased momentum. More generally, the coverage of the Mat Program in the media meant that most citizens were now not only aware of homelessness more generally but also its existence in the Tri-Cities. Some believed that the resistance to the program had ultimately been positive.

> If it had just come through seamlessly and the government took care of
> everything, and an organization that's very experienced with this stuff stepped in,
> like Salvation Army, the larger community would never have been engaged in
> homelessness.[126]

But despite the successes of the Mat Program it was recognized by many as a "band aid" solution.

> While meals and a mat for 8 hours each night over the winter months had clearly made a difference, the Mat Program was still a very basic service.

> You stick them on a mat and at 6.30 in the morning you wake them up, give them
> breakfast and a little bagged lunch, get them in a van and pop them back to
> wherever they came from. It's 2007. That's the best Coquitlam can do?[127]

In addition, with only 30 mats available it meant that over 140 individuals were still homeless in the region.

> So then this homeless man stood up, and he said – he was calm, he didn't raise
> his voice – very calmly, he says "for all you people out there who are concerned
> about 30 people, supervised, in a church near you, locked down, not allowed out
> during the night. According to the Hope for Freedom Society's count, they've
> counted 170 of us out there, you can be happy to know there's still 140 of us
> rattling around in the bush behind your house.[128]

And with no option for homeless individuals to bring their possessions to the churches, many preferred to live outside for fear that their belongings would be stolen in their absence.

The opposition to the Mat Program had also led to a city requirement that the homeless could not walk up to the churches and had to be "bussed in" for fear of people "milling" around the area. It meant that those homeless living close to a church operating the Mat Program had to leave the area in order to be picked up by a bus that would then bring them back again. Not only could this reinforce the view that homelessness was something "imported", it meant that the Mat Program remained largely invisible to most residents and could cement the view held by many

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[126] Interviewee.
[127] Interviewee.
[128] Interviewee.

homeless that they were unwanted and being treated inhumanely. While proponents often cited examples of those who were oblivious to the Mat Program operating as evidence of its success, this lack of impact was not necessarily beneficial. It meant that attitudes and behaviours to homelessness could remain largely intact as the Mat Program was not having any effect, positive or negative, on the daily life of most citizens. Those using the program were gone before daytime use of the facilities began, escorted back onto the bus at 7.00am. The "melting away" of the main opposition group, some argued, did not necessarily mean that their attitudes had changed towards homelessness but reflected the success of the Mat Program in containing the problem. That said, the response both positive and negative to the Mat Program did provide the spark for the development of further solutions. In January 2008 politicians from all three cities met together to develop a Tri-Cities wide approach. This led the city of Coquitlam to take an unprecedented step: to donate a portion of a 2.3 acre city-owned site for a permanent shelter.

From Mats to Permanent Solutions: Shelters & Housing First

Donations of land by municipalities for social housing and shelters were starting to occur across Metro Vancouver. In December 2007 the city of Vancouver announced that they had committed to work with BC Housing on 12 city-owned sites in order to provide 1,200 more units of social and supportive housing.[129] Vancouver councillors and provincial politicians had the additional motivation of the Winter Olympics to be held in the city in early 2010. Critics speculated that there would be more homeless "bedding down in the streets than athletes marching into BC Place on opening night".[130] The challenge for the Coquitlam council was where to locate the permanent shelter. The Riverview site was favoured by many and seemed to have many advantages. Its space (244 acres), location (away from residential areas), and its historical mission to house those with mental health issues made it an attractive option to many in the Tri-Cities and Vancouver. The previous summer the Vancouver Mayor, Sam Sullivan, had suggested it could be used to solve Vancouver's homeless problem.[131] The Housing Minister said the site could be commercially developed and the developers, as part of that arrangement, would be required to provide social housing.[132] Coquitlam council were not impressed and argued that Riverview should remain a health care facility and that the province should fund these facilities

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[129] BC Housing (2008, February 1). *Non-profits selected for 12 city-owned housing sites*. Retrieved January 5, 2009, from http://www.bchousing.org/programs/homelessness/news/2008/02/01/3643_0802011051-814?pageNumber=9
[130] Home room. (2007, June 1). *The Tri City News*, p. 10.
[131] Fong, P. (2007, June 7). Vancouver eyes moving homeless back to institution; Many now on streets of Downtown Eastside were residents of sprawling facility in Coquitlam. *Toronto Star*, p. A23.
[132] Cernetig, M. (2007, July 27). B.C. targets homeless with Riverview Project. *The Vancouver Sun*, p. A1.

without resorting to private capital.[133] The well-connected Riverview Horticultural Society, founded in 1992, argued that the proposal would threaten Riverview's ecological and horticultural qualities. There were also practical challenges. The buildings on the site needed significant investment for them to be habitable. In addition, the managers of existing mental health services were not keen on homeless people using the site for fear it would disrupt the current residents. So the council staff identified a site much closer to the city centre, 3030 Gordon Avenue, and on June 9, 2008 the councillors unanimously supported a planning initiation process.[134] The site was zoned as "service commercial" and "industrial", located close to Port Coquitlam and next to the Canadian Pacific Railway. All that was needed was to work out a Memorandum of Understanding with BC Housing before requests for proposals could be released. The construction of a shelter with 25-35 beds and between 25-45 units of transitional housing was expected to start in the fall of 2009. The local newspaper ran an editorial with the headline "Finally, a solution".[135]

While the local media were positive, the news of the shelter received mixed reviews. Businesses close to Gordon Avenue were concerned and started a petition against the idea of a shelter.[136] Some Port Coquitlam councillors still argued that Riverview was a better site[137] but they had their own troubles. The Port Coquitlam council had arranged to install iron grates on some public facilities to prevent them being used for shelter. The cost was $135,000. The council said they had already paid $150,000 to clean up after the homeless and they had dismantled 123 homeless camps in 2007, up from 65 in 2006.[138] At the council meeting the Mayor's response to one homeless man who sought to address the council was to "state your name and non-address".[139] Those in the gallery and the media were not impressed. A newspaper editorial read "Port Coquitlam is ground zero. Zero ideas. Zero leadership".[140] Another Greater Vancouver homelessness count had showed that homelessness in the region was rising (the number for the Tri-Cities went up to 94 in 2008),[141] and a report from the BC Chief Coroner identified that the

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[133] Wilson, M. (2007, August 14). Preserving the heart of Riverview is critical. *The Vancouver Sun*, p. A15.
[134] Gerrits, L. (2008, June 11). Shelter land okayed. *The Tri City News*, p. 1.
[135] Finally, a solution. (2008, May 30). *The Tri City News*, p. 10.
[136] Blais, S. (2008, June 20). Shelter proposal worries business; PoCo dance studio concerned about Coquitlam plan. *The Coquitlam Now*, p. 1.
[137] *Ibid.*
[138] Robb, L. (2008, April 23). PoCo looks at bars to homeless; City plans to install ironworks at five locations. *The Coquitlam Now*, p. 1.
[139] Lam, D. J. (2008, April 30). Bars to homeless stir controversy. *The Coquitlam Now*, p. 1.
[140] Not so grate. (2008, April 23). *The Tri City News*, p. 10.
[141] Greater Vancouver Regional Steering Committee on Homelessness (2008, December). *Still on our streets: Results of the 2008 Metro Vancouver homeless count*. Retrieved 30 June 2010 from http://www.tricitieshomelessness.ca/NR/rdonlyres/BB4ACBC9-797F-4204-B80B-48F5F724F2F3/92375/HomelessCountReport2008Feb13.pdf

homeless die at a 20% higher rate than the rest of the population.[142] The case for a permanent shelter seemed overwhelming but the discussions between Coquitlam council and BC Housing continued without agreement. The Mat Program needed to be run again.

To operate the Mat Program in Port Moody and Port Coquitlam was straightforward as it only required an annual verbal report to the respective councils, but in the case of Coquitlam it required starting a whole new public rezoning process. This time the process began in June and was initiated by the city itself rather than the Hope for Freedom Society. The public hearing on June 24, 2008 was very different to the previous season.[143] About 60 people attended and the only complaints were about increased litter. One opponent had prepared a PowerPoint presentation of photographs of litter in the neighbourhood of one church that they attributed to the Mat Program. The councillors remained committed to the program; the rezoning was approved and the bylaw was adopted with another sunset clause so that it would expire on March 31st 2009. It was a cold season. A 63 year old homeless man was found dead in a van he used as a shelter in Blue Mountain Park, a local park known for its little league baseball field and spray park. The temperature of the night he died was -10C with wind chill.[144] The Extreme Weather Response Shelter opened for 21 days over the winter period. A report to the city of Coquitlam in March on the Mat Program showed that 2,470 mats had been used by 350 individuals and the city manager said it was "operating smoothly and at capacity without complaints from the neighbours".[145]

As the Mat Program moved to another church at the start of 2009 there was still no news about the permanent shelter. Councillors started to draft a resolution to the Housing Minister to ask for some answers. It was not long before the Council heard bad news. In February a representative from BC Housing informed council that there were no funds allocated for the shelter in the provincial budget.[146] This prompted a question in the provincial legislative by the local opposition member MLA, Diane Thorne, to the Housing Minister, Richard Coleman.[147] Coleman argued that Coquitlam had still not rezoned the site and had not waived its development charges. A few weeks later the Housing Minister announced the Homelessness Intervention

[142] Homeless death rate high. (2008, May 30). *The Tri City News*, p. 18.

[143] Gerrits, L. (2008, June 26). Opposition to shelter cools in public hearing. *The Tri City News*, p. 4.

[144] Blais, S. (2008, December 24). Homeless man found dead in van by Blue Mountain Park. *The Coquitlam Now*, p. 4.

[145] City of Coquitlam (2009, March 20). *Status report on Cold Wet Weather Program: January and February 2009*. Retrieved January 2 2010 from http://www.coquitlam.ca/NR/rdonlyres/8C498273-2A35-4B24-9D42-DFFEB4CBB4CF/90498/CITYDOCS769416v1CC_LUAED_march232009_6.PDF

[146] Kurucz, J. (2009, February 25). Shelter plans still up in air. *The Coquitlam Now*, p. 1.

[147] HANSARD (2009, February 24). *Debates of the Legislative Assembly: Morning Sitting*. Volume 38, Number 9. Retrieved March 3 2010 from http://www.leg.bc.ca/hansard/38th5th/H90224a.htm

Project, a pilot project for five communities to better coordinate initiatives for the homeless.[148] There was no mention of the Tri-Cities. By June 2009 it was clear that the permanent shelter would not receive any statutory funds for some time. Government funds would be essential to cover the capital and anticipated operating costs, estimated to be over $500,000 per annum. The opposition party claimed that the incumbents knew that there were no plans to fund the shelter and that this should have been made known before the November 2008 election.[149] BC Housing said that the delay was more a consequence of the global recession.[150] The Tri-Cities shelter was just one of many projects that had been put on hold. The short-term implication was that a permanent shelter was now at least two years or more away. Even more troubling was that the Task Group had just had some bad news about an interim solution.

The lack of progress with the permanent shelter had led the Task Group to work on an interim solution that could operate year round until the new shelter was established. An opportunity had come by chance. One of the Port Coquitlam churches, which was already operating a food service to the homeless, had merged with another local church, Grace Fellowship, and offered space at Grace Fellowship for outreach and an interim shelter. In October 2008, the Hope for Freedom Society relocated its outreach workers and announced a Homeless Resource Centre at the Grace Fellowship site.[151] The Grace Fellowship church pastor said he had not received complaints from their neighbours over their services to those homeless but he recognized that the "scale has changed a bit".[152] The Hope for Freedom Society and the Task Group hoped that the success of the Mat Program would be enough to alleviate any neighbourhood concerns over the introduction of an interim shelter and sent out 700 notices inviting residents to a public meeting. The church was viewed as an ideal location as it was close to "Ground Zero", where most of the homeless camped, and easily accessible to them.[153] The Hope for Freedom Society presented its plans to the public at an "Open House" on March 6th 2009. There was, however, considerable neighbourhood opposition. Opting for one-to-one conversations rather than organizing a collective conversation, Task Group volunteers experienced at firsthand the resistance to the idea. It became apparent that the church neighbours already had some issues with the existing social programs operating at the church and that there

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[148] Housing minister puts homelessness issue under one roof. (2009, March 3). *CBC News*. Retrieved April 4, 2009, from http://www.cbc.ca/canada/british-columbia/story/2009/03/03/bc-homeless-one-ministry.html
[149] Kurucz, J. (2009, June 26). NDP reacts to Liberals' freeze on shelter funds. *The Coquitlam Now*, p. 3.
[150] Kurucz, J. (2009, June 24). Province won't fund homeless shelter: Funding shortfall reopens debate about housing homeless at Riverview. *The Coquitlam Now*, p. 1.
[151] Strandberg, D. (2008, October 7). A new helping home. *The Tri City News*, p. 3.
[152] Strandberg, D. (2008, September 25). Services at PoCo church. *The Tri City News*, p. 4.
[153] Kurucz, J. (2009, March 4). Public meeting on shelter Thursday. *The Coquitlam Now*, p. 1.

were concerns that the interim shelter would become permanent. Informal feedback to members of the Task Group suggested that the councillors and city staff were also uncertain. Their support was essential in any rezoning process. Within days of the Mat Program ending the church decided not to proceed with the interim shelter. They feared that it would jeopardize its existing programs and they needed to "mend fences" with their neighbours. As the plans for the interim shelter in Port Coquitlam were shelved and the plans for a permanent shelter seemed stalled, another initiative in Port Coquitlam was starting to take shape that questioned whether a shelter was necessary at all.

When Greg Moore ran a successful campaign to become Mayor of Port Coquitlam in November 2008 he made a commitment to tackle homelessness in the city. In January 2009 he announced a plan to assemble a "homelessness action task force".[154] He was following in the steps of other Mayors across Canada who made tackling homelessness a key priority, such as in Vancouver and Calgary. Greg Moore seemed undaunted by the fact that Port Coquitlam was only a fraction of their size. He was particularly influenced by an approach known as Housing First. This was an idea that had been attracting interest at different levels of government with its emphasis on placing homeless individuals quickly into housing and removing any preconditions that might restrict access, such as an active addiction. During the Homeless Action Week in October 2008 the Task Group invited Iain de Jong, who had established a program in Toronto known as "Streets to Home", to share his experience with the Tri-Cities. He was blunt in his assessment of existing programs: "the current model is crap" and "there is a difference to managing homelessness and ending homelessness…housing people must come first before all other support".[155] One member of the Task Group described it as a time when the "light switch went on" and there was a realization that the Mat Program was no longer good enough. In early 2009, having attended a conference on homelessness, Sandy Burpee presented his own report on Housing First to the Task Group, and asked for volunteers to develop a Tri-Cities response as a complement to a permanent shelter. The Mental Health Commission of Canada had just started a research project in five Canadian Cities.[156] The project in Vancouver sought to test out a variety of different Housing First models with a particular focus on those with concurrent mental illness and addictions and to experiment with varying levels of support services. The project did not

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[154] Mcfee, J. (2009, January 23). Fire under bridge raises concerns. *The Coquitlam Now*, p. 1.

[155] Kurucz, J. (2008, October 22). Homeless program delivers results; Toronto approach discussed at Westwood Plateau meeting. *The Coquitlam Now*, p. 3.

[156] The Mental Health Commission of Canada (n.d.). *At Home/Chez Soi Vancouver Project Launch a special event*. Retrieved January 5, 2011, from http://www.mentalhealthcommission.ca/English/Pages/AtHomeChezSoiVancouverProjectLaunch.aspx

include the Tri-Cities. In March 2009 Mayor Moore held a press conference at his first team meeting, stating that his goal was "to end homelessness and not manage it".[157]

It was striking how different the membership of the Mayor's team was in comparison to the Task Group. Greg Moore had specifically avoided inviting existing providers of social services in the area and instead enlisted individuals he thought might approach the issue without preconceived ideas. At the table were business leaders in real estate and development, an owner of a local pub, a manager of a local bank, and a student from the nearby high school. In addition, there were four people who were homeless sitting around the table in the council chambers. Sandy Burpee was invited from the Task Group. Some members of the Task Group were sceptical of the new team, both concerned about its narrower mandate, a focus only on Port Coquitlam, and whether it would duplicate or even undermine the work of the Task Group. The response of the local media was that something good might come from mixing "rich and poor, well connected and disconnected.... we might actually see a change in attitudes that will lead to solutions to homelessness".[158] The team spent the next few months learning about schemes in Calgary and Toronto and put together a plan. Their original thoughts were to develop a range of different services but they soon started to focus on a proposal for an organization that had a single goal to find people homes. They felt that their business and political connections and experience in property and finance could leverage resources that others might not be able to access. So in October 2009 Moore launched the "Homes for Good Society" with a plan to find homes in the private rental market.[159] He announced that 10 people in the Tri-Cities would be housed by March 2010 and 30 people by the end of 2010. The goal was to eradicate chronic homelessness in the Tri-Cities, those homeless for more than a year, by 2014. The media response was positive and intrigued by Moore's fundraising ideas such as "a dollar a day" and giving circles. Sandy Burpee was also positive about the new society and viewed it as one of many agencies working to tackle homelessness in the region. He argued that there was still, however, a need for a permanent shelter as a crucial gateway to support services and housing.[160]

The Homes for Good Society decided to postpone its fundraising launch while public attention focused on the Olympics. It also had a particularly difficult challenge to overcome. To rent a private suite in the Tri-Cities required at least double the amount given to those receiving

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[157] McKenna, G. (2009, March 3). Mayor hopes MATH adds up to homeless solutions. *The Tri City News*, p. 1.

[158] An about face on homelessness in PoCo. (2009, March 25). *The Tri City News*, p. 10.

[159] McKenna, G. (2009, October 3). "Housing First" program could end homelessness in Tri-Cities, says PoCo mayor. *The Tri City News*, p. 1.

[160] Burpee, S. (2009, October 15). As I see it: The Tri-Cities must act for homeless people. *The Tri City News*, p. 10.

provincial Income Assistance which included a housing allowance of $375 a month. The Society's plan to contribute to a market based rent would be treated by the current welfare system as income to the individual and this would then jeopardize their housing allowance. Any money an individual received from the Society would be deducted from their Income Assistance. Meetings with the Housing Minister and others were arranged. Meanwhile the Task Group was encouraged by the City of Coquitlam to do a feasibility study of alternative interim shelter options that were then submitted to BC Housing and the Housing Minister. It was an exercise that involved investigating modular units, buildings at Riverview (a delegation from the Council went around the site), and existing commercial buildings. The conclusions were not a surprise. There was no viable alternative and all of the options had logistical and financial challenges. The Task Group, supported by Coquitlam council, argued it would be better to maintain the Mat Program in the interim and only spend new funds on the permanent shelter. For their part, Coquitlam council started the process to rezone the 3030 Gordon Avenue site.[161]

It is difficult to assess the impact of these recent initiatives on the way homelessness is understood and acted towards by those in the Tri-Cities. The negative reaction to the solution of an interim shelter at Grace Church proved to some that NIMBY attitudes continue to prevail. While it was the case that local residents vigorously resisted the shelter, it was not, however, a completely NIMBY response. There had been homeless people in this area for many years and the neighbourhood had already experienced services provided to the homeless. But they did not want this to expand and some neighbours believed, incorrectly, that individuals were already sleeping overnight in the church. That said, it would remind those who attributed the Mat Program to transforming attitudes towards the homeless that there was much work still to be done. The initiative of the Mayor, however, seemed indicative of a significant change.

The Mayor staked his election campaign and reputation as Mayor on an issue that his council had in the past sought to avoid. He had also managed to engage members of the business community in seeking solutions. While not new, and also part of the Task Group's remit, the Mayor had made much more explicit the commitment to end homelessness, and it became a lens through which other solutions could now be assessed. The work of the Task Group and the commitment to a permanent shelter were now questioned and interpreted, by some, as more about "managing homelessness" and not "fixing" the problem. This appealed particularly to those that felt that homeless "lifestyles" were being "enabled" by the growing attention of service agencies whose paid staff was more likely to be incentivized to sustain the social problem than eliminate it.

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[161] Strandberg, D. (2010, March 25). City readies RFP for shelter before funding confirmed. *The Tri City News*, p. 1.

> I still believe that in the Tri-Cities we do a great job of managing the
> homelessness issue. Frankly I think, up until our group – we didn't do anything
> to end it. It's not hard to be homeless in the Tri-Cities, unfortunately. I can go
> and get food pretty much every day of the week. I can go get clothes. I can go get
> some supports. In the winter, I can find somewhere to stay. That's great to keep
> you on the streets.[162]

A view that the Mayor's group was the first group focused on ending homelessness, however, fails to recognize the influential work of the Task Group. The Mat Program managed to get people off the street and into permanent housing and the work of the Services sub-committee, that organizes food and clothes, has proven to play a crucial role in establishing and building relationships with homeless people as part of a process to "change the trajectory of their lives".[163] The Housing First model, however, made the challenge of homelessness a straightforward one: find accommodation and organize the necessary support in-situ. The benefits presented by its proponents were that this approach would not only save thousands of dollars needed to run a shelter but also sidestep any issues with rezoning and NIMBYism by finding single units within existing market based housing. Those homeless could be treated as individuals with some choice about where they wanted to live. The implications of this approach on attitudes and behaviours to those homeless in the Tri-Cities are only just being worked through.

In recognizing the heterogeneity of the homeless, however, the Housing First model in the Tri-Cities still seems based on some significant assumptions. It is assumed that, having secured housing, the "supports" are easy to identify and then resource, and that an individual living alone is optimal. The hope is that somehow "housing with supports" will enable an individual to "integrate" into society and ideally find work and become self-sufficient. For some of those currently homeless this may prove to be the case but for many without homes this seems unlikely. Some individuals are dealing with complex health and social issues that may require support indefinitely since they are unable to operate completely independently. Although housing is likely to make a substantial difference it cannot alone solve issues such as addiction and mental illness. There is also a danger that placing individuals in one bedroom apartments effectively hides some of those most in need away from public attention and also separates them from their friends. Over time those who are homeless can form strong connections with other homeless individuals and many volunteers speak of an active "homeless community". Some individuals

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[162] Interviewee.

[163] See articles on Art Long and Joyce Lissamore, volunteers who operate out of Trinity United Church, for example, "They dole out food, socks and hugs", *The Tri-City News*, p. 3 (October 14, 2009) and the importance of trusting relationships.

have found it hard to deal with isolation when re-housed and this highlights that housing may enable but also constrain social connections. Much will depend on the success of the Homes for Good Society in finding housing and organizing social networks of support. Locating and subsidizing housing may prove considerably easier than helping individuals to transform the physical space into a home.

There is another implication of an approach that focuses exclusively on finding homes for individuals without homes. Broader issues that influence homelessness can be neglected. For example, the issue of housing affordability has received considerably less attention since 2006 when the Housing Coalition was active. The challenges faced by those living in housing that they can barely afford affects many more people in the Tri-Cities than those on the streets and there are fears that those "at risk" of becoming homeless are increasing. The rising demands on food banks in the Tri-Cities highlights those experiencing significant hardship, especially renters (30% of Coquitlam's population).[164] While the costs of renting or purchasing a home are significantly cheaper than in Vancouver, the vacancy rates for rental suites are around 1 per cent. It is estimated that at least a fifth of those renting are paying more than 30% of their gross income on housing which limits their ability to spend money on other items necessary for everyday living.[165] From this perspective, those that live on the streets are just a symptom of a much wider set of problems that the Tri-Cities need to tackle.

Summary

The Tri-Cities is located at the edge of one of the world's most affluent and stunning cities. The mountains alone make the Vancouver area a particularly attractive place to live. And yet, in recent years the city and its suburbs have experienced the problem of homelessness. The Tri-Cities was particularly poorly prepared. It had no shelters and there was uncertainty as to who should take leadership on this issue. The municipalities and many residents viewed it as primarily a provincial or federal responsibility. An early solution to establish a permanent shelter in Port Coquitlam failed and was turned down by the council in 2004. For the most part, the first response to the problem of homelessness in the area was by volunteers, some acting alone and some connected to local nonprofits. It was not until 2006 when the Hope for Freedom Society

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[164] City of Coquitlam (2007, April). *Affordable housing in Coquitlam: Confirming out commitment, updating our strategy*. Retrieved 18 September 2009 from http://www.coquitlam.ca/NR/rdonlyres/D3E3257C-FFC1-44F9-9AAC-69494F386775/66244/AffordableHousingStrategyforweb.pdf

[165] Metro Vancouver (2010, October). *Metro Vancouver Housing Data Book*. Retrieved January 3 2011 from http://www.metrovancouver.org/planning/development/housingdiversity/HousingDataBookDocuments/Metro_Vancouver_Housing_Data_Book_2010.pdf

produced a comprehensive report on those who were homeless in the area that more coordinated work began. Pivotal was a volunteer-led Task Group that brought together representatives mainly from the public and nonprofit sectors in order to encourage efforts to tackle homelessness. One solution generated by the Task Group was the Mat Program.

The Mat Program provided a meal and overnight accommodation to those without homes over the winter months (see Table 5 for the Mat Program Activity).[166]

Table 5: The Tri-Cities Mat Program – Activity 2007 to 2010

	Number of Mats Filled	**Number of Persons Sheltered**
2007 - 2008 (December 1/07 – March 31/08)	**Total of 1,868** 1,565 by men 303 by women	**135 clients** 106 men 29 women
2008 - 2009 (November 1/08 – March 31/09)	**Total of 3,175** 2,788 by men 387 by women	**447 clients** 359 men 88 women
2009 - 2010 (November 1/09 – March 31/10)	**Total of 1,703** 1,488 by men 215 by women	**144 clients** 124 men 20 women

But it achieved so much more than this. It assisted the process of finding people more permanent accommodation. It educated and altered attitudes and behaviours of the literally hundreds of volunteers involved in its implementation. In addition, the mobilization of residents to resist and support it impacted municipal politics and agendas. The Mat Program launched the career of a new councillor and eradicating homelessness was the platform for one of the Tri-Cities' Mayors. Most tangibly, it provided the impetus for the city of Coquitlam to donate land for a permanent shelter. That said, not all attitudes and behaviours towards homelessness have changed. An attempt to establish a year round Mat Program was resisted by one neighbourhood and over time it was clear that although the Mat Program was successful in helping some individuals find accommodation, it did not solve the problem of homelessness.

What seems incontrovertible is that the Mat Program heightened the awareness of homelessness in the community. It also enhanced the effectiveness of a previous solution, the outreach worker program run by the Hope for Freedom Society, and sparked interest in more permanent solutions such as a permanent shelter. The relative ease with which the program was organized after its first year meant that the Mat Program also bought the community some time. This space has been important in dealing with the delays in funding for the permanent shelter but

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[166] City of Coquitlam (2010). *Status Report on 2009-2010 Cold/Wet Weather Mat Program*. Land Use and Economic Development Standing Committee. File: 08-3360-20/09 012607 RZ/1

also to further innovate. The solutions now on the table are orientated towards more radical change. This is epitomized by the interest in Housing First with its ambitious goal to eradicate chronic homelessness by 2014. All this has emerged from a program that was not envisaged by its creators as having any particularly transformative effects.

> I wish that the evolution of the Mat Program was part of a well thought out strategy. The only strategy was that, before we have a permanent shelter, while we are waiting for a permanent shelter, we can do something because there is federal funding available.[167]

A December 2009 editorial of the local newspaper summarized: "In just a few years, the Tri-Cities has gone from being a community where homelessness was ignored or denied to one where people are being looked after like family or neighbours…there has been such a level of awareness that it could almost be considered a movement".[168]

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[167] Interviewee.
[168] Don't forget plans for permanent Coquitlam homeless shelter. (2009, December 8). *The Tri City News*, p. 10.

CHAPTER 6: TRANSFORMING HIV/AIDS CARE - THE DR. PETER CENTRE

In the corner of a park in central Vancouver is a building that looks slightly different from those around it. At first glance a passerby is unlikely to pay it much attention as neighbouring buildings are in many ways more striking. The block is made up of some of the oldest houses in Vancouver, built at the turn of the century and recently restored. This building sits there as an anomaly at one end. Standing at least one storey higher than the surrounding houses, its modern structure is not even a decade old. Its designers have made an attempt to blend it in and there is a glass walkway between the new facility and one of the restored houses. But it has its own distinctive features and story. On the steps of the entrance are engraved a set of words, "The energy that is me will not be lost". These were the words of a young gay physician who spent the last two years of his life working to transform the way people thought about and behaved towards those living with HIV/AIDS. His legacy is in part encapsulated in this building. Known as the "Dr. Peter Centre", it was the first HIV/AIDS day health program and residence in Canada. How it came to be and how it operates today are the result of a number of social innovations that continue to have impacts both locally and around the world.

A Devastating Disease: HIV/AIDS and a Young Doctor

Until 1986 Peter Jepson-Young's life had a quite different trajectory. He had just graduated from medical school at the University of British Columbia and his future as a successful doctor looked secure. But all this was to change. In September 1986, at 29 years old, he was admitted to St. Paul's Hospital in Vancouver in a critical condition. His chances were not good. He was diagnosed with Pneumocystis pneumonia (PCP), a rare form of pneumonia that in those who are HIV-positive is diagnostic of AIDS. In the early 1980s there were a number of cases in North America of those dying from unusual conditions not normally seen in people so young. The patients all seemed to have inexplicably compromised immune systems. Hereditary or genetic factors were ruled out; whatever the disease was, it was somehow "acquired" and the consequence of a weakened immune system led to a range of different possibilities for infections and possible symptoms. In 1982 it was defined as AIDS (Acquired Immune Deficiency Syndrome) and, within a few years, researchers had identified the cause as a blood born virus that became labelled HIV (Human Immunodeficiency Virus) (Whiteside, 2008). By the time Peter was sick there were 31,000 cases of AIDS in North America out of around 38,000 known cases in the world and there was an estimated 10 million infected with HIV worldwide.[169]

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[169] Bureau of Hygiene & Tropical Diseases. (1986, January, 15). *AIDS newsletter*, 2(1).

There was much confusion and fear over transmission. Restrictions were placed on travel for those with the virus and some lost their jobs and homes.[170] The fears, although unfounded, were that HIV/AIDS could easily spread through everyday interactions such as a touch, a shared glass, or simply being in the same space. In some ways health care at the time reflected and reinforced these fears.

> The stigma around AIDS was appalling. The AIDS patients were treated like lepers. Their food was put on metal trays, with plastic dishes, and left outside the door…You couldn't go into the room without gowning and scrubbing…It was totally demoralizing for the patients; 90% of the patients had no one visiting them…it was a devastating time.[171]

A 1987 issue of *Newsweek* presented pages of photos of some of those who had died in North America. Under each photo were short descriptions that indicated their names, ages and occupation such as teacher, chef, nurse, city planner, community consultant and priest, as well as a one sentence description. Some of the descriptions recorded achievements: "Spoke five languages", "Hanson was a chief financial analyst for Bank of America", "Taught fifth grade for 23 years", and "a Chaucerian scholar, he taught at Stanford". Other descriptions highlighted poverty and pain: "An i.v. drug user, he lived in an abandoned Cadillac", "AIDS left him blind: 'I'm forced to look inward', he said", "I'm being so good. This isn't fair". One 77 year old lady's caption read, "A transfusion case whom nurses refused to touch".[172] A diagnosis of AIDS was devastating, especially for gay men. Not only was it a death sentence, as there was no treatment, it also exposed an individual's homosexuality that may have, until that point, been hidden from families and friends. This news, once digested, would leave some ostracized and facing a painful death all alone. Peter's mother describes hearing the news in St. Paul's Intensive Care Unit as an "unbelievable shock"[173] as if "hit by a truck"[174] – to have to deal with the fact that Peter was dying and also to come to terms with the fact that he was gay.

In many ways Peter was fortunate. He was able to recover his strength, had a supportive family, and was eligible to enroll that year in a pilot project using an experimental antiretroviral

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[170] Individuals suspected of being HIV positive would be denied entry to Canada until April 1991 and the United States did not lift their ban until 2009, some 27 years after the first cases of AIDS were identified in the US.

[171] Interviewee.

[172] Newsweek (1987, August 10), p. 37.

[173] Berry, S. (2000, December 10). Son's "energy" lives on: Dr. Peter's mom inherits his vision for caring for people with HIV and AIDS. *The Province*, p. A21.

[174] Shirley Young interviewed on CBC Radio 1 by Rick Cluff (September 10, 2010) – Retrieved 1 December 2010 from http://www.cbc.ca/bc/features/drpeter/#programming

drug, azidothymidine (AZT). He was also able to complete his medical training without disclosing his HIV status to anyone but close family and friends.[175] But a few years later he found that he was going blind. He struggled with the implications and sought the advice of a medical colleague, Dr. Jay Wortman. Dr. Wortman saw an opportunity.[176] Peter could provide an intelligent and engaging "face" to HIV/AIDS that might connect to a wide audience. Dr. Wortman believed that a personal connection would lead to the "same transformation I [Wortman] went through…they would see the humanity in people who are different from themselves" (Gawthrop, 1994, p. 53). The idea was to get Peter onto TV (see Figure 10 for a timeline of the Dr. Peter Centre).

Figure 10: The Dr. Peter Centre - Timeline

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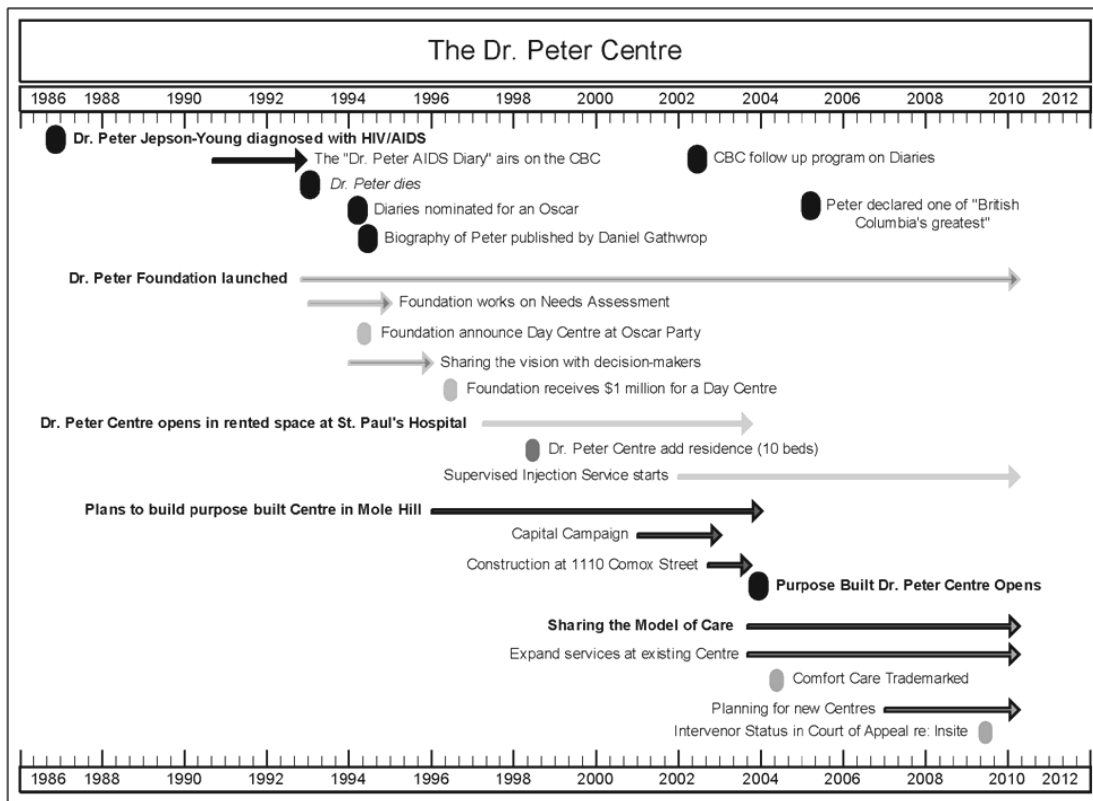
[175] As one interviewee said "That was the time, Graham, when neighbours in the States had burned down the home of three haemophiliac boys [The Ray Family in Acardia, Florida] who had become infected through blood transfusions. All we could think of was, 'Oh my god. How will they treat Peter, a doctor, when people find out he has AIDS? It was so totally devastating".

[176] Dr. Wortman was inspired by a radio broadcast journal of a television journalist who described his life with the illness aired in San Francisco. Listen to Dr. Wortman interviewed on CBC Radio 1 by Rick Cluff (September 7, 2010) – Retrieved 1 December 2010 from http://www.cbc.ca/bc/features/drpeter/#programming

Seeking to Transform through TV: The "Dr. Peter Diaries"

The two doctors approached the national Canadian broadcaster, the CBC, with an idea of a talking-heads program where Jay would interview Peter about life with AIDS. In conversation with a producer, David Paperny, a very different format emerged. It was a first of its kind in Canada and perhaps the world. Peter would speak directly to camera and explain his personal experience with HIV/AIDS in the form of "an AIDS diary" – three minute segments shown in the prime time news hour at 6 o'clock. The CBC agreed to five diaries. This was not without its internal critics however. For starters, Peter was not willing to use his full name for fear that he would be the target of abuse but this contravened the practice of a news program where all the presenters are identified. Secondly, Peter would be given considerable freedom to present his views without the normal requirement of presenting alternative arguments. Some feared that this would enable him to inappropriately promote his views on homosexuality and other controversial subjects. Others simply felt that there was "AIDS fatigue" in a TV audience already saturated with stories about HIV/AIDS. There were also consequences for his family who feared the reaction of friends, colleagues and neighbours. Shirley, his mother, arranged with her manager to speak to each of her co-workers individually before the first program was shown. The first "Dr. Peter's Diary" went on air on September 10th 1990.

Peter walked towards the camera on a busy Vancouver street. He announced to the 150,000 viewers that he had AIDS. His life and his family would never be the same. Over the next five days he spoke about how he found out that he had HIV/AIDS, his homosexuality, and the tensions this had created in his family. The viewers were transported into his private home. The combination of personal experience and medical knowledge was powerful: he was both a doctor and a patient. Sitting on the floor of his living room he explained Kaposi's sarcoma, a common AIDS-related cancer, its early connection to the disease, and how it is different to other cancers. He then pointed to his right leg where his jeans had been pulled up to show the skin; "This is what a typical KS legion looks like" and his hand touched a small oval spot. Then he showed his left leg. Bruised from his knee to his ankle he stated matter-of-factly that this was due to problems in blood flow and that it felt like "shin-splits". Despite the potential for morbidity, Peter's message was of life not death. He described AIDS "as a bit of a nuisance",[177] something that was a part of his life but not defining. Not only was he educating the viewers about the physical aspects of living with HIV/AIDS, he was also challenging its associated stigma and attitudes towards homosexuality.

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[177] Dr. Peter's Diaries broadcast October 10, 1990. See CBC website to watch episode - http://www.cbc.ca/bc/features/drpeter/#watchNow

Every week he came into everybody's living room and put a face on it of "a boy

next-door," a well-educated boy next-door, who could very clearly and simply

define or discuss the issues in a way that people would understand and grasp.[178]

HIV/AIDS was seen as something that could affect everyone, even doctors, people to whom the

viewers could relate.

The audience reaction was described as "overwhelmingly positive" by the CBC

anchorman on its fourth day and the diaries continued every Wednesday for the next two years.

Each week Peter chose a different subject such as challenging attitudes towards HIV transmission

one Wednesday followed by views on sexuality the next. Over time the viewers could not fail to

see disturbing physical changes. Peter's face showed an increasing number of lesions, his hair

thinned and his body weakened. And yet despite his declining health and blindness he was filmed

skiing, playing the piano, looking after his nine year old niece and speaking to numerous groups,

from prisoners to medical students, about HIV. He even fell in love. Those who knew him well

marvelled at how the tremendously difficult physical challenges Peter faced did not crush his

"joie de vive",[179] sense of humour, spirituality[180] and his ability to communicate. In just over two

years he managed to write and present 111 diaries.[181]

Just weeks before he died he talked to a friend and colleague, Dr. Michael Myers, a

psychiatrist, about his experiences of the last two years. The 49 minute interview was filmed for

medical training, a conversation between physicians for physicians. Peter described how the

Diaries had led to many opportunities to speak and educate groups, to practice medicine in a non-

traditional way. But now he was preparing to die and his focus was on the quality of life

remaining. He described his long battle with Kaposi's sarcoma that had now progressed into his

lungs and the interview was broken into two halves because of a wave of nausea and his need for

oxygen. He spoke candidly about his fear of increasing dependence on others but also how he had

been able to discuss dying and death with his family and partner. He said that he had only two

regrets: not seeing his nieces and nephews grow up and the loss of the phenomenal relationship

he had with his partner. Even at this stage he used his final words of the interview to seek to

influence the ways of thinking and behaving of others. Peter encouraged doctors to talk more

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[178] Interviewee.

[179] Dr. Jay Wortman interviewed on CBC Radio 1 by Rick Cluff (September 7, 2010) – Retrieved from
http://www.cbc.ca/bc/features/drpeter/#programming

[180] On October 3, 1990 Peter articulates his beliefs in a broadcast. This "Affirmation" ends with the lines
"But the energy that is me will not be lost". For the complete message see
http://www.drpeter.org/home/inside-the-organization/about-dr-peter/affirmation

[181] All 111 diaries are now available to watch on the CBC website -
http://www.cbc.ca/bc/features/drpeter/#watchNow

openly with their patients about dying and death.[182] His close family and friends had managed to meet his request to remain at home – a considerable achievement as Kaposi's sarcoma of the lungs almost always resulted in hospitalization.[183] On November 15, 1992, Peter died at his home.

It is difficult to judge the extent to which the Diaries transformed the way people thought and behaved towards those living with HIV/AIDS at the time but there is little doubt that Peter made a connection to both those living with HIV/AIDS and the general public, many of whom had not known anyone with AIDS or who was homosexual. For those living or caring for someone with HIV/AIDS it was both an encouragement and an opportunity to educate their families and talk about the challenges. For those with no direct experience, this young, middle-class doctor, openly gay and with a loving family, was credited with dispelling many of their fears and negative stereotypes associated with AIDS. Perhaps most crucially, the impact of Peter and his Diaries was to set in motion further innovations that would seek to reinforce his transformative goals. Just days before Peter died, his sister announced that an organization would be created in his name.[184] The Dr. Peter AIDS Foundation would have a mission to provide others with the type of support he had received from his family. Peter called this support "comfort care". What this would look like was, at this stage, anybody's guess.

Transformative Connections: Courage, Collaboration and Conceptualizing Comfort Care

Over 900 people attended Peter's funeral.[185] At the service, Elizabeth Cull, the provincial health minister, credited Peter with breaking down "society's barriers of homophobia, discrimination and fear" and said that his "work and commitment honour every British Columbian" (Gawthrop, 1994, pp. 237-238). His family had to immediately and practically test the degree to which those barriers were still intact. The Canadian Press decided not to respect the family's request for anonymity and disclosed Peter's full name.[186] And yet it was Peter's partner, Andy, who would take one of the most difficult steps. A local newspaper captured the moment with a photograph of Andy giving the eulogy standing next to a large painting of Peter under the

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[182] Arthur Kleinman, Professor of Medical Anthropology at Harvard University argues that such an approach is still missing in the contemporary practice of medicine. Kleinman, A. (2009, July 11). Health care's missing care. *The Globe & Mail*, p. A13.

[183] Goldstone, I., Kuhl, D., Johnson, A., Le, R., & McLeod, A. (1995). Patterns of care in advanced HIV disease in a tertiary treatment centre. *AIDS Care*, *7*(1), 47-56.

[184] Wood, R. (1992, November 13). As his health fails him, Dr. Peter sets up legacy, a victim support network. *The Vancouver Sun*, p. F9.

[185] 900 say goodbye to Dr. Peter at memorial. (1992, November 25). *The Vancouver Sun*, p. A1.

[186] Peter's death was front page news of *The Vancouver Sun* on Monday 16 1992 and his full name was disclosed.

banner "Portrait of Courage".[187] It had a double meaning. Peter had shown courage in sharing his story but his death meant that Andy required courage to make public his relationship with Peter and by association his homosexuality that, until then, had remained private.

Members of the public donated around $40,000 to the Foundation[188] but the organization was uncertain about its next steps. It had Peter's idea of "comfort care" but no concrete ways of how this should be enacted. In fact, local AIDS organizations in Vancouver were wary. With limited funds available for HIV/AIDS services they feared that another organization could threaten their access to resources.[189] The Foundation's Board, made up of family and close friends, decided that their best approach would be to ask existing providers for their advice on the gaps in services for those living with HIV/AIDS. The response was that there was already an inter-agency group working on a project to develop Canada's first HIV/AIDS day centre, an idea that seemed to fit perfectly with Peter's vision. This innovation would prove to be as much in the process as in the idea.

The situation in Vancouver was dire. AIDS organizations were finding themselves overwhelmed with the task of caring for those with complex social and health needs. The local hospital, St. Paul's, was also struggling to cope with the demand for their services. St. Paul's had 75% of the AIDS caseload for British Columbia (18% of Canada's caseload).[190] The hospital was finding that its acute medical beds were becoming blocked with patients with lengthy terminal care and where moderate to severe dementia was common. To reduce this pressure, 10 HIV/AIDS chronic palliative care beds were opened in a private extended care facility for the elderly, Normandy Hospital, in April 1992.[191] But there was still a need to assist those experiencing the everyday challenges of living with HIV/AIDS in the community.

A solution to supporting those living with HIV/AIDS and their carers had been identified. The idea was to create a community-based day centre following the lead of cities in the United States such as New York and San Francisco. But not only had a previous proposal in 1990 been turned down by the provincial health ministry,[192] any proposal would require the collaboration of multiple agencies in the city. This seemed unlikely as organizing around HIV/AIDS had a history

[187] *The Vancouver Sun*, November 25, 1992.

[188] A post office box address was set up and redirected to Boboli Fashions, owned by Donald Hayes, the Board Member who had suggested the idea of a setting up a foundation to Peter.

[189] Gawthrop, D. (2010, September 27). Dr. Peter and the hard work of legacy building. *The Tyee*. Retrieved from http://thetyee.ca/Life/2010/09/27/DrPeter/

[190] Goldstone, I., Kuhl, D., Johnson, A., Le, R., & McLeod, A. (1995). Patterns of care in advanced HIV disease in a tertiary treatment centre. *AIDS Care*, 7(1), 47-56.

[191] Wigod, R. (1992, March 18). Seniors accept arrival of AIDS patients. *The Vancouver Sun*. p. A3.

[192] The proposal submitted to the Ministry of Health in July 1990 was for an "Integrated Adult Palliative Care day Treatment Centre" organized by St. Paul's hospital, St. John's United Church and the Vancouver Health department. The annual operating costs were expected to be around $1.4 million.

of confrontational and partisan action. And yet, over the years, a number of inter-agency forums focused on HIV/AIDS had been established in Vancouver. It was through these networks that a new proposal for a centre, known as the "SHIP Proposal" (Sustaining Health Improvement Project), was being developed.[193] This group saw the potential for the Foundation to leverage a different set of resources. Each agency contributed $2,500 towards a Needs Assessment that articulated an urgent case for a day health program.[194] At this point the Diaries played an important role in making the results public.

Home Box Office (HBO), a US cable TV network, had commissioned Paperny, the original producer, to compile a selection of the diaries. *The Broadcast Tapes of Dr. Peter* aired in the US on July 1st 1993 and HBO had 17 million subscribers at that time. This documentary was nominated for an Oscar in 1994, the same year that Tom Hanks won an Academy Award for his role in *Philadelphia*, the story of a lawyer whose AIDS results in his dismissal from his law firm and one of the first mainstream Hollywood films to acknowledge HIV/AIDS and homophobia. At an "Oscar Party"[195] held in the CBC Studios in Vancouver the inter-agency group had the chance to publicly share its vision and the Foundation launched its day centre concept. The inter-agency group now focused on developing a more concrete proposal to develop the "Dr. Peter Day Centre: A project to sustain the activities of daily living for persons living with HIV and AIDS".[196] Of crucial importance was a connection made to an organization just 120 miles south of Vancouver in Seattle.

Just two years earlier, Bailey-Boushay House had opened as an HIV/AIDS day centre and residence.[197] Bailey-Boushay House was named after Thatcher Bailey and his partner Frank Boushay, who died of AIDS in 1989. The visits to this facility by the Dr. Peter Steering Committee were important in a number of ways. First, the vision for the Dr. Peter Centre was enlarged: in addition to a day centre the plans were now adjusted to include a residential component for palliative care beds. Second, Bailey-Boushay House demonstrated at first hand the

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[193] The mission of the SHIP project was "a cost effective, community based, non-profit organization providing a flexible and adaptive model of day health care and treatment facility for persons struggling to maintain their independence in the changing stages of the HIV continuum. The purpose is to enhance the quality of life and length of life with culturally positive policy, programs and services" (Preliminary Proposal prepared by Howard Engel and Arn Schilder in 1993).

[194] The report (May 1994) by consultants, Horizon Pacific International, revealed the support for an HIV/AIDS day centre – 91% of the 116 people living with HIV/AIDS expressed the need for a centre, over three quarters of the physicians surveyed said that a centre would enhance their capacity to serve the needs of their patients, and statutory agencies and community groups also expressed their support.

[195] The first Dr. Peter AIDS Foundation Newsletter (September 1994) describes the Oscar Party on March 21, 1994 – over 300 tickets were sold and the Foundation received $4,000. The newsletter also records that Peter's parents would act as the day-to-day managers of the Foundation.

[196] See Report by Horizon Pacific International (1994, p. v).

[197] See Bailey-Boushay House: A report to the community. (1992, January 13). *The Seattle Times.*

benefits to participants and residents – reduced social isolation and quality of life at the end of life – but also their staff articulated the savings that could made for the healthcare system. The costs of providing care at the day centre was $70 per day per person compared to over $1,000 per day in an acute hospital. Those not using the facility were four times more likely to be hospitalized. Third, Bailey-Boushay House showed that the face of AIDS was changing and becoming a disease of poverty. Collectively, these experiences sharpened the operational plans of the Committee and provided a tangible and credible example to local decision makers. With funding from the Red Cross and Burroughs Wellcome, an operational plan for a centre was created and then shared with senior health officials, politicians and potential donors. This plan, accompanied by a video[198] funded by Molson Breweries, articulated the feasibility and support for a facility that had no Canadian precedent.

Unlike the Diaries whose goal was a broad one - to transform the attitudes of the general public towards HIV/AIDS - this collaborative process was far more targeted. Its focus was on key decision-makers at the provincial and municipal level with the resources to invest in a new type of service. The group not only leveraged the public profile of Peter and the Diaries but also succeeded in making a credible case for a novel solution by virtue of its ability to unite normally disparate agencies around a comprehensive plan.[199]

> We [The Foundation] have become an umbrella for all those agencies in the
> communities that are directed towards AIDS and AIDS care to come together and
> there is a synergism now under the umbrella of the Foundation to develop a care
> centre.[200]

Arguably these decision-makers did not need to alter their views on those with HIV/AIDS. The economic case of the savings made by relocating health services away from an acute setting might have convinced them alone, and the idea of a care centre was not an alien one in that there were already established models such as in elderly care. But to accept the case for a community facility that focused exclusively on those living with HIV/AIDS required some change in approach. Issues around HIV/AIDS were not without controversy, especially ones that involved a sizeable public investment. The Reform Party, a provincial party in British Columbia, for example sought to shut down the 1996 International AIDS conference to be held in Vancouver as

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[198] The video was called *Towards the Dr. Peter Centre* (1995).

[199] The "Dr. Peter Steering Committee" included representatives from the Foundation, AIDS Vancouver, the BCPWA Society, St. Paul's Hospital, The B.C. Centre for Excellence in HIV/AIDS, Vancouver Health Department, Greater Vancouver Mental Health Services and the Lower Mainland Region Alcohol & Drug Program.

[200] Dr. Jay Wortman - *Towards the Dr. Peter Centre* (1995).

it would "bring 500 people infected with HIV into Canada".[201] And yet the collaborative approach proved to be successful.

The Mayor of Vancouver showed interest in donating city land for the Centre and the Ministry of Health engaged with the proposal. The plan for a day centre and residence, however, was considered too expensive and the Foundation was advised to separate them and submit plans for a day centre first. On April 29 1996, Glen Clark announced that, if successful in the provincial elections, his government would provide $1 million towards the operating costs of a day centre.[202] It was not enough to build a new facility but it would provide crucial running costs. In one fell swoop a Foundation with no track record of running any service, let alone a complex health and social care operation, found itself with an urgent need for a temporary facility and staff.

Transforming an Abandoned Nurses' Residence: A Dress Rehearsal

The search for suitable locations had so far been a frustrating process. Andy, Peter's partner, who had already played an instrumental role in promoting the idea of the Centre, had investigated a number of possible sites without success. The Foundation approached the St. Paul's Board for a second time. The hospital had some unused space that had previously been used as a nurses' residence that was scheduled for demolition. Somewhat reluctantly they agreed to the Foundation temporarily occupying one of the floors. In many respects St. Paul's was an ideal location. Not only was the newly formed and increasingly influential BC Centre for Excellence for HIV/AIDS on the St. Paul's site but the hospital was also located in the West End, an area with an active gay community that had been ravaged by AIDS.[203]

The St. Paul's facility, however, needed gutting before it could be used and so the Foundation employed the services of a local architect, Larry Adams, to redesign the 9,000 square-foot complex of rooms, and invited Maxine Davis to take a secondment from her post as a manager of Continuing Care services in the city to project manage the setting up of the new centre.[204] They incorporated the views of over twenty different groups and organizations on how it should be designed and run, from washroom layout to staff selection. By April 1997 the first HIV/AIDS day centre in Canada started to operate.[205]

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[201] Cancel AIDS meet: Reform. (1994, April 25). *The Province*, p. A12.
[202] Crawley, M. (1996, April 29). Clark to pledge $5 million for drug that delays AIDS. *The Vancouver Sun*, p. B1.
[203] Goldstone, I., Kuhl, D., Johnson, A., Le, R., & McLeod, A. (1995). Patterns of care in advanced HIV disease in a tertiary treatment centre. *AIDS Care*, *7*(1), 47-56.
[204] See article in Vancouver Sun as the work nears to completion: Wigod, R. (1997, March 10). Peter principle is caring. *The Vancouver Sun*, p. B9.
[205] The Centre was official opened on June 5th 1997 by Glen Clark, Premier of British Columbia.

The activity at the Centre soon confirmed that it was needed. Within the first month it had reached its capacity of 55 participants a day and 25 more were on the waiting list.[206] [207] It was quite a place. Within the clinical setting of the hospital there now existed something very unique. Here individuals were known as "participants" and not patients.[208] They could relax in a lounge painted in shades of cream, green and eggplant in contrast to the clinical grey and white of the surrounding wards. Here was a place to watch TV, play on the piano, enjoy the art room or just have some "quiet time". Very practical needs were met as well; meals, showers and laundry facilities were provided as well as access to free, clean clothing at "Pete's Boutique". The multi-disciplinary team included nurses, counsellors, a music therapist, recreation therapists, and a dietician. The Foundation commissioned an independent evaluation of the service in the first year of its operation. It was described as "participant-centred in both theory and practice" and stated that "there is no doubt that the Dr. Peter Centre has created a new standard of care for people living with chronic and life-threatening illnesses, not just for those living with HIV/AIDS".[209] The Foundation also sought to demonstrate its impact on the healthcare system. The results published a few years later showed that 44 individuals who had attended the Centre's day program between 1996 and 2000 had reduced their usage of acute beds at St. Paul's Hospital by 55%,[210] an estimated saving of $300,000. The early evaluation report of the Centre, however, highlighted some significant tensions.

HIV/AIDS was starting to present itself in a quite different population, a fact that Peter had anticipated and articulated in several of his Diaries.[211] While HIV/AIDS still predominantly affected gay men, it had started to become evident in increasing numbers of injection drug users. Unlike the first "wave" of HIV/AIDS that seemed to be indiscriminate in regards to socio-economic status, the "second wave" cascaded onto some of the poorest. A public health emergency was declared by the Vancouver Health Board in September 1997 in an area of the city known as the Downtown Eastside, dubbed as Canada's poorest postal code (Campbell et al.,

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[206] Kent, H. (1997, Sept 15). Dr. Peter lives on through AIDS daycare center. *Canadian Medical Association Journal*, *157*(6), 631.

[207] By November 25, 1997 the number of participants had risen to 78 (nearly 60% were said to have a chemical dependency and 30% were dealing with a mental illness – one third came from the Downtown Eastside, one third from the West End and the remainder from other areas in Metro Vancouver).

[208] Flather, P. (1998, February 17). Place of love for those with AIDS: The centre named after Dr. Peter goes on fundraising drive. *Medical Post*, *34*(7), 24.

[209] Shroff Consulting. (1998 May). *Setting a new standard of HIV/AIDS Care: The Dr. Peter AIDS Foundation*. Retrieved from http://www.drpeter.org/home/our-work/studies-a-publications

[210] Kerr, T., Craib, K. J., Gataric, N., & Hogg, R. S. (2002). Assessing the impact of an adult day program on hospital utilization by persons living with HIV/AIDS. *AIDS*, *31*(1). 117-119.

[211] Dr. Peter's Diaries broadcast March 20, 1991. See CBC website to watch episode - http://www.cbc.ca/bc/features/drpeter/#watchNow

2009). The rate of HIV infection amongst injection drug users had risen in ten years from relatively low rates (1-5%) in 1988 to epidemic levels (23-30%) by 1998.[212] Vancouver was declared as having the highest known rate of HIV among injection drug users in the western world.[213] The Dr. Peter Centre was not in this area of the city but it had quickly adapted to serve this population. One reporter described some of the Centre's participants as:

> Vancouver's throwaway people - people whose lives have been so awful, so desperate, so filled with the horrors of sexual abuse, physical abuse, alcoholism and drug addiction that, as one person tells me, HIV or AIDS is the least of their problems.[214]

In 2000, 91% of the participants were on income assistance, 69% had no fixed address or lived in hotels in the Downtown Eastside, 61% had a chemical dependency, 61% had a mental illness and 41% had a history of sexual abuse.[215] To manage this shifting set of needs was not without its challenges. Some felt that Peter's vision of comfort care was a facility for those living with HIV/AIDS who were gay. They felt that the move to reach the marginalized irrespective of their sexuality undermined his vision and failed to provide a much needed service for the gay community. The Foundation, however, viewed Peter's commitment to provide support to those in most need living with HIV/AIDS as the defining criteria for selection. They were very conscious of the fact that the Dr. Peter Centre was becoming a place that its founder would have had difficulty in accessing. Successful applicants only had a fraction of the resources and support available to those like Peter and were often dealing with a more complicated set of health and social issues.

> Peter had already elaborated his mission to support people who had not been as fortunate as he was. We felt that we were being true to that background but also strategically important for the organization to be able, if we were going to provide this care, to understand what was needed in the system.[216]

Although the Foundation always viewed the time in St. Paul's as a temporary move, it would have some significant effects on two groups: the participants and the Foundation's staff.

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[212] Fischer, B., Rehm, J., & Blitz-Miller, T. (2000). Injection drug use and preventive measures: A comparison of Canadian and Western European jurisdictions over time. *CMAJ*, *162*(12), 1709-1713.

[213] Strathdee et al. (1997). Needle exchange is not enough: Lessons from the Vancouver injecting drug use study. *AIDS*, *11*(8), 59-65.

[214] Bramham, D. (2000, September 14). A refuge where outcasts seek peace: Vancouver's throwaway people find new hope in the Dr. Peter Centre where they get help for AIDS and addictions. *The Vancouver Sun*, p. B3.

[215] Bramham, D. (2000, September 14). A refuge where outcasts seek peace: Vancouver's throwaway people find new hope in the Dr. Peter Centre where they get help for AIDS and addictions. *The Vancouver Sun*, p. B3.

[216] Interviewee.

For many of the participants it was the first time they had received such a level of support, care and acceptance.[217] It also involved changes in thinking and behaving:

> When I first came, I had a great deal of difficulty being around transgendered and transsexual people and I had to come to a place where I could accept them as equals and peers. And after managing that one, I had to accept the IV [intravenous] drug community as equals. I've grown a lot since I came here.[218]

Perhaps the most significant transformation was for the Foundation and the staff. This temporary space enabled them to experiment and learn what some describe as a crucial "dress rehearsal". Some ideas did not work. For example, they had expected more women with children and had designed a children's area along with Dutch doors for their safety, but few parents caring for their children came to the Centre.[219] Nevertheless they continued to seize opportunities. The contract with Normandy Hospital to provide HIV/AIDS care was coming to an end and the Foundation decided to bid for this service.

The Foundation's proposal to the Health Board opened with a quote from Roger Le Clerc. Le Clerc had conducted research into the experience of the Quebec Association of Community Based AIDS homes. He highlighted the challenges of diversity – "getting people who often have nothing in common other than HIV to live together is a feat in and of itself" (Le Clerc, 1997, p. 72) – as well as the staff challenges of dealing with histories of social isolation and abuse - "these residents have lived marginal lives, and they bring this characteristic with them when they come to the home" (Le Clerc, 1997, p. 60). The Foundation offered to be "the glue" to create a shared living environment that would work for the residents and those providing care. The residence would have three functions: stabilization, respite care, and longer stay residential care including palliative care.

> The residence is a hybrid, providing hospice care when needed (like a freestanding hospice or like dying at home); providing long term care and supports (like a long term care facility or group home); and provide structure, safety and support for residents who bring with them lifestyles and behaviours

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[217] Two participants even were married on Valentine's Day 2000. They had met at the Centre and their relationship "flourished through their shared love of writing and music. Lorilee's song-writing and performance skills harmonized perfectly with Stewart's guitar artistry." Dr. Peter AIDS Foundation Newsletter, June 2000.

[218] Bramham, D. (2000, September 14). A refuge where outcasts seek peace: Vancouver's throwaway people find new hope in the Dr. Peter Centre where they get help for AIDS and addictions. *The Vancouver Sun*, p. B3.

[219] Options Consulting (1999). *Post occupancy evaluation*.

that are challenging to manage, and who often have addictions and/or diagnosed mental illnesses (like mental health group homes or the Portland Hotel).[220]

The Foundation saw the potential connections between the residence and its day program: day program participants could transition into 24 hours supported living and residents, once stabilized, may be able to transition to independent living with the support of the day program. The Foundation articulated its vision:

> The residential care setting must be ***home***. The environment must provide the privacy, freedom, flexibility, individual control, and autonomy of living alone; while at the same time creating a dignified, respectful and shared social environment. The "facility" will be a social, not medical, environment; a place where people can live well [italics/bold in original].[221]

In October 1997 the Vancouver/Richmond Health Board outlined its action plan to combat HIV/AIDS in the Downtown Eastside. Alongside an increase in the number of needle exchange sites and improved testing for early detection of HIV, the Health Board said that the Dr. Peter AIDS Foundation would receive $700,000 to fund 10 hospice beds.[222] On 18 December 1997 the Ministry of Health announced that it would provide $350,000 for renovations. Michael Petrie, the Chair of the Foundation, spoke of how one AIDS patient said, "Now I don't have to die alone. I've got a place to go".[223] In April 1998, a further floor was opened in the St. Paul's wing for 10 residents by the BC Minister of Health on what would have been Dr. Peter's 41st birthday. Maxine Davis, the Executive Director, said:

> When you walk through the doorway of the Dr. Peter Residence, you walk out of an institutional facility into a warm, comfortable living environment. One person actually told me it's like walking into someone's home.[224]

While the Foundation had achieved a "major step to realizing the Foundation's concept of the Dr. Peter Centre having both a Day Program and a Residence"[225] the complexity of the Centre increased. The Centre staff had to manage the increasingly complex arrangements of those living and dying of HIV/AIDS as well as the eclectic mix of participants from the West End and the

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[220] Dr. Peter AIDS Foundation (1997, August 22). HIV/AIDS Residential Care proposal for the Vancouver/Richmond Health Board.

[221] Dr. Peter AIDS Foundation (1997, August 22). HIV/AIDS Residential Care proposal for the Vancouver/Richmond Health Board (p. 41).

[222] Vancouver/Richmond Health Board (1997, October 23). Action plan to combat HIV/AIDS in the Downtown Eastside: Media backgrounder.

.[223] Dr. Peter Centre: AIDS Foundation to receive $1 million (1997, December 19). *The Vancouver Sun*, p. B1.

[224] Dr. Peter AIDS Foundation (1998, July). *Moving forward*. Newsletter.

[225] Dr. Peter AIDS Foundation (1998, June 8). *Opening ceremonies for the interim Dr. Peter residence*. Brochure.

Downtown Eastside. A research study of the Centre highlighted the challenges of serving diverse needs.

> Anyone who sees the everyday work at the DPC will be duly impressed, as
> everybody works to maintain a frail social equilibrium that frequently swings
> between chaos and serenity.[226]

This work had some personal costs. As early as the first year of operation an independent review identified the risk of "staff burnout" from the "intensity of working within this model" and yet the staff seemed to manage combinations that many viewed as incompatible.[227] Medical advances certainly helped. The development of new combinations of drugs started to radically alter the life expectancy of those with HIV/AIDS. For those able to handle a strict drug regimen and its side-effects, it became possible to live many years with HIV/AIDS. This diminished the need for a centre for those with supportive social networks. In contrast, the population most hard to reach were those where living with HIV/AIDS was just one of many social and health issues with which they were dealing. As the Centre staff engaged with this group, known by some as "HIV plus", a new type of service emerged. It was evidence of a significant shift in approach to HIV/AIDS care that had ramifications way beyond the operation of the Centre.

Transforming HIV/AIDS Care: An Integrated Supervised Injection Service

People in Vancouver were dying unnecessarily. Between 1993 and 2001 the city had a rate of 150 fatal overdoses a year or, to put it another way, one overdose death every two to three days.[228] Over 131 people died in the first 6 months of 2000. In the Downtown Eastside a demonstration was organized in the local park. Two thousand crosses[229] were erected to symbolize each drug-related death in the last ten years (Boyd, MacPherson & Osborn, 2009). The organizers were a group of drug users (Vancouver Area Network of Drug Users) and health-care workers that were members of the Harm Reduction Action Society (HRAS).[230] The concept of "harm reduction" was gaining acceptance amongst the public health community as existing policies around prevention and enforcement seemed insufficient to tackle the growing health

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[226] Ibanez-Carrasco, F., & Kerr, T. (2002). *Engagement, rehabilitation and quality of life at the Dr. Peter Centre* (p. 62). Abstract available http://www.drpeter.org/home/images/pdf/issues_of_engagement.pdf
[227] Shroff Consulting (1998 May). *Setting a new standard of HIV/AIDS Care: The Dr. Peter AIDS Foundation*. Retrieved from http://www.drpeter.org/home/our-work/studies-a-publications
[228] MacPherson, D. (2009 September 25). *Vancouver's Four Pillars Drug Policy*. Presentation at Social Innovation and Social Institutions Conference, Simon Fraser University, Vancouver. Presentation slides can be viewed here - http://www.slideshare.net/gdover/vancouvers-four-pillars-drug-policy
[229] In 1997, 1,000 crosses had been planted in the same park to highlight the rise in overdose deaths – the highest in the Western world (Boyd et al., 2009).
[230] Cook, M. (2000, July 12). Drug users to get 'safe site' for fixes: Downtown Eastside rally mourns death of 2,000 addicts over 10 years. *The Vancouver Sun*, p. B1.

crisis. A harm reduction approach accepts that risky activities are taking place, such as intravenous drug injections, and works to reduce their harmful effects to the individual or community, such as by providing clean needles.[231] It is viewed by its proponents as a pragmatic stance to illegal drug use and addiction, problems that are "plagued with stigma and tainted with moral condemnation" (Marlatt, 1996, p. 787). The idea of harm reduction was not an entirely new one to Vancouver. A needle exchange program had started in 1989 but this was having a limited effect. Expecting to hand out 100,000 needles a year, the organization was by 1996 handing out over 2.3 million per year, while infection rates continued to rise (Fischer et al., 2000). The notion of harm reduction had also been given considerable credibility by Vince Cain, British Columbia's Chief Coroner.

In 1994, Cain released a report[232] outlining his investigation into overdose deaths. He argued that the dominant approach to drug addiction, enforcement, was failing and addiction needed to be seen as a health and a social problem. Cain proposed a series of harm reduction strategies as a way to reduce some of the problems of drug use, such as the expansion of needle exchanges and a review of the feasibility of heroin maintenance. Most critically, he was one of the first officials to make addiction a health issue (Campbell et al., 2009). But these ideas were controversial. In 1997, in response to the rising number of overdoses and HIV/AIDS, the Vancouver Health Board put forward the idea of "safe injection sites": places where drugs could be injected under supervision to minimize infections and reduce overdose deaths. This was roundly condemned by the police, community groups, politicians, and sections of the media. It was, however, an idea that would not go away. Drawing on examples and research from European cities, HRAS announced at the demonstration in July 2000 that a "safe-injection site" for intravenous drug users would soon open, legal or not.[233] Dr. Peter Centre staff were members of HRAS.[234]

The involvement of Dr. Peter Centre staff in HRAS and another forum, Keeping the Door Open, that organized public events to discuss drug policy reforms, exposed them to models of care that directly related to many of the participants accessing their services. One of the Dr. Peter

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[231] Elizabeth Pisani, an epidemiologist, writes "Clean needles save lives, and lives of people's husbands and daughters, of airline pilots and doctors. The lives of people who may turn into your preacher, your lover, or your yoga teacher. Science, economics and compassion all dictate that we should help drug users stay healthy until they quit. Only our disapproval stands in the way" (Pisani, 2008, p. 268).

[232] Cain, J. V. (1994). *Report of the Task Force into illicit narcotic overdose deaths in British Columbia.* Victoria, BC: Ministry of Health.

[233] Cook. M. (2000, July 12). Drug users to get 'safe site' for fixes: Downtown Eastside rally mourns death of 2,000 addicts over 10 years. *The Vancouver Sun*, p. B1.

[234] Griffiths, H. (2002, December). Dr. Peter Centre: Removing barriers to health care services. *Nursing BC*, pp. 10-14.

Centre staff members, Thomas Kerr, was commissioned to write a document detailing how a supervised injection site could be run. In time Kerr would join the BC Centre for Excellence in HIV/AIDS and play a crucial role in conducting and disseminating research into a government sanctioned site.[235] Such a site would be a number of years away and not before something had started to happen at the Dr. Peter Centre. In December 2001 two nurses approached the Executive Director saying that they wished to supervise participants injecting drugs. A participant had recently overdosed in the laundry room but the issue was a broader one. The nurses felt that they were starting to be successful in building relationships with the participants but this was being undermined by the organization's approach to active addictions as participants had to leave the Centre to inject. The Executive Director, Maxine Davis, sought the advice of the Registered Nurses Association of British Columbia. The response was astounding and enabling. The Association stated that the supervision of injections was within the scope of nursing practice and the nurses had a professional duty of care to provide this service where needed. The Foundation sought legal advice. The likelihood of a criminal prosecution was perceived as minimal as nurses would not at any point be handling an illegal substance. In fact, the Foundation was seen as potentially at risk if they did not proceed with the service as this could prevent the nurses fulfilling their professional obligations. So without fanfare the Foundation began to operate its own supervised injection service in January 2002. In April 2002, for fear that the news would leak out and imply dishonesty, the Foundation announced, at a press conference organized by the Canadian Legal HIV/AIDS Network to launch a new report,[236] that it was operating the service.[237]

The Dr. Peter Centre was front page news. *The Vancouver Sun* ran with the headline "Nurses help addicts inject heroin". There was no precedent for such a service. It was a year before a government funded site, Insite, was established on a quite different legal basis[238] and was officially opened. There were some significant risks. Apart from a negative response from statutory agencies, there was also concern about the reaction of the Foundation's supporters and donors. In a letter a few days after the press conference, the Executive Director wrote:

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[235] See Dr. Thomas Kerr, B.C. Centre for Excellence in HIV/AIDS profile - http://www.cfenet.ubc.ca/about-us/team/kerr-t - or read interview with Dr. Thomas Kerr: 'public health hero' http://www.rabble.ca/news/dr-thomas-kerr-public-health-hero

[236] The Canadian Legal HIV/AIDS Network launched their report: *Establishing safe injection facilities in Canada: Legal and ethical issues.*

[237] See Bohn, G. (2002, April 12). Nurses help addicts inject heroin: Supervision reduces disease, Dr. Peter clinic director says. *The Vancouver Sun*, p. A1 and Bohn, G. (2002, April 13). Nothing illegal at AIDS clinic, police: Having nurses teach drug users safe injection breaks no law. *The Vancouver Sun*, p. B6.

[238] When Insite was opened a year later the Dr. Peter Centre service – reported by *The Vancouver Courier*. Carigg, D. (2003, September 17). No fanfare over second site: Dr. Peter Centre injection program now legal.

In closing, I can do no better than to borrow from Shirley Young, Dr. Peter's mother. When Peter went public with his illness twelve years ago, she had great trepidation about how Peter's courageous act would be perceived, and whether people would be willing to suspend judgement and see the person behind the issue. On April 12th, 2002, when she was interviewed for *The Vancouver Sun*, Shirley said, "I hope the same compassion and understanding that helped Peter then will be extended now to the clients at the Centre.[239]

Just as it was for Shirley and Bob Young in 1990, the response was overwhelmingly supportive.[240] In particular, the nurses and the Foundation received the support of AIDS care nurses who were meeting for their annual conference in Vancouver just days after the press conference. A demonstration supervised injection site in a church in the Downtown Eastside was built for conference delegates and the public to tour.[241] In the Opening Remarks of the conference, the President of the Registered Nurses Association of British Columbia said:

This week, in Vancouver, nurses in AIDS care made history, again, by promoting the health of their clients through supervising safe injection techniques…I commend you [nurses] for being advocates for your clients' health and educating the public about the importance of harm reduction techniques in treating clients with substance use disease. This is social activism in practice.[242]

The experiences of the Dr. Peter Centre nurses, the challenges they had faced (personal and legal), and their rationale for the need for supervised injection services were outlined in nursing publications.[243] The message to other nurses was that this was an essential health care practice as a way to reduce drug related harm as well as build relationships and break down barriers to health care for "some of the people who need it the most but are able to access it the least".[244]

In some recent accounts of how North America's first legally sanctioned supervised injection site, Insite, came to be established in Vancouver, the Dr. Peter Centre does not even get

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[239] Letter written by Maxine Davis on 23rd April 2002.

[240] Maxine Davis, the Executive Director, said "I never had one donor call me to say, forget it, I'm not supporting you anymore. Indeed it was the opposite," says Davis. "We had people calling and saying, 'We really admire the decision you've made". Wong, J. (2008, June 18). Dr. Peter Centre hopes to serve as model for safe-injection facilities. *The Westender*.

[241] Just under 400 nurses and members of the public toured the site over four days. See Gold, F. (2003, February). Supervised injection facilities. *Canadian Nurse, 99*(2), 14- 18.

[242] Bonnie Devlin, President, Registered Nurses Association of British Columbia. Opening Remarks at the CANAC/ACIIS Conference: *Social Justice: The essence of HIV/AIDS nursing*. April 14-17, 2002, Vancouver.

[243] See Wood, R.A, Zettel, P., & Stewart, W. (2003, May). The Dr. Peter Centre: Harm reduction nursing. *The Canadian Nurse,* 20-24.

[244] Griffiths, H. (2002, December). Dr. Peter Centre: Removing barriers to health care services. *Nursing BC*, pp. 10-14.

a mention (e.g., Campbell et al., 2009; Boyd et al., 2009). Instead, attention is placed on the role of politicians and leading advocates. The movie, "Fix: The story of an addicted city"[245] portrays the establishment of the site as a fight between city hall, local businesses and a drug user group. While this clearly was one central dynamic it overlooks the impact of the supervised injection service at the Centre in a number of ways. First, the timing of the Foundation's announcement was important in helping to support those campaigning for a dedicated site. It provided a tangible example that "the sky would not fall" if such a service was implemented and showed that fears of community disruption were misplaced. Its location outside the Downtown Eastside also helped to demonstrate that a site could be established outside the poorest area in the city. Second, the Foundation's service offered an alternative legal approach. It was not based on securing a temporary exemption from the federal government for a facility to operate outside of mainstream health and social care.[246] Instead it offered a model of supervised injection integrated into existing health care practice that was not only compatible with but also reinforced professional standards. Third, the Foundation's approach positioned the supervised injection service within a comprehensive and holistic approach to health care. It did not require a large dedicated facility and could be integrated into existing systems. This "two/three-seater" version, a place where two or three people could inject at one time, offered a demonstrable and feasible approach to those seeking to meet the needs of people with HIV/AIDS and active addictions. While this was an important development for the Foundation, and the model was attracting interest from around the world, the focus at that time was primarily on the broader challenge of designing and building a purpose-built Centre.

Mole Hill and Mountains: A new Dr. Peter Centre in a Transformed Neighbourhood

In the first few months of operation at St. Paul's the City of Vancouver offered the Foundation some land.[247] It was only a stone's throw away from the Centre and, looking out of a St. Paul's window, it was possible to envisage an exciting future. A new building would overlook Nelson Park and a neighbourhood school as well as offer views of the mountains on Vancouver's north shore. While the arrangements at St. Paul's were working well, the conditions were far from ideal. It was still part of a hospital campus and its original layout as a nursing residence could not

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[245] *Fix, the Story of an Addicted City*. (2002). Canada Wild Productions.

[246] In September 2003, the federal government granted the Vancouver Coastal Health Authority a limited exemption from Canada's drug trafficking and possession laws under Section 56 of the Controlled Drugs and Substances Act. Exemptions under Section 56 enable research into illegal drugs (for more info on Insite's "legal story" see - http://www.communityinsite.ca/legal.html)

[247] Hill, M. F. (1997, June 5). Health Centre looks ahead to new home in Mole Hill. *The Westender*, p. 17.

be entirely overcome. A Post Occupancy Evaluation Report commissioned by the Foundation in 1999 to assess the operations of the day program and the residence highlighted some of the challenges: poor wheelchair access, concerns over aspects of security and staff safety, small rooms and communal washrooms where "residents in wheelchairs are unable to use them without leaving the door open".[248] Even more critically, the Foundation was renting the space from the hospital that still had plans to demolish the site and could terminate the lease at any point with just six months notice. The move to a new location, however, would take much longer than was hoped or imagined. It was seven years later, on the 23rd September 2003, that the dream would finally be realized.[249] The 30,000 sq. ft., four-storey building, that also incorporates a heritage home, was opened with 24 studio suites for residents on the upper two floors.[250] Downstairs the day health program includes therapy rooms for music and art, laundry facilities, a quiet room, and a communal dining room with doors to an outside patio and garden. The opening of the Centre was a remarkable achievement on many levels. One foundational effort was by a group quite unrelated to the Centre's plan.

It was nine years earlier that an article in a local paper informed tenants of some city owned properties in Vancouver's West End that their units would be demolished. The Edwardian and Victorian homes in this four acre city block had long been converted into rooming houses to provide accommodation to those on a low income. Within easy reach of the downtown core the properties, however, represented a significant development opportunity for the city. The city expected little resistance from the tenants, perceived as transient and fragmented, but they were in for a shock. The neighbourhood mobilized and even renamed the area as "Mole Hill" to reinforce its historical roots.[251] The Mole family were some of the first Europeans to settle in the area and the block was identified as the highest point on the downtown peninsula. The Mole Hill Heritage Society petitioned the city council not only to restore the houses but also to retain their affordable housing tradition.[252] The Society sought input and ideas from many different groups and saw the potential for incorporating a range of different services. The prospect of a Dr. Peter Centre was welcomed although there was some initial uncertainty as the Foundation had been approached by

[248] Options Consulting. (1999, August 17). *Post Occupancy Evaluation: Dr. Peter Centre*, p. 63.

[249] Pemberton, K. (2003, September 26). New Dr. Peter Centre opens as "the practice he never had". *The Vancouver Sun*, p. B6.

[250] NSDA Architects. (2003, September). *Dr. Peter Centre, Canada's first HIV/AIDS residence and day centre opens*. Press Release. Retrieved from http://www.nsda.bc.ca/Cache/DocumentImage_DocumentImageDocumentData_103.PDF

[251] Mole Hill Community Housing Society (n.d.). *FAQ*. Retrieved from http://www.mole-hill.ca/content/FAQ/35

[252] Bula, F. (1996, April 3). Heritage fight pays off as city agrees to save Mole Hill area: 21 heritage house to be preserved. *The Vancouver Sun*, p. B1.

the city and did not in the beginning share the same commitment to preserve all the existing houses. This would change and, when the Society finally prevailed over the council, the Foundation secured 1110 Comox Street, first owned by a real estate broker and entrepreneur, and 1069 Thurlow Street, a now derelict site but until 1977 had been the "Thurlow Apartments" whose first tenant had been Mr Colvin of Colvin and Harris Boots and Shoes.[253]

The efforts of the Society enabled the Foundation to secure a location in one of the most architecturally distinct areas in the city. Even more important was the connection that the Society had managed to make integral to these properties. These houses, so visually distinct from the surrounding modern tower blocks, were not for the rich. These highly marketable properties were specifically reserved for those who experience difficulty in securing housing in an expensive city. The success of the community organizing also challenged views that diverse tenants are incapable of collective action. For the Foundation, the Mole Hill community not only accepted their vision but also reinforced the importance of designing a facility that would exceed conventional standards of support and care for marginalized individuals. On a corner plot in Mole Hill they had a great opportunity to make this happen but the capital costs of establishing a Centre were estimated to be in the region of $9 million dollars.

The Foundation formed a fundraising committee in 1995 and commissioned an international fundraising firm to assess the potential funds that might be available within the organization's network. Their assessment was that the Foundation could expect to raise $2 million but there were concerns that the organization was not well known and that the current Board would need outside help.[254] A $1.5 million capital campaign was launched and by early 1998 the Foundation had received gifts and pledges of around $800,000 including a $250,000 donation from the J.A. Bridges Foundation.[255] Tragically, however, the Campaign Chair, Emery Barnes - the MLA for the West End, the Speaker of the BC Legislature (the first black person to hold this position in any Canadian Province), and ex-Canadian football star – died of cancer. There were also significant challenges in securing funds from statutory sources. Despite the early commitment from the city through the Mole Hill lease (a value of $1,586,000 to write down the leased land over 60 years) the Foundation still needed funding from other agencies, particularly the health service, for capital and operational costs. The Foundation continued to highlight the need for a new Centre in terms of the pressure on acute care and the costs to deliver HIV/AIDS

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[253] Blair, P. (1995). *Mole Hill living heritage: An early history of Vancouver's oldest intact block of housing*. Vancouver, BC: The Mole Hill Living Heritage Society.

[254] A Fund Raising Planning Study was produced by Ketchum Canada Inc in June 1996. Ketchum conducted 57 interviews to assess the potential donor base.

[255] Dr. Peter AIDS Foundation (1998, May 28). *Dr. Peter Campaign Status Report*.

care in hospital in comparison to the Centre. For example, the Centre showed how 17 residents had used 1,500 hospital days in the year prior to their admission to the Centre but this had now dropped to 27 days. With a bed costing $168 a day compared to around $800 for hospital care the Centre argued that they had saved the healthcare system over $1 million and freed up beds for the more acutely ill.[256] In a meeting with the Health Authority it was suggested that the Foundation contact BC Housing, a provincial agency responsible for non-market housing.

One of the Foundation Board members knew the CEO of BC Housing and called him after the meeting. Within hours they were discussing plans for BC Housing to fund the residential part of the Centre. One implication was that BC Housing wanted more suites and that would mean a radically different design.[257] Instead of a two storey building designed to blend in with the refurbished Victorian and Edwardian houses in Mole Hill, the building needed four floors to meet all the different needs. As the Foundation's architect reworked the plans the Board and staff had to juggle the needs of different funding agencies as well as raise more private donations. In 2001 a new capital campaign was initiated with two well-connected co-Chairs, John deC. Evans and Robert Ledingham.[258] It was testament to their work and the network of influential connections of Board members and supporters around the city that, in a period of six months, $1.5 million had been raised. The total raised from private donors by the time the Centre was opened was $2,075,000 with the surplus available for future building improvements.[259] The provincial health ministry and the local health authority agreed to provide $3.9 million in capital costs and $2.8 million in operating costs (see Table 6 for capital funding sources for the Dr. Peter Centre).

Table 6: The Dr. Peter Centre – Capital Funds

Capital Funder	Amount
Canada Mortgage and Housing Corporation, Canada – BC Affordable Housing Agreement	$660,000
Province of British Columbia, BC Housing	$2,058,000
Ministry of Health Services and Vancouver Coastal Health	$3,900,000
City of Vancouver, value of 60 year lease write down	$1,586,000
Dr. Peter AIDS Foundation private donors	$1,639,000
Total	**$9,843,000**

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[256] Lee, J. (2000, February 17). HIV centre director claims success. *The Vancouver Sun*, p. B3.

[257] The first design was in keeping with Thurlow apartments that had once been on the site (a drawing of this Centre was included in a 1997 Dr. Peter Centre Campaign leaflet).

[258] Sandler, J. (2001, February 13). Tom Hanks coughs up for Dr. Peter centre: Capital campaign kicks of to raise the final $1.5 million to build a permanent AIDS patient care facility in Vancouver. *The Vancouver Sun*, p. B7.

[259] Dr. Peter AIDS Foundation Annual Report, 2003/2004.

On September 20, 2002, with all funds secured, Premier Gordon Campbell stood in front of the vacant site and announced that construction would start on a building that was a "first in Canada".[260]

The opening of the new Centre was the culmination of many years work for the Foundation and its supporters. One person described the process as, "It seems like who we needed was there when we needed them". Peter's partner, family and close friends could now point to a very tangible expression of his legacy. The facility could also serve greater numbers of people. The Centre more than doubled the number receiving 24 hour nursing care as compared to St. Paul's and also doubled the number of people registered in the day health program. It was no longer a temporary service operating out of a hospital and now had its own permanent identity in a residential community. The building design won praise and recognition for the architect's ability to merge modern styles with heritage housing.[261] [262] It was in many ways a new building type in that it combined palliative and long term care, outpatient services, community outreach and even a supervised injection room into the one structure.[263] The structural quality of the Centre sent a powerful message to local participants that they were valued as well as presenting a model to other agencies interested in providing care to those living with HIV/AIDS. Within weeks the Foundation was arranging visits for organizations from around Canada and later from around the world.

It is difficult to assess whether the construction of the new Centre had shifted thinking and acting towards HIV/AIDS. The diversity of individuals and organizations that supported this project, however, suggests at a minimum that the Centre had raised awareness of HIV/AIDS. The Foundation had also managed to convert this awareness into financial support and not just from philanthropists. The willingness of politicians and statutory agencies to invest in both the capital and operational costs of a centre for those living with HIV/AIDS was certainly a different approach to government agencies in the past. And yet, perhaps it is the cumulative effect of the diversity and scale of the support that is most significant. This is illustrated on a window in the

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[260] BC Housing (2002, September 20). *Campbell addresses a crowd of 200: Start of construction of the Dr. Peter Centre*. Retrieved from http://www.gov.bc.ca/premier/media_gallery/photos/2002/sept/dr_peter_centre_breaks_new_ground_2002_09_20_14427_o_1.html

[261] For example, Grdadolnik, H. (2004) Pulling together: A new health facility references and negotiates its context. *The Canadian Architect*. Retrieved from http://www.canadianarchitect.com/issues/story.aspx?aid=1000141817

[262] The blending of styles is captured in a painting by Tiko Kerr that is displayed on the cover of the 2007/2008 Dr. Peter AIDS Foundation Annual Report - http://www.drpeter.org/home/images/pdf/dpc_annual_report08_web3.pdf

[263] Boddy, T. (2003, October 25). The makeover at Mole Hill. *The Vancouver Sun*, p. F19.

entrance lobby where some of the donor names are inscribed in the glass. What is striking is the variety of organizations that contributed, from pharmaceutical and financial companies to a gay hockey club. The donors also include an eclectic range of individuals, from Tom Hanks, the Hollywood actor, to friends known only to Peter's family. Somehow, in the construction of the Centre the stigma around the disease and homosexuality seemed to diminish. Having built the Centre, the challenge for the Foundation was what to do next.

Diffusing Comfort Care: Directions, Impacts and Challenges

> There's one problem with the Dr. Peter Centre, and that is it's not big enough.
> And clearly the need in Metro Vancouver area far outstrips what we can do here
> on the corner of Comox and Thurlow in downtown Vancouver. And it actually
> wouldn't be appropriate for it all to be here. It's about providing the services in
> people's communities to make access for them far easier.[264]

In December 2004 the Foundation undertook a strategic planning exercise entitled "Preparing the Next Great Big Dream". To produce the plan the Executive Director met with a number of leaders of AIDS organizations and health care providers to ask their advice about the Foundation's current and future roles. The response was to continue to provide leading-edge care to the most vulnerable and, if possible, to do even more. The phrase "Comfort Care" was officially trademarked in 2004.[265] Comfort Care is described as "holistic healthcare with a commitment to acceptance so that strength and hope are possible" and is guided by the following principles and values:

- accepting, respecting and valuing the dignity of each individual;
- supporting the spiritual, psychological, social and physical needs and desires of each individual based on their own choices;
- transforming despair, isolation, fear, and fatigue into inclusion, support, safety, and security;
- recognizing the broad determinants of health and quality of life, and providing innovative, integrated, flexible, community-based care; and
- Comfort Care "focuses on living, and dying as part of living".[266]

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[264] Dr. Peter AIDS Foundation (2009). *Welcome to the Dr. Peter Centre West End*. Promotional film.
[265] See Canadian Trade-marks Database entry - http://www.ic.gc.ca/app/opic-cipo/trdmrks/srch/vwTrdmrk.do;jsessionid=0000vHQHNKSsjf_XvJ-Utp-sncZ:1247nfca5?lang=eng&fileNumber=1150169&extension=0&startingDocumentIndexOnPage=1.
[266] Dr. Peter AIDS Foundation (n.d.) *Mission and Values*. Retrieved from http://www.drpeter.org/home/inside-the-organization/mission

The Foundation logo created by Lisa Francilia, the Art Director of Scali, McCabe, Sloves, and adopted in December 1994, was changed from an open door to one that incorporated a red ribbon, an internationally recognized symbol of HIV/AIDS, that epitomized the Foundation's intention to extend its reach. By October 2005 the Foundation produced a plan with what they called "directional interests" for the next 3 years. It included a desire to expand the service in the existing Centre and to create another facility.

Even before the new Centre was opened in 2002, the Executive Director spoke of the need for more Dr. Peter Centres across the country[267] and in 2007 there were two promising options. The first was a joint project with agencies interested in providing a day health program and residence in the Downtown Eastside focused primarily on the needs of the aboriginal population, a group that represents 3.3% of Canada's population but accounts for 7.5% of prevalent HIV infections. The Foundation would run the residential component of a facility that would seek to improve health and housing services for aboriginal people living with the combined challenges of homelessness, HIV/AIDS, poverty and/or drug addictions. The City of Vancouver and BC Housing were both supportive and on World AIDS Day, 1 December 2007, the project was made public and a site identified.[268] At the same time, the Foundation explored the possibility of a centre in another region of Metro Vancouver which had the second largest HIV/AIDS population in the province after Vancouver. In April 2008 BC Housing approved funds to develop a project concept and find an appropriate site but both projects would stall because of a lack of statutory funding attributed to the global economic crisis. The Foundation sought ways to find alternative solutions but so far has had to place its plans on hold.

The Foundation found it somewhat easier to deliver on another stated goal: to share the model of care "locally, nationally and internationally".[269] A principal strategy has involved opening up the Centre for interested agencies. Visitors have come from as close as Victoria in British Columbia to Newfoundland on the east coast of Canada, thousands of miles away. Delegations have also come from around the world including China, Russia, Norway, South Africa, and the Ukraine. The visitors have been politicians, policy makers, community activists, journalists and a wide range of health professionals, a number of whom spend time at the Centre as part of their professional training. The 100 or more volunteers, who work in all areas of the Centre from serving meals to providing complementary therapies, have also been encouraged to

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[267] Dr. Peter AIDS Foundation (2002, Fall). *Newsletter*.
[268] Thomas, S. (2007, November 30). East side to get AIDS centre. *The Vancouver Courier*, p. 17.
[269] 2006-2009 Directional Interests internal document shared with stakeholders.

arrange visits for their family and friends. These visits expose their guests to aspects of the Centre's operations that can really only be understood at firsthand.

The Centre's "participatory therapeutic community" has to be seen to be believed. The profile of the participants and residents is a complex one.

> 100% of our population has complex health issues - most chronic in nature with 23% recurring open wounds, severe weight loss, and respiratory problems...98% have overt mental health symptoms including 44% psychosis, mania and depression. 81% of the population has behaviours ranging from erratic to 24% unpredictable which create an unsafe environment and needing staff vigilance and intervention. 30% of the population are homeless or have extended and/or frequent periods of homelessness. 24% are homeless with no alternative resources. 92% use/misuse drugs (including prescribed) and/or alcohol. 54% of this population (of the 92%) are polysubstance users.[270]

These needs are met by the staff in uniquely individual ways. It is a place where everyone is known by name; where administrators stop their work to give hugs; where appointments for therapists are encouraged but not a barrier; where professionals understand the need to engage in corridors rather than offices; where the focus is on discovering a participant's strengths; where the meals are nutritious and flavourful; where identities can be changed from "junkie" to "song-writer" and "artist"; where Peter's mother continues to volunteer each Wednesday; where you are accepted for who you are in the moment; where judgment is withheld. But such flexibility of response and compassion is extremely difficult. It requires highly adaptive and secure staff able to tolerate behaviours of others that are often self-destructive, abusive and manipulative. It may also be difficult to know in some cases if the substantial effort of staff and volunteers to care has made any difference at all. But this commitment to care, embodied in the Centre, has had important effects.

First, the Centre offers stories of hope and transformation in the lives of some of a community's most marginalized individuals. For example:

> Robbie was homeless. Despite attending the Day Health Program, he was too unwell – living on the street, resulting in extremely poor hygiene, malnourished, and with HIV, Hepatitis C and a number of other unaddressed medical conditions. He weighed 100 pounds, had emphysema and was not on HAART

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[270] Speech given by Rosalind Baltzer Turje, Dr. Peter AIDS Foundation (2009, April 23) at an event titled: "The Dr. Peter Centre experience: Meaning and practice of harm reduction in an integrated health setting for people with HIV/AIDS".

[Highly Active Antiretroviral Therapy] treatment. He needed urgent care. His

first days in the Dr. Peter Centre Residence weren't easy. After months on the

street, he wasn't used to four walls around him or a comfortable, warm bed…he

wanted to run. Admitted for a thorough medical review, nourishment and the

initiation of HAART, he soon began to thrive. Within four months, he had added

26 pounds to his 5'2" fame, his skin and hygiene had improved, and he became

medically stable. He was also painting, writing poetry and even performing

stand-up comedy at the Centre's "open mike" sessions. He is ready to try a

supportive housing option. He dreams of being a stand-up comic.[271]

Second, the Centre offers a way to respond to the changing face of HIV/AIDS. Many

believe that HIV/AIDS has been solved through medical advances[272] and life expectancy has

certainly dramatically improved for those diagnosed with HIV/AIDS who are able to access and

adhere to increasingly effective cocktails of drugs. Nevertheless, people are still dying

prematurely from HIV/AIDS in Canada. There is one group that is particularly hard to reach. For

these individuals HIV/AIDS is just one of many health and social challenges they face and

existing approaches to their treatment have failed. They either fail to access treatment - 40% of

the 1436 British Columbians who died of HIV-related causes from 1997 to 2005 made no attempt

to access the drugs even though they are free[273]- or they have difficulty maintaining treatment

regimes. It is these individuals that the Foundation is reaching. The design of the Centre and the

philosophy of care engage individuals with complex health and social needs. The Foundation's

commitment to harm reduction and the supervised injection service is just one example of how

seriously they take the task of removing the barriers that would prevent them, and others, from

making a potentially vital connection. There is an increasing recognition that HIV/AIDS

treatment "becomes difficult if not impossible if people don't have a home where they can receive

regular care and medication" (Bula, 2005). In the last year, the BC Centre of Excellence for

HIV/AIDS announced a "HAART initiative" (Highly Active Anti-retroviral Therapy) to "seek

and treat" those in the province currently not accessing treatment and the Dr. Peter Centre was

identified as a leading and crucial resource.[274]

Third, the Centre offers a working model of integrated health care. It provides a tangible

way to help its visitors to "connect the dots" between ideas and domains that are often treated

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[271] Dr. Peter AIDS Foundation (n.d.). *Changing the world of HIV/AIDS Care*.

[272] Mickleburgh, R. (2008, March 15). The nearly forgotten plague. *The Globe and Mail*, p. S1.

[273] *Ibid*.

[274] Ryan, D. (2010, January 11). Drug-resistant infections drop dramatically as HIV treatments improve; Transmission rates should decrease, says author of study that involved 5,500 patients over a decade. *The Vancouver Sun*, p. A1.

separately, such as connecting health care to addiction and housing. The benefits of this approach are being recognised. In November 2008, the Health Officers' Council of British Columbia, public health physicians, sent a letter to the Chairs and CEOs of health authorities and the Health Ministry to request that supervised injection services be developed where needed "as integrated with and as part of a continuum of health services to deal with problems related to psychoactive substances". They recommended that "supervised injection services now evolve from a current single research project into being integrated into community primary care settings, addiction services, hospitals and other healthcare services".[275] The Dr. Peter Centre is an obvious example of how this can be achieved. Support for the service also came from a research project specific to the Centre. A team of researchers found that the supervised injection service in the Centre promoted more open and trusting relationships with staff, increased access to safer injection education, improved management of infections, and reduced overdose risks and needle-stick injuries.[276]

Collectively these effects have given the Foundation a regional and national platform to speak on HIV/AIDS issues. The Executive Director has had articles published in local newspapers as well as in the national press and the Foundation has become a "go to" resource for many in the media. The Foundation offers a respected and credible source of information and comment on HIV/AIDS issues. There are, however, a number of significant challenges: external, physical, and practical.

As the only provider of an integrated supervised injection service for those living with HIV/AIDS in Canada, the Foundation has found itself drawn into a wider discussion and ultimately a legal action. Not long after the Foundation had outlined its directional interests for 2006-2009 the federal government in Canada changed and the new administration decided not to continue the research exemption that enabled the dedicated supervised injection site in Vancouver to operate.[277] Although the government conceded to a one year extension for the site it was made clear that it was something they would like closed down. The operators of the site and a drug user group took legal action: The former argued that to close the site was a provincial health issue outside of federal jurisdiction and the latter argued that it would be a violation of charter rights. A BC Supreme Court judge agreed, the federal government appealed and the case went to the BC Court of Appeal. The Foundation applied for Intervenor status in the Court of Appeal to offer

[275] Health Officers Council of British Columbia (2008, November 5). *Re: Supervised injection services.* Retrieved from http://vancouver.ca/fourpillars/documents/Supervised_Injection_Services_HOC.pdf

[276] Krüsi, A., Small, W., Wood, E., & Kerr, T. (2009). An integrated supervised injection program within a care facility for HIV-positive individuals: A qualitative evaluation. *AIDS Care*, 638-644.

[277] See CBC timeline on Insite – 1994 to 2009 - http://www.cbc.ca/fifth/2008-2009/staying_alive/timeline.html

supportive legal arguments for the continuation of the site. Two of the three judges agreed that it should continue to open on jurisdictional grounds, as the operation of health facilities is a provincial undertaking, and the case has now been referred by the federal government to the Supreme Court of Canada. The decision to support the legal action was a difficult one for the Foundation. Funds spent on legal costs meant resources diverted away from operations. And yet, if the proponents for the dedicated site failed in their action then it may mean that the Foundation's service would also be challenged, even though it operated on a different legal footing. The Foundation viewed legal action as an opportunity to once again argue that supervised injection services can be integrated into existing health facilities within the remit of existing professional practice, but the outcome of the legal process remains uncertain.

There are also some physical challenges. The Centre's residence is full, with a waiting list, and there is no means of expansion on the current site. This is made more problematic as there are some residents who are well enough to move out if suitable accommodation were available.[278] For the Centre to function well requires it being part of a cluster of services, from needle exchanges to different forms of supportive housing, services which it does not control. If funding for future centres follows the same time period as the first centre, it will be some years before they are established.

There are practical challenges too. The Foundation's willingness to take a holistic approach does not always dovetail easily with health and social systems designed and funded around established classifications, such as "cancer care" or "assisted living". A danger is that in tough economic times it is seen as more efficient to revert back to established services that, although operating independently, could provide an acceptable level of care. So a patient/client could receive their medicine in one location, their meals in another, their counselling in another, etcetera. This would be a step backwards for a Foundation established on the idea of a standard of support equivalent to that delivered by a loving family and friends in a home.

The future transformative impact of the Foundation may depend on its ability to share and diffuse its integrated model of health and social care in other settings, reducing the need for it to build new Centres itself. How this "sharing the love" strategy might be worked out is still being developed. It is likely to necessitate the forming of new partnerships in communities where the connection to Peter and the Diaries may be weak or non-existent. The Foundation may once again need to play a key "umbrella" role, connecting diverse people and agencies to make a significant difference to the most marginalized.

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[278] Hill, M. F. (2008, December 1). With no place to call home: Residents ready to leave the Dr. Peter Centre can't find suitable housing. *The Vancouver Sun*, p. A5.

Summary

When Dr. Peter Jepson-Young walked towards the camera on the 23rd September 1990 with a goal to put a "face" on HIV/AIDS, there was no expectation that he would reach more than one week's viewers of a news program: five pilot slots, a total of 15 minutes of fame. Nearly twenty years later he is still identified with changing attitudes towards HIV/AIDS. In a CBC radio poll in 2005 he was declared one of "British Columbia's greatest"[279] and in a recent online poll[280] he was voted 8th out of 211 nominations, ahead of rock stars and sportsmen such as Bryan Adams and Steve Nash.[281] And yet, to what extent has his legacy changed attitudes and behaviour towards those living with HIV/AIDS?

> Peter coming out with his diaries greatly improved perceptions around HIV in
> our community. However, the baseline was so low that, despite his contribution,
> still today we are in a very sad situation – the stigma and discrimination in our
> own society continues to be the biggest barrier for us to do what needs to be
> done.[282]

A report on Canadian attitudes towards HIV/AIDS supports this view that there is still work to be done.[283] Almost 30% of the respondents said that they would not be comfortable working in an office with someone with HIV and 43% of parents said that would be uncomfortable having a child attend school where one of the students has HIV. Although the majority of the respondents were knowledgeable about how HIV is transmitted, 50% would feel uncomfortable using a restaurant glass once used by a person living with HIV/AIDS and over 27% would feel uncomfortable wearing a sweater once worn by a person living with HIV/AIDS. Despite statistics such as these, Dr. Peter sparked a series of innovations that together point to a significant impact.

The Diaries proposed a new way of thinking and behaving towards those living with HIV/AIDS.

> He [Peter] not only educated viewers on the basic facts of HIV-related illness
> but challenged the folly of categorizing different AIDS sufferers. From

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[279] Forsythe, M., & Dickson, G. (2005). *The BC almanac book of greatest British Columbians*.

[280] Bucci, P. (January 9th, 2009). B.C.'s most influential people. *The Vancouver Sun*. Retrieved from http://www.vancouversun.com/most+influential+people/1130635/story.html

[281] For a list of Peter's awards and citations visit the Foundation's website - http://www.drpeter.org/home/inside-the-organization/about-dr-peter/awards-a-citations

[282] Montaner, J. (2010, Spring). *UBC Medicine*, 27-29.

[283] Ekos Research Associates Inc (2006). *HIV/AIDS attitudinal tracking survey 2006*. Retrieved 3 March 2009 from Public http://www.phac-aspc.gc.ca/aids-sida/publication/por/2006/pdf/por06_e.pdf

homophobic discrimination to classist attitudes about intravenous drug users, the

AIDS diarist debunked all the myths.[284]

The Diaries also made possible an organization with a vision to extend to others "comfort care", the holistic approach Peter had received while living with HIV/AIDS. This organization, the Foundation, collaborated with other agencies to translate that vision into a model of a new approach to HIV/AIDS care in the community. This model attracted funding and, in a temporary location, demonstrated that a new type of service for those living with HIV/AIDS was needed and was possible. While adapting to the changing "face" of HIV/AIDS, a supervised injection service was developed showing that it was possible to adopt an integrated approach to those with HIV/AIDS and addictions as part of professional practice. Even though engaging with controversial issues such as HIV/AIDS, homosexuality, mental illness, homelessness and addiction, the organization proved it was possible to involve a variety of different stakeholders and establish without controversy a purpose-built facility in a residential community. The Dr. Peter Centre operates as a tangible example of "comfort care" that offers a template to others around the world in terms of its design and a philosophy of care that views the lives of some of the most marginalized in society as inherently valuable and gives them a home.

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[284] Gawthrop, D. (2010, September 27). Dr. Peter and the hard work of legacy building. *The Tyee*. Retrieved from http://thetyee.ca/Life/2010/09/27/DrPeter/

CHAPTER 7: THE ROLE OF PLACES IN TRANSFORMATIVE SOCIAL INNOVATION

Places play an essential role in human existence. We are born in places that can define our nationality and subsequently our freedom of movement across the planet. We live and work in places that influence our standard of living, education, health, life-expectancy, and identity. We often understand others by the places that they have experienced. The question to a stranger, "Where are you from?" is a way to make sense of their lives in relation to ours and to identify shared connections. We can associate memories to a place that we hold onto throughout our lives. Some memories we may hope will be captured in a place so that they survive us and other memories we hope will be eradicated by moving from a place or by its destruction. We may view certain behaviours as acceptable in some places but not in others, and consider some places as sacred and others mundane. We may describe our lives as a movement between places and we may dream of a future in a particular place. We will die in a place and, for some of us, our burial place has significance. Some lives may be connected to a place for hundreds more years. It is in our world of places that novel solutions to social problems are organized and understood.

In this chapter I explore the role of places in the social innovations of the Mat Program and the Dr. Peter Centre. I present three sets of examples where places played a significant role in shaping these innovations. I then consider what these findings might mean for understanding the role of places in transformative social innovation.

The Role of Places: Examples from the Cases

This chapter attempts to answer the question: what is the role of places in transformative social innovation?

To do so I first present three examples of places taken from the two cases:

1. Two places involved in the creation and implementation of the Mat Program: the Tri-Cities and the neighbourhood of Ranch Park. These highlight the potential for places to enable and constrain a novel solution to a social problem.
2. Dr. Peter's apartment. It highlights how a place can act as a bridge between people and ideas, but isolate people too.
3. The Dr. Peter Centre. It highlights how a place with multiple functions and meanings can lead to the mixing of people and ideas, but also be viewed selectively in ways that confirm and reinforce existing ways of thinking.

I draw on Gieryn's (2000) notion of a place as a combination of geography, materiality and meanings to describe each place before considering its role in social innovation.

The Tri-Cities and Ranch Park

The creation and implementation of the Mat Program involved multiple places. The Mat Program was established in five different churches located in five neighbourhoods that form part of three cities - the "Tri-Cities" - that are situated in the north east part of Metro Vancouver. The Tri-Cities is a name that refers to the municipalities of Coquitlam, Port Coquitlam and Port Moody. As each city's population has expanded over time to each other's borders, their residents have come to share scenery, climate and facilities. The city boundaries are largely invisible when travelling around the area. The Tri-Cities, however, has no legal status and the cities are independently governed and run. And yet many local residents describe themselves in relation to this place, as do organizations such as the local newspaper and the Chamber of Commerce. The name reflects how integrated these cities are in terms of their geography, economics and everyday life. In relation to the creation and implementation of the Mat Program, the Tri-Cities as a place played a crucial enabling role.

The notion of the Tri-Cities provided a way for individuals to understand the social problem. Just like all the other residents in this area who move freely across city boundaries, so do those unable to secure housing. The majority of homeless, for example, live along the Coquitlam River that weaves through the cities of Coquitlam and Port Coquitlam. A Tri-Cities lens shaped how the solution to the social problem would be organized. The connection of the social problem to the Tri-Cities as a place recognized that to tackle homelessness required action beyond the efforts of a single municipality. The effect was to expand the number of people and organizations that could be included and mobilized: Just over 210,000 residents could be seen as responsible and able to participate in finding a solution. It was in a Tri-Cities Homelessness Task Group meeting with representatives from all three cities that the idea of a Mat Program in all three cities was conceived.

Within the Tri-Cities not all places played an enabling role in relation to the implementation of the Mat Program. On 21 November 2006 at the public hearing in Coquitlam City Hall a large number of people evoked specific places as discursive resources in order to oppose the program. Some of the most vocal were the residents of one neighbourhood - Ranch Park. Ranch Park is centrally located in Coquitlam, has a large 176 hectare park on its western border, and includes many houses that sit on a ridge with stunning views of the Fraser River and the year round snow-capped Mount Baker across the United States border. Its population of approximately 7,000 residents has a considerably higher average income and percentage of single

family dwellings (90%) and home ownership (80%) than the city median.[285] But great views and more than average wealth do not adequately describe the role of this place in people's lives. At the public hearing many residents articulated how they felt safe and belonged in this place. Many argued that it was a place particularly safe for children who "can play in our streets" and where residents are "able to walk in the morning and night without fear". Living in Ranch Park was also a source of identity and many speakers indicated how long they had lived in the neighbourhood. Some spoke of how they had specifically chosen to live in this area and how Ranch Park was an exceptional residential area: a place with parks and schools. In relation to the implementation of the Mat Program, Ranch Park played a constraining role.

Just as the Tri-Cities as a place had mobilizing effects, so too did Ranch Park, but in a quite different way. Residents sought to defend the boundaries of Ranch Park – to exclude rather than include. It seemed to constrain ways of thinking to the point that many residents found it inconceivable to believe that homeless people could live in Ranch Park despite evidence to the contrary. As one speaker said

> I'm just a regular guy - I get up in the morning, go to work, pay my taxes, clean
> my sidewalk - why do we have to import people to a neighbourhood that doesn't
> have a problem.[286]

Rather than see any benefits from the Mat Program, some residents could only see costs. The litany of risks that opponents claimed would be unleashed on Ranch Park included: threats to children's safety; an increase in crime; drug dealing; increased risk of being injected by a used needle; and communicable diseases such as TB and HIV/AIDS. Articulate and well-educated people presented arguments of risks that seemed out of proportion to a one month program for less than 30 people. The opposition to the Mat Program led to changes in the novel solution. The negative response of Ranch Park led to the requirement for churches to have a "bussing in" policy (to prevent the homeless walking up to a church even if they lived in the vicinity) and the decision by the Coquitlam Council to require Housing Agreements for each church and to make any zoning changes temporary.

The resident's responses to the Mat Program were not, however, homogenous. Instead of opposing the Mat Program, some residents of Ranch Park drew on their experience of the neighbourhood and their view of home to advocate for the program. For them, the program offered a way to demonstrate "home" to those less fortunate. One resident was so appalled by her

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[285] City of Coquitlam (n.d.) *Community profile: Ranch Park*. Retrieved from http://www.coquitlam.ca/NR/rdonlyres/C3E06D6B-72FE-47DF-AD68-45CEFEEFC0A7/31477/RanchParkProfile2.pdf

[286] City of Coquitlam (2007, November 21). Public Hearing Recording.

neighbour's opposition that she spoke at the public hearing and launched a political career. Even the opposition to the Mat Program was more complex than simply a mean-spirited response. The idea of a Mat Program was incompatible with how many of the residents related to their place and challenged their views of home. "Home" in Ranch Park was a privately owned house in an area of like-minded others and served by particular types of amenities, schools, parks and churches. This was facilitated by local zoning bylaws that determined land use and density. The mix of housing and facilities at Ranch Park reinforced the idea of home as a zone of shared security and safety, exemplified by children being able to play in the streets. Most residents were unlikely to have come across a homeless person in the neighbourhood. The proposal to relax the zoning regulations, necessary to introduce the Mat Program, undermined the exclusive connection between home and housing, introduced insecurity to social interactions, and weakened the notion that the boundaries of Ranch Park were impermeable.

Dr. Peter's Apartment

The idea of home played a key role in the impact of the Dr. Peter Diaries in a quite different way. The viewers of the Dr. Peter Diaries witnessed Peter in a variety of different places. Peter presented from locations around Vancouver and British Columbia and these places did not act as a neutral backdrop for his controversial message. Peter relied on his viewers to make connections to these places, and one place in particular played a crucial role - his apartment. Within 40 seconds of the first diary shown on television, Peter is seen sitting in his apartment and over the next 110 diaries he uses his apartment in half of all the episodes. The living room, kitchen, dining room, bedroom and bathroom of Peter's apartment presented something recognizable and instantly comprehensible to the viewers as a place that represented home. Broadcast at around 6pm each Wednesday, the diaries connected the living room in Peter's apartment to thousands of living rooms around British Columbia.

Peter's apartment played an important role in making a shared connection with the viewers of the Diaries. The viewers witnessed Peter engaged in a range of activities that, although unique to Peter, were likely to be very familiar to the viewers – they were recognizable practices associated with a home. In his apartment Peter jointly prepared a meal in his kitchen with his nine year old niece and then played cards with her at his dining room table. It was at this table that he is seen looking at old family photos with his mother. The apartment, while clearly personal, had very recognizable physical characteristics. In his last few diaries Peter is seen in bed resting on a paisley patterned pillow, with the now familiar blue and white china tea cup on a table and the room illuminated by a small green desk lamp. The features of the apartment suggest stability and

permanence as Peter's physical condition deteriorates. Over the weeks Peter's face shows an increasing number of lesions, his hair thins and his body weakens while the objects in the apartment remain unaltered. The only changes to the apartment are the cut flowers and, in the final weeks, a large four foot green oxygen cylinder replaces the house plant beside his couch. The apartment is also a private and safe place, where Peter can relax, sit on the floor, and share his thoughts openly without sanction. A shared connection with the viewers enabled Peter to broach issues associated with considerable stigma and fear.

Having established a connection, Peter uses it as a springboard to engage his viewers with issues that are unknown or feared. It is here that he first speaks candidly about how he found out the devastating news that he had AIDS. Sitting relaxed in his chair he was able to speak openly about his sexuality at a time when you "couldn't say condom on the radio or television"[287] in a country that had only decriminalized homosexual acts in 1969. While Peter delivered his views on "safe sex", Harvey, his guide dog, was seen laid out fast asleep on the floor by his feet. The normalcy of the place and Peter's ability to communicate issues in an accessible way helped to humanize those living with HIV/AIDS. As one journalist wrote, "Not only did he bring his homosexuality out of the closet by referring to it as a fact of life, but he also took AIDS out of the closet by showing its face to the straight community, where it is now advancing".[288] The connections to home amplified his disruptive message. In one particular diary he was seen on the floor in his bathroom surrounded by pots of paint. In his mouth was his brush and he was using his hands to mix the paint and to tell which parts of the canvas were wet. He chuckled as he flushed the toilet which he was using to clean his brush. As the water, tainted bright pink, swirled away in the basin, an observer would be challenged by the disruptive combinations that came from observing the creativity of someone who was blind, gay, had a feared terminal illness, and who could be the "boy next-door".

The use of Peter's apartment to make such connections was subject to some limitations and there were risks that it could isolate some ideas and people. The physical layout limited observations of interactions with others, crucial in dispelling fears and stigma around HIV/AIDS and homosexuality. The apartment was potentially confining in terms of thinking about the types of people living with AIDS. Making a strong connection to the idea of home had the benefit of overcoming barriers but also presented two significant problems. First, it became possible to accept Peter as an exception and ignore his "deviant" behaviour, leaving attitudes largely

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[287] Interviewee.

[288] Parton, N. (1992, November, 18). Dr. Peter brought AIDS out of the closet for all of us. *The Vancouver Sun*, p. B2.

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unchanged. Daniel Gawthrop, who wrote a biography of Peter published in 1994, argued that among Peter's thousands of viewers there were many who:

> do not want to admit that their hero contracted AIDS through sex rather than immaculate conception. The same people would prefer not to know that Peter had a sex life at all; they would rather see his "gayness" as a matter of personal style and manners, completely divorced from bodily experience (Gawthrop, 1994, p. 250).

Second, the apartment located AIDS in a middle-class setting at a time when HIV infections were rising among injection drug users in the poorest part of the city. By normalizing HIV/AIDS in such a way an impression could be given that HIV/AIDS was affecting the general population rather than those most at risk.[289] This highlights that the connections that people make to places can have different effects. This is perhaps best epitomized in the Dr. Peter Centre, a place associated with a variety of different meanings.

The Dr. Peter Centre

The Dr. Peter Centre is located on the corner of Thurlow and Comox Streets in the West End neighbourhood of Vancouver. The building has 24 studio suites as well as rooms to engage in activities such as art, music, watching TV, and eating meals. There is an enclosed courtyard with a small garden at the back of the building. But while this might provide a basic description of the Centre, it does not capture the range of meanings and identities associated with the Centre. The Centre plays a role in mixing different ideas and people.

The Centre has been described as a hybrid – a residence and day centre – with an eclectic group of residents, participants, staff and volunteers. This mix is the working out of Peter's idea of "comfort care" - the set of foundational values that place a primacy on individuals receiving personal and familial attention similar to that which he received - and involves a combination of ideas and practices associated with health care and home. This is evident in the design of the building that includes nurses' stations, treatment rooms, lounges, quiet rooms, and balconies. It is shown in practices where the staff remember treatment regimes as well as birthdays, and where privacy and freedom of movement is respected. These different aspects of the Centre provide potential points of connection that can lead individuals to engage with ideas and practices that might be less familiar or too difficult to approach in isolation. For example, as a recognizable health care facility the Centre has been able to introduce visitors to different ways of thinking and

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[289] Peter recognized that the "face" of HIV/AIDS was changing and raised this in his Diaries.

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behaving about HIV/AIDS and addiction. This is most evident in its integrated supervised injection service. In addition, the ideas and practices associated with home in the Centre provide a way to connect to those with HIV/AIDS and addiction by shifting the point of connection away from the disease towards the humanity and individuality of those living with considerable physical and social challenges.

To manage a place that enables the mixing of ideas, practices and people can be difficult, especially for those working in the Centre. Health care and home are not necessarily complementary. Implementing professional standards and protocols may not fit neatly into a Centre where people are invited to make their home and be themselves. It requires highly adaptive staff able to manage their professional identity and standards in a dynamic environment.

> This means that, whatever the house rules, codes of ethics or conduct, there are
> always grey areas since the chief goal is to ensure that the residents' needs are
> met. Both staff and volunteers must be highly flexible, open-minded and
> confident in their own professional abilities.[290]

Strong relationships can develop with individuals and it can become particularly challenging for staff when they witness suffering firsthand.

> I won't use a name, but I can just pull out a night shift where you work 7:30pm
> until 7:30am, and coming in and working with one young resident. Her and I
> doing puzzles in the evening and then I was helping her with her English – she
> was doing correspondence courses. Then she goes to do whatever and she comes
> back with knapsack and jacket, and she says, "I'm going out." It's about
> midnight, and it's like OK. Then all of a sudden you switch from playing games,
> to helping with school, to "OK, do you have clean needles in your knapsack? Do
> you have condoms? Do you have warm enough clothes? If you're going to be
> more than 24 hours, will you call me?" You go into this completely different
> mode of just let me make sure she's safe and has the most basic things she needs.
> Then off she goes and then coming back at three or four in the morning and her
> neck is red and she's having a hard time breathing and she's in pain and it's
> because the john she hooked up with at some motel was into choking her during
> sex. You go through sitting with her while she cries through the shame of
> prostituting. Through the shame that she won't let you call the cops to deal with
> it because she doesn't believe she deserves to have someone fight for her. You're

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[290] Le Clerc's (1995) observation of Community Homes for those living with HIV/AIDS in Quebec (pp. 65-66).

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dealing with the medical, making sure she's actually OK and damage hasn't been done. Getting her in her pjs and sitting there holding her hand until she falls asleep and her crying like she's being like a little child. Then her getting up at 7:00 am and wanting porridge and milk. You cover everything…. You can't change everything, all you can do is care for them, make them as safe as possible and always have them know that they have you to come to. And that's a huge, huge comfort for them. Huge comfort. But you can't be a fix-it person, or you'll go nuts.

The existence of multiple meanings and practices in a single place does not necessarily mean that they will mix. The Centre can be viewed selectively in ways that confirm and reinforce existing ways of thinking. For example, for some the Centre is just a health facility that provides medical care, offers 24 hour nursing and can be viewed as part of the "St. Paul's Campus". Those using the Centre are types of patients receiving clinical care and treatment. For others the Centre is viewed as part of the West End neighbourhood and integral to the gay community living within this area. It is seen as an important service for those living with HIV/AIDS, an example of the compassion of this community to those in need and, because Peter took considerable risks to "come out" and speak about his homosexuality on television, an example of courage. Some make less of a connection to the Centre's geographic location and consider the Centre as an example of a particular organizational type such as a hospice or day care whereas others view the Centre in very personal terms. For residents and participants it is a place where they are known by name and for Dr. Peter's parents the Centre is a place where they can feel their son's energy. It is possible to select one aspect of the Centre and overlook or ignore others. So, even if a place is a hybrid, individuals may still approach and leave a place through "one door" and miss or avoid the potential for disruptive combinations.

The Role of Places: Place Mechanisms & Social Innovation

In the social innovation literature, places generally play a scene-setting role where innovators and their solutions take centre stage. These examples show, however, that places can do more than set the scene for action. The examples described above show that places play a complex set of roles, including enabling and constraining, connecting and isolating, and mixing and reinforcing. Moving beyond this description of the roles that places play, I now focus on ways that places act as mechanisms. Drawing on Gieryn's (2000) notion of place (geographical location, materiality and meaning) I identify three mechanisms.

1. Places can act as **mediators** that shape understanding of social problems and novel solutions.
2. Places can act as **containers** that establish and maintain boundaries around a social problem and its solution.
3. Places can act as **portals** that expose people to different institutional worlds and this experience can change their view of social problems.

Places as Mediators

The first important way in which places across these examples seem to act is as mediators: places, and especially places as cognitive categories, act as linking or bridging sets of ideas through which people come to understand social problems and the novel solutions proposed to address them. From the cases I examined, it seems that the mediating role of a place is shaped by the geography of everyday life: how people understand a social problem and potential solutions seems influenced by the places they are most often in contact with. The places that individuals repeatedly engage with activate certain institutions, which I refer to as "proximal institutions". Proximal institutions play central roles in how people understand their world and how they understand other less frequently activated, less intimately understood institutions. My analysis does not, however, suggest that certain places or institutions are necessarily more or less enabling, but rather that the mediating role of places both enables and constrains social innovation. The implication for those interested in effecting transformative social innovation is to identify and work to manage the impact of these proximal institutions.
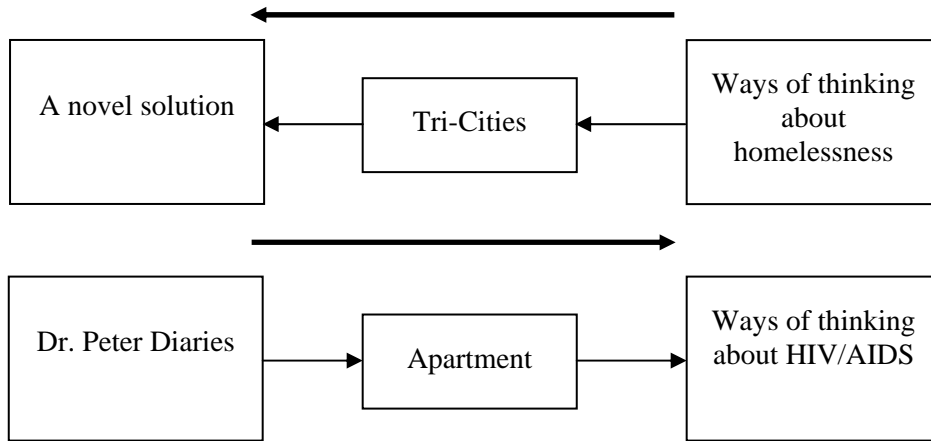
Across the three examples the connections that people made to places seem to significantly influence how a social problem and it solution were understood (see Figure 11).

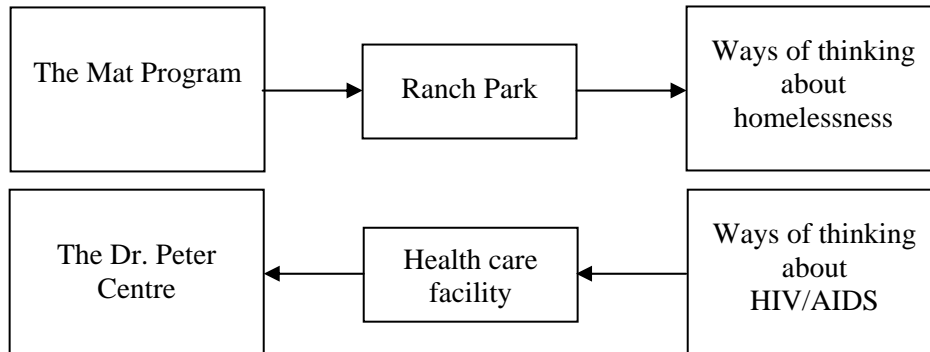**Figure 11: Places as Mediators**

It was through places that the social problems of homelessness and HIV/AIDS were approached. Places were seen to act as mediators – connecting and bridging sets of ideas (see Figure 12).

Figure 12: Places as Mediators – Examples I

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            ◄─────────────────────────
┌──────────────────┐                      ┌──────────────────┐
│                  │   ┌───────────┐      │  Ways of thinking│
│  A novel solution│◄──│ Tri-Cities│◄─────│     about        │
│                  │   └───────────┘      │   homelessness   │
└──────────────────┘                      └──────────────────┘

            ─────────────────────────►
┌──────────────────┐                      ┌──────────────────┐
│                  │   ┌───────────┐      │  Ways of thinking│
│ Dr. Peter Diaries│──►│ Apartment │─────►│  about HIV/AIDS  │
│                  │   └───────────┘      │                  │
└──────────────────┘                      └──────────────────┘
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For example, ways of thinking about homelessness when mediated through the Tri-Cities helped to create the Mat Program. And the message of the Diaries, when mediated through Dr. Peter's apartment helped viewers to explore HIV/AIDS in new ways. These linkages, however, did not always help to enable innovation. For example, ways of thinking about homelessness when mediated through Ranch Park, led many to oppose the Mat Program. And if the Dr. Peter Centre was viewed through a single category of place, such as a health care facility, this could undermine its model of care based on a combination of health care and home (see Figure 13).

Figure 13: Places as Mediators – Examples II

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┌──────────────────┐                      ┌──────────────────┐
│                  │   ┌───────────┐      │  Ways of thinking│
│  The Mat Program │──►│ Ranch Park│─────►│     about        │
│                  │   └───────────┘      │   homelessness   │
└──────────────────┘                      └──────────────────┘

┌──────────────────┐                      ┌──────────────────┐
│  The Dr. Peter   │   ┌───────────┐      │  Ways of thinking│
│     Centre       │◄──│Health care│◄─────│     about        │
│                  │   │ facility  │      │    HIV/AIDS      │
└──────────────────┘   └───────────┘      └──────────────────┘
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The cases I examined suggest that this mediating role of places is shaped by the geography of everyday life. The way people understood a social problem and potential solutions seemed influenced by the places they were most often in contact with. The everyday places that individuals repeatedly engaged with activated certain institutions. These proximal institutions represented the shared norms, practices and beliefs that were most immediate and repeatedly accessed. The institutions not connected to everyday places were activated less often. These distal institutions were those shared rules and meanings that were considered intermittently and less

frequently accessed than proximal ones. The significance of these varying levels of engagement in institutions was not just that less work was put into these distal institutions but that the proximal institutions shaped how the less frequently activated, less intimately understood, distal institutions were understood.

For example, when the Mat Program was proposed the residents drew on sets of ideas and practices which were immediate and familiar. It was through the proximal institution of home, that many residents of Ranch Park made sense of homelessness and the Mat Program. The social problem and the novel solution were simply incompatible with the well established practices and beliefs associated with home in the neighbourhood. In contrast, in the evolution of the Dr. Peter Diaries, the proximal institution of home was not a barrier to the novel solution. For the average viewer, living with HIV/AIDS represented another world and something unfamiliar - what I call a distal institution. One of the ways the Dr. Peter Diaries made such a powerful connection to its viewers was because it tackled this distal institution through the proximal institution of home. Peter's life in and around his apartment signalled a shared connection to the everyday institution of home experienced by many of the viewers. Once Peter was accepted as someone who could be the "boy next door", ways of thinking about the distal institution became connected to ideas of home in ways that challenged and in some cases transformed attitudes towards those living with HIV/AIDS.

These cases do not, however, suggest that certain institutions or places that become proximal are necessarily more or less enabling to social innovation. The institution of home, for example, offered a crucial bridging connection for Dr. Peter but "home" also restricted the Mat Program. And the different responses of residents of Ranch Park reveal that everyday places can have multiple effects. What seems important is that places play a mediating role as institutions that can both enable and constrain social innovation. This has several implications for the study and practice of social innovation. It suggests a heightening of the importance of the role of places. It should encourage researchers to not only describe the places in which social innovations occur but to examine how places might shape this action. In particular, further studies are needed to further explore the concept of proximal and distal institutions and their connection to places. For practitioners, it suggests designing novel solutions with proximal institutions in mind. For many people a social problem may not be something they typically engage with and when they do they draw on sets of ideas and practices that are more familiar and immediate. Rather than attempt to elevate a distal institution into a proximal one through, for example, awareness campaigns, practitioners may use existing proximal institutions as important bridging mechanisms.

Places as Containers

In the social innovation literature, perhaps the most common role that places play is as "locations" of social problems and novel solutions, such as "Vancouver's homelessness problem" or "Toronto's Centre for Social Innovation". The idea of places as locations points to an important way in which places affect social innovation – by providing the geographic and material context in which it occurs. My analysis suggests, however, that the idea of places as locations conveys a more passive role than what I observed. In contrast, I saw places act more as containers – establishing and maintaining boundaries around a social problem and its solution. I found that these boundaries, discursive and material, can connect different ideas and people as well as isolate them. These examples show that, when places act as containers, they concentrate attention on a social problem or a novel solution in ways that can spark action and suffocate it. Some of the examples I studied highlight the importance of places that provide temporary containment. In these, individuals whose exit is temporarily restricted can be exposed to different ways of thinking in ways that cause established beliefs and practices to be brought into sharp focus. These very intense experiences, impossible to sustain for any length of time, can lead to significant change. The implication for those interested in transformative social innovation is to find and use places in the community within which such experiences can be staged.

In the examples, places seem to act as containers that encase social problems and their solutions. For example, the social problem of HIV/AIDS is bounded by Peter's apartment and the Mat Program highlights how multiple places establish boundaries around this solution, much like Russian dolls, from the boundaries of a local church, to the church's neighbourhood, to the neighbourhood's city etc (see Figure 14).

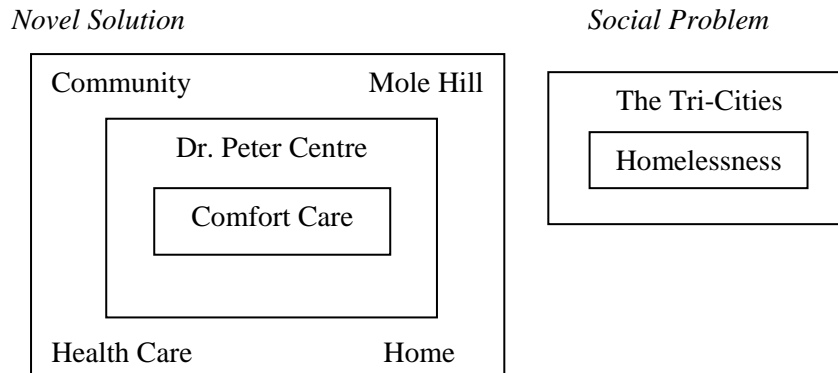**Figure 14: Places as Containers – Examples I**
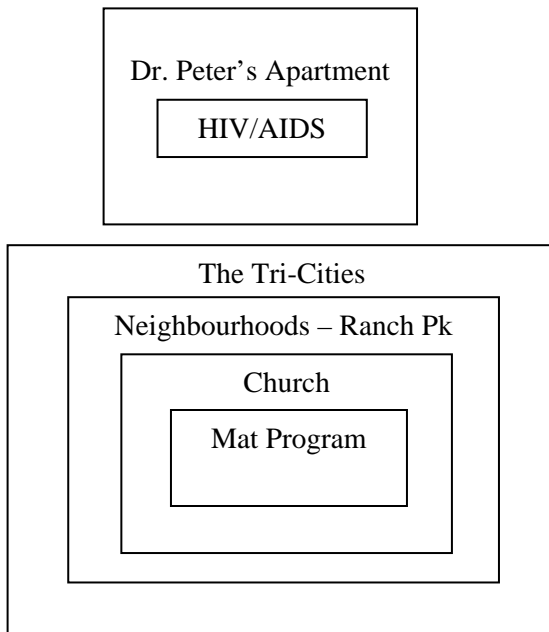
The containing role of places seems to have two main effects. First, it can make the invisible visible. When connected to the Tri-Cities, the social problem of homelessness became an issue to engage with that until that point was largely unseen and unknown to most residents. When connected to Peter speaking in his apartment, a home in Vancouver, viewers were able "to put a face" to the social problem of HIV/AIDS. And visitors to the Dr. Peter Centre see at firsthand some of the challenges that face those living with HIV/AIDS in conjunction with multiple health and social needs. Second, containing places are able to hold their audience captive, to restrict their movement and so engage individuals in a very immediate way. The visitors to the Dr. Peter Centre are dependent on those who guide them and show them the activities and people in the Centre at that time. The viewers of the Diaries were not able to control the time when the Diaries was shown, the locations where Peter presented, or the material he delivered. The residents of Ranch Park could not directly control the prospect of the Mat Program in their neighbourhood. The examples reveal that the containing role of places can connect different ideas and people as well as isolate them.

The visibility of the social problem and a captive audience can spark action that leads individuals to make connections to people and ideas that result in transformative effects. In the Tri-Cities a diverse group of individuals assembled to tackle a social problem in their midst and it was in the Tri-Cities Homelessness Task Group that the idea for the Mat Program formed. Many visitors leave the Dr. Peter Centre inspired by the connections between health care and home and their experience of the Centre has personal and professional impacts. And many viewers of the

Diaries attribute the experience of the Diaries as the reason for the transformation of their attitudes towards those living with HIV/AIDS (see Figure 15).

Figure 15: Places as Containers – Examples II

Novel Solution   *Social Problem*

Community   Mole Hill

Dr. Peter Centre

Comfort Care

The Tri-Cities

Homelessness

Health Care   Home

   The visibility of a social problem and a captive audience, however, may trigger engagement of a different kind: one that seeks to isolate people and ideas and leaves existing ways of thinking intact. In Ranch Park many residents sought to isolate themselves from the social problem by seeking to exclude the Mat Program from their neighbourhood. Some viewers of the Diaries could choose to view Peter as "the boy next door" and remain unmoved by or detached from his messages concerning homophobia. Even visitors to the Centre may find themselves unmoved by the combinations of health care and home and instead isolate aspects of the Centre that confirm their existing ways of thinking (see Figure 16).

Figure 16: Places as Containers – Examples III

Dr. Peter Centre

Community | Health Care | Home | Hospice | Residence

Hospital

HIV/AIDS
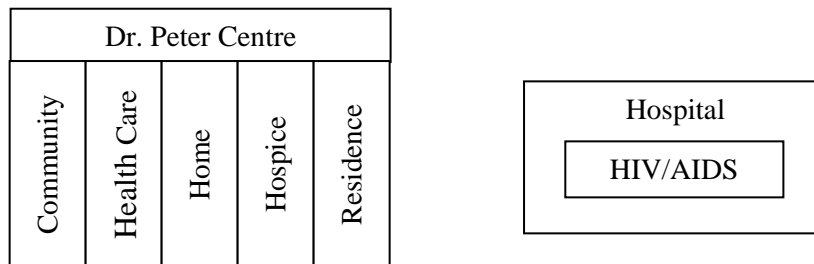
While the audience may be captive it is not without choice. Individuals can isolate themselves from those who engage – they can switch off their TVs, avoid places like the Centre, or even move away. The example of the Dr. Peter Centre also suggests that the containing role of places can suffocate solutions. A place established in response to a social problem can make the social problem invisible and release the community from its engagement - the captive audience now limited to the users of the solution. In successfully meeting the needs of its residents and

participants, the Centre can contain the social problem to the extent that the wider community is no longer exposed to or aware of the issues. The Centre's existence may be perceived as evidence that the social problem has been solved. The Centre staff have to manage this tension. On the one hand the containing of the solution in a place is seen to have a transformative impact on its users and visitors but on the other hand the place can physically and symbolically limit its reach. The physical structure of the Centre can only meet the needs of a fraction of those in Metro Vancouver who might benefit from its services and if the Centre is seen as the solution it can unintentionally prevent alternative expressions of its core values. If the Centre is perceived as the only way to engage with ideas around "comfort care" then there is a danger that this will prevent the translation of its values into new places and in new ways. The physical structure and the practices of the Centre if viewed too prescriptively can create barriers to others engaging with the values in different ways. There are also dangers that in an attempt to show how the values can be delivered in practice that too much is attempted in one place.

The examples I studied highlight that places that can facilitate temporary containment may be crucial for transformative social innovation. For example, the public hearing in Coquitlam City Hall provided the forum for Ranch Park residents opposed to the program and members of the Tri-Cities Homeless Task Group to present their views. It was a place that enabled people with different views to freely assemble and a process that provided individuals with an opportunity to articulate their opinions and listen to the views of others. After the Hearing, some individuals initially opposed to the program dramatically shifted their support. Temporary containment was also facilitated in the delivery of the Dr. Peter Diaries. Regular viewers of the evening news found themselves tuned into a short segment on HIV/AIDS, sandwiched between more familiar content. In time many would tune in just for the Diary segment. And the Dr. Peter Centre can provide its visitors with a temporary but also transformative experience. Many tour the Centre to observe firsthand its model and return home changed.

Three characteristics of such containment seem important. First, individuals are temporarily restricted from exiting the place. This means they can be exposed to different ways of thinking in ways that cause established beliefs and practices to be examined. For example, speakers at the Public Hearing articulated institutions that could be juxtaposed and assessed. To articulate existing ways of thinking was seen as essential by some proponents of the Mat Program.

> It was a pivotal night…some strong antagonists to the Mat Program – they came
> back two or three times [to speak to the Councillors]. I thought keep it coming,

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keep it coming – these people if you give them a platform to talk they alienate people who otherwise might have some sympathy.[291]

Second, the experience can be an intense one. Individuals enter an arena of action in which they are unlikely to leave unmoved. For example, many viewers of the Diaries found themselves catapulted into an unknown world that directly challenged ways of thinking about HIV/AIDS because it did it in such a personal way. To watch someone live and die with HIV/AIDS was devastating, especially if the viewer had grown to respect and admire Peter. Third, these periods of containment are time-limited. Individuals cannot sustain for any length of time intense introspection and the turmoil it can create. Viewers were exposed to a Diary message that lasted around 3 minutes. Visitors to the Dr. Peter Centre are usually in the Centre for just a few hours and the process for setting up the Mat Program involved months (the public hearing lasted 7 hours) not years.

An implication for those interested in doing transformative social innovation is to find and use places in the community within which such experiences can be staged: to locate those places that can act like lightning rods – where social problems and their solutions are dramatically focused and illuminated in ways that create new connections between ideas and people. This has significance for the study and practice of social innovation. For the study of social innovation it involves recognizing and exploring the boundaries around places that contain social problems and their solutions. In particular, studies are needed that examine the role of temporary containing places to explore their characteristics. Researchers might study places that facilitate intense experiences and compare those that have long-term effects with those where the temporary experience, although profound, is fleeting. For practitioners, the implication is to first find places where people with different views can assemble. This may require places that are perceived as neutral where there is a low barrier to entry. Once assembled, however, practitioners need to maximize this participation to the full. This is not for the timid. For deeply held values to be articulated and examined may require organizing forums that provoke resistance. This conflict may be essential. This does not, however, need to be a very public process. While a public setting that involves many people, such as a public hearing, offers a tremendous opportunity to engage a large number of people there are benefits to a more private approach. Experiences tailored to individuals, such as a personalized tour of a place, may have long-lasting effects as an individual may reach those in their network that have otherwise been particularly difficult to reach.

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[291] Interviewee.

Places as Portals

Looking across the examples of place, and the roles that places played in my study, I argue that a third way in which places act as mechanisms in social innovation is as portals that introduce people to different worlds. When people enter a physical place they can be exposed to different ways of thinking and behaving. They can find themselves transported into new institutional realms – experiencing novel and unfamiliar sets of practices and meanings – and this exposure can be transformative. The cases suggest that for places to act as portals much depends on an individual's expectations when entering a place, expectations which may be informed by cultural categories of place. Categories of place help people to make sense of a specific place and how they should relate to it. When entering a place, individuals can find that their conceptual categories are insufficient and incomplete and that places can in practice have multiples sets of meanings and practices and operate as hybrids – representing a mixture of different place categories. This can lead individuals to reevaluate the specific place, existing categories of place and, more broadly, their approach to the social problem. This does not necessarily result in a shift in thinking or behaving – doors can be closed and experiences ring-fenced – but for some the experience transports them into new worlds and results in significant change. For those interested in effecting transformative social innovation, the implication of places as portals is that places provide an opportunity to introduce people to new ways of thinking and acting towards social problems.

Portals are doors – gateways and entrances – that introduce people to different worlds. In my cases, places were seen to act as portals. Places introduced individuals to new ideas and new combinations of practices and meanings. This was not just a cerebral exercise; it was grounded in the experience of entering a place and observing it at first hand. This brought individuals into close proximity with a mix of familiar and unfamiliar ideas being played out in front of their eyes. For example, those that enter the Dr. Peter Centre find themselves exposed to a mix of practices and meanings associated with health care and home. Those that enter a church hosting the Mat Program experience the practices of a church combined with those of operating a homeless shelter. The experience for some proved transformational – it transported them into a new world where their existing ways of thinking towards the social problem was no longer sufficient. And yet, for others, the experience appeared to cause no such re-evaluation. What seems particularly important is how individuals initially understand a place and how their physical experience of it matches their expectations.

Places can be understood in relation to broader cultural categories of place, such as church, business and home. These categories can help individuals to understand what they can

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expect in a place and how they should relate to it. When people enter a place, they may enter with a particular place category in mind. My findings suggest that proponents of the solutions drew on categories of place to introduce people to new ways of thinking and behaving. The connection of a solution to a category of place meant that it could become accessible to all those who recognized the category. The result was that doors could be opened for these people who could then be introduced to new sets of practices and meanings. For example, many people in the Tri-Cities could recognize and understand the place category of church. While much was familiar, when entering a church hosting the Mat Program individuals found themselves dealing with the unfamiliar – interacting with homeless people and running a temporary shelter. The disruptive potential that comes from mixing ideas and people increased in those places that connected to more than one category of place. For example, the Dr. Peter Centre represents a variety of different categories of place - hospice, home, day centre and residence - that enable the Centre to connect to very different groups and introduce them to ideas and practices associated with other categories (see Figure 17).

Figure 17: Places as Portals
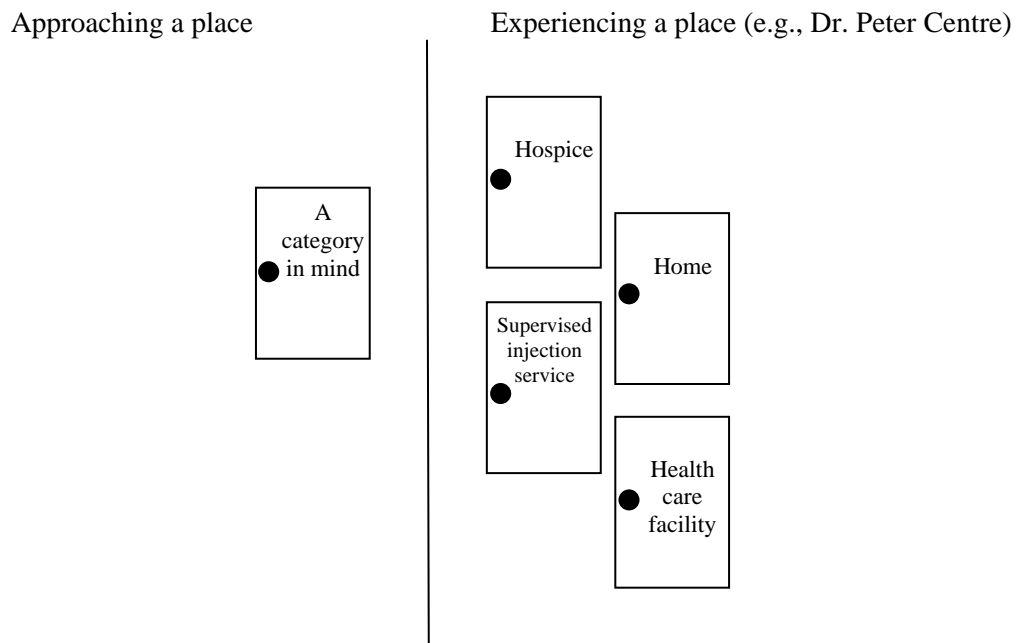
The experience of places that introduce individuals to unfamiliar sets of meanings and practices may be particularly powerful for those who enter a place with clear expectations and confidence in a place category that may be very familiar to them. When they experience a place that presents them with new and sometimes contradictory information, the cognitive framework by which they originally made sense of a place is exposed as inadequate. This can lead to

reevaluation of the activities of the specific place, place categories and the social problem. The examples do not suggest that individuals necessarily alter their views. People can still leave doors firmly closed and enter and leave a place unchanged. For example, visitors to the Dr. Peter Centre might enter the Centre perceiving it as a day centre and leave it with the same view, filtering out any contradictory information. The utility of place categories is that they provide clear templates of thought and action that require minimal reflection and so the lens that enables can restrict or reduce awareness of aspects of a specific place that may not neatly fit the category. What the examples do suggest, however, is that places can give people experiences of institutional realms they might not have previously accessed or even been aware of. For example, the Dr. Peter Centre can introduce individuals comfortable with the idea that the Centre is a health care facility to a category of place, a supervised injection site, that may be less familiar and difficult to engage with if approached in isolation. The experience not only introduces them to a new category of place but also shows how categories of place can be integrated and mixed in practice.

The experience of being transported into new institutional worlds can have transformative effects that extend beyond the individual. Influencing place categories can open up the space for a novel solution to be replicated wherever the place category is applied. For example, those that experience how a supervised injection site can be integrated into a health care facility at the Dr. Peter Centre may now see this as a legitimate template for future health care facilities in other settings. More broadly, the experience of a place with multiples sets of meanings and practices may engage people in thinking about social problems in fresh ways. An exposure to the complexity of the issues may alone prevent overly simplistic assessments of the causes and effects of a social problem. For example, for a number of volunteers, the Mat Program opened up a complex web of issues and highlighted the need for critical reflection on the impact of the solution and the necessity for further engagement.

For those interested in effecting transformative social innovation, the implication of places as portals is that physical places represent a significant opportunity and should be integral to solution design and implementation. Concrete places not only house solutions, they also introduce individuals to disruptive combinations of meanings and practices. It is this experience that may be crucial to transformation. For those interested in the study of social innovation this suggests the importance of further research into the interaction between place categories and experiences in a physical place and how that might shape ways of thinking about a social problem. In particular, researchers could explore how hybrid places – places with multiple sets of meanings and practices – might enable or constrain certain types of social innovation. For practitioners, the idea of places as portals may sound appealing as it elevates the potential

opportunity and impact of a single place. But there are likely to be significant tensions. First, it requires connecting the solution to a familiar place category. This may be particularly problematic if the solution is unique and defies easy categorization. There may also be difficulties in finding a place associated with a familiar place category when the novel solution is contested. For example, few temporary homeless shelters are housed in schools despite their suitability as facilities (e.g., showers, halls, unused at night). Second, presenting a solution in multiple ways to introduce it to different audiences requires considerable dexterity to manage potentially competing expectations. Third, allowing people to experience a place can be very difficult – it may interfere with existing programs and be insensitive and impractical, especially when serving the needs of those with complex social and health needs. Fourth, those that find the experience of place transformative require encouragement to share their experience over their network. The danger is that the experience becomes too closely connected to an individual or the place and this can potentially limit the transformative impact of the solution as it becomes individually and geographically bound.

Summary

In this chapter, I used the two cases to explore the question of the role of places in transformative social innovation. I presented three sets of examples and three ways in which places act as mechanisms.

1. **Places act as mediators** through which social problems and solutions are understood. I argued that the mediating role of a place is particularly shaped by the geography of everyday life: how people understand a social problem and potential solutions seems influenced by the places with which they are most often in contact. The places that individuals repeatedly engage with activate certain institutions, which I refer to as proximal institutions, through which they understand less frequently activated, less intimately understood institutions. The implication for those interested in effecting transformative social innovation is to identify and work to manage the impact of these proximal institutions as they can shape how social problems and their solutions are understood.

2. **Places act as containers** to establish and maintain boundaries around a social problem and its solution. These boundaries can concentrate attention on a social problem or a novel solution in ways that can both spark action and suffocate it. I highlighted the importance of places that provide temporary containment. This can provide individuals with very intense experiences, impossible to sustain for any length of time, which can

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lead to significant change. The implication for those interested in transformative social innovation is to find and use places in the community within which such experiences can be staged.

3. **Places act as portals** that introduce people to different worlds. When people enter a physical place they can be exposed to different ways of thinking and behaving. They can find themselves transported into new institutional realms – experiencing novel and unfamiliar sets of practices and meanings – and this exposure can be transformative. For those interested in effecting transformative social innovation, the implication of places as portals is that physical places provide an opportunity to introduce people to new ways of thinking and acting towards a social problem.

CHAPTER 8: THE ROLE OF PLACE-MAKING IN TRANSFORMATIVE SOCIAL INNOVATION

Places can appear as permanent fixtures in life. On a clear day I can stand on a hill known as Old Sarum and look for miles around. To the north I see the road heading to Stonehenge and to the south the spire of Salisbury Cathedral that has dominated this landscape for over 750 years. The villages to the east are located close to my birth place and to the west I can see the trees that mask the river that winds its way down the Woodford Valley, associated with a favourite family pub and "where Sting lives". To the south west I see rolling hills that connect to stories of my grandfather who, as a teenager, herded sheep down country lanes to the cattle market. The sounds of the small airfield behind me remind me of my Dad, his love of planes, and his work to design and test military aircraft in Boscombe Down just a few miles north. Looking down I remember how as a child I ran excitedly around the outer edge of this Iron Age hill fort and I picture the faces of my own kids as they too have explored its banks and hidden spaces. This place and Salisbury seem so seared into my family's history that it has an eternal quality, somehow outside of time. Its longevity is reinforced by the sign in the car park that tells me that for thousands of years others have stood in this same place. The chalk underfoot feels good for thousands more years. But even places as established as Salisbury and Old Sarum change. Having started as a farming community, Old Sarum was transformed into a military station and became the site for a castle and a cathedral. But that is now long gone. All that is left are the weathered stone remains that leave much to the imagination. Where Kings once held court there are now only tourists and dog walkers. Places change.

In this chapter I explore the role of place-making: the work of people to change places and their efforts to keep them the same. I present three sets of examples where place-making played a significant role in shaping the social innovations of the Mat Program and the Dr. Peter Centre. I then consider what these findings might mean for understanding the role of place-making in transformative social innovation.

The Role of Place-Making: Examples from the Cases

This chapter attempts to answer the question: what is the role of place-making in transformative social innovation?

To do this I first present three sets of examples from the two cases:

1. The work to create two new places: Mole Hill and Ground Zero. These highlight the potential role of place-making to create the conditions for social innovations to emerge.

2. The work on existing places: Tri-Cities' churches and St. Paul's Hospital. These highlight the role of place-making in implementing novel solutions and how the work to adapt existing places can directly expose individuals to social problems in new ways.

3. The work to disrupt places: The Harm Reduction Room and Housing First. These highlight how place-making can extend and challenge existing social innovations.

Mole Hill & Ground Zero

The novel solutions of the Mat Program and the Dr. Peter Centre did not just appear out of nowhere – they were influenced by place-making work that created the conditions for their creation. Of importance were two places: Mole Hill for the Dr. Peter Centre and Ground Zero for the Mat Program. Mole Hill was created by tenants in city-owned housing in the West End of Vancouver and Ground Zero was the name given to an area in the Tri-Cities where the majority of the homeless lived. The work to create these places laid important foundations for both innovations.

The place-making work to create Mole Hill started in 1994. Residents in city-owned rooming houses in the West End of Vancouver read in the local newspaper that their eviction was imminent as the properties were to be sold. One of their first actions was to rename their neighbourhood. Instead of being known as "Block 23, District Lot 185" they named their four acre block "Mole Hill". They chose a name that would "describe both the heritage and geographical features of the community that they were attempting to save".[292] Henry and Elizabeth Mole were thought to be one of the first European settlers in the area and the block is situated on the highest point of land in the downtown peninsula.[293] Their place-making work included meeting all the residents, forming a community group, printing leaflets, organizing community meetings, building a network of supportive organizations (over 30 different organizations became "friends"), dealing with the media, attending and speaking at council meetings, researching local history, and sharing stories about past residents. The mobilizing of the residents challenged a prevailing view of city officials that these tenants were transient, diverse, and incapable of community organizing. Over time the residents attracted considerable support, won heritage awards and "essentially forced the city to see their vision for the block: a heritage community, not just a collection of heritage houses, that provides affordable housing for a mix of people".[294]

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[292] See Mole Hill Society - http://www.mole-hill.ca/
[293] Petrie, B. (1995). *Mole Hill living heritage: An early history of Vancouver's oldest intact block of housing*. Mole Hill Living Heritage Society.
[294] Bula, F. (1996, April 3). Heritage fight pays off as city agrees to save Mole Hill area: 21 heritage houses

The place-making work to create "Ground Zero" began in 2006 when Rob Thiessen, the managing director of the Hope for Freedom Society, first used it to describe where the majority of the homeless were living in the Tri-Cities. Unlike Mole Hill, which was a uniquely created name, Ground Zero was a name that was associated with other places. It was first used to describe the point of impact of the atomic bombs on the Japanese cities of Hiroshima and Nagasaki in 1945 and more recently associated with New York and September 11th, 2001, where Ground Zero represents the area where the Twin Towers of the World Trade Centre once stood. To name an area in the Tri-Cities as Ground Zero was an attempt to locate and undermine an established view that homelessness was not a problem in the Tri-Cities. The Society had spent months of research tracking the movements at different times of the day and night of those identified as homeless in the area. Thiessen's research indicated there was a focal point for those 177 homeless people in the Tri-Cities that could be found on Shaughnessy Street in Port Coquitlam, and that the majority of the homeless population resided within a one kilometre radius from this spot. Ground Zero included well-established places such as Port Coquitlam's City Hall, Lion's Park, and sections of the Traboulay Poco Trail. Thiessen described this area as "geographically perfect"[295] as it offered individuals a place to camp by the Coquitlam River and easy reach of the services available in a downtown area. The place-making work was continued by local journalists. For example, one newspaper editorial used the name to berate a decision of the Port Coquitlam councillors to install iron bars in some public areas to prevent overnight sleeping: "Port Coquitlam is ground zero. Zero ideas. Zero leadership. Zero commitment".[296] Ground Zero as a name was still in use some three years later to justify the case for an interim shelter in Port Coquitlam.

The names for these places, Mole Hill and Ground Zero, were new but they drew on familiar and well-established ideas and practices. Mole Hill was created to connect with those who felt that old and architecturally distinctive buildings should be preserved. The residents enlisted the support of a local Heritage Society and presented their block as showcasing some of the oldest properties in Vancouver. Ground Zero was used to convey a message that considerable repair work was needed. The place-making was not to create a permanent Ground Zero but to encourage restorative action, returning parks and streets to their appropriate use. And yet the place-makers sought to connect established ideas with new ones. Mole Hill was created to highlight a living community and their need for affordable housing, and the message of Ground Zero was that in residential areas of the Tri-Cities there were homeless people in need of help.

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to be preserved. *The Vancouver Sun*, p. B1.

[295] Robb, L. (2006, October 11). More than 170 homeless in Tri-Cities: Drug addiction, mental illness main barriers. *The Coquitlam Now*, p. 1.

[296] Not so grate. (2008, April 23). *The Tri City News*, p. 10.

While the place-making around Mole Hill and Ground Zero was motivated to engage their communities, they did this in different ways. Ground Zero was created as a call to action, an attempt to make the need for change more apparent and to speed it up. In contrast, Mole Hill was created to slow down change. It was an act of resistance to prevent the city authorities from evicting tenants. This resistance created more significant change - a shift from landowners having sole decision-making power to communities participating in decision-making. The net effect of this work was to create enabling conditions for the subsequent innovations of the Mat Program and Dr. Peter Centre.

The place-making work around Mole Hill provided a canvas on which the Dr. Peter Centre could be drawn. Mole Hill's association with affordable housing provided an opportunity to secure funding for the Centre from a new source, BC Housing: the provincial agency responsible for housing, that did not usually invest in facilities associated with health care. More significantly, becoming part of Mole Hill connected the Centre to a residential community with a park, an elementary school, and day care. This enabled the Centre to disrupt ways of thinking about the social and health needs of those perceived as hard-to-house. The physical position of the Centre challenged the view that HIV/AIDS, mental illness and addiction were incompatible with residential neighbourhoods. Situated in a neighbourhood of beautifully restored houses in a community that works on shared gardens in its intersecting lanes, the Centre provides living proof that integration is possible even within a place with a strong community identity. The place-making work around Ground Zero was foundational to the Mat Program. It dramatically raised the profile of homelessness in the area so that it became impossible for local agencies to ignore the existence of homeless people. It had a galvanizing impact on those working to find solutions and presented a very tangible place on which to focus attention that ultimately led to the creation of the Mat Program.

Tri-Cities' Churches & St. Paul's Hospital

The novel solutions of the Mat Program and the Dr. Peter Centre relied on place-making that involved well-established places. The Mat Program involved five churches in the Tri-Cities and the Dr. Peter Centre was established in an unused wing of St. Paul's Hospital in the West End of Vancouver. This place-making played an important role in exposing individuals to social problems - an experience that, for many, proved transformative.

In April 1997 the Dr. Peter Centre opened in the Comox Building, an unused nursing residence scheduled for demolition on the St. Paul's Hospital campus. St. Paul's Hospital was founded in 1894 by the Sisters of Providence, a Catholic religious order. The hospital started with

25 "compassionate care" beds and over the years had expanded to meet demand through the addition of new wings and blocks so that the hospital campus now covered several city blocks. The place-making to establish the Centre at St. Paul's included gaining permission from the Hospital Board, employing an architect to help with the design, consulting with a wide range of different user groups and stakeholders, lobbying for funding, recruiting staff, and renovating the site in ways that translated the vision to provide "comfort care". From the outside no one would have known what was going on through the terracotta brick walls of the Comox Building. Inside, the staff had transformed the facility.

> When you walk through the doorway of the Dr. Peter Residence, you walk out of an institutional facility into a warm, comfortable, living environment. One person actually told me it's like walking into someone's home.[297]

To implement the Mat Program also required adapting existing places. At the heart of the proposal for the Mat Program was the use of five churches to act as hosts. Churches were chosen for their facilities – they had the physical space to lay the mats and cooking facilities to organize evening meals and breakfasts – were situated across the Tri-Cities, and had a potential supply of volunteers. Before these churches could be used a considerable amount of place-making work was necessary. Much of this work was created when the planning departments of each municipality decided that each church must be rezoned in order to hold the Mat Program. Not only did the proponents of the Mat Program have to persuade church leaders and their congregations, these churches had to then to speak to neighbours, comply with health and safety regulations, organize volunteer training, deal with the media, and attend public meetings. As the churches made plans to implement the program, however, other users of the Church, such as Pre-School parents and neighbours, started work to keep the place the same. These users started to engage in place-making of their own and organized meetings, wrote letters to the church pastors, put pressure on Pre-School Managers, raised questions about possible risks, and publicly questioned whether the supporters of the Mat Program lived in close proximity to the church and were subject to the potentially negative impact of the program. This work led to more intense place-making activities from the church leaders and members to alleviate these fears and demonstrate that the Mat Program would have no impact on other users. For example, one church promised to organize patrols in the morning to look for and pick up used needles in the vicinity even though those attending the Mat Program were bussed in and out and not allowed to leave the church during the night.

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[297] Dr. Peter AIDS Foundation (1998, July). *Newsletter* (Issue 4).

The work did not finish once the solutions were established and place-making was an integral part of the everyday operations of the Mat Program and the Dr. Peter Centre. Volunteers created and dismantled the Mat Program every day. Church halls were transformed each evening into a place to eat and sleep and the room was "put back" the next morning and cleaned. Many different volunteers physically handled the mats, put out the transparent, garbage-sized bags (supplies left overnight by some frequent Mat Program users), set up and cleared the tables, served the food and disinfected the area. The staff at the Dr. Peter Centre also engaged in everyday place-making as they sought to develop a model of care that would meet the evolving needs of their participants. Some described this work as enabling the Foundation to have a "dress rehearsal": an opportunity to translate comfort care and test out designs, practices and ideas.

The effect of this place-making was to expose those involved in this work to a social problem in new ways. The daily work to organize the Mat Program proved to be very thought-provoking for some. For example, handling a transparent bag knowing that it probably represented the majority of a person's possessions, and laying out mats only a few inches apart in contrast to the comfort and space that the volunteers would experience that night, meant that many volunteers became very aware of homelessness and its consequences. The staff at the Dr. Peter Centre found that they were exposed to quite different sets of needs than they anticipated, requiring them to adapt the physical aspects of place, their professional practices, and how they explained the Centre to others. In particular, staff developed place-making skills and attitudes that they took with them to the purpose-built Centre. The willingness to adapt places to fit the complex needs of Centre participants and residents became an integral component to everyday staff practice.

> One resident had brought a large silver moped into the lobby of the Centre. He was so pleased with it and showing it off. I watched one of senior staff members explain that he would need to move it and that he could not keep it in his room. He looked upset and I was unsure how he would react. The staff member calmly spoke about the constraints of the building, the needs of others as well as her commitment to find a way to help him. After talking through the options they found a place in the underground parking area. He was pleased. It would have been far easier to have denied his request by reference to a facilities policy. Finding a place for the moped, however, seemed a very tangible way to show him that he mattered.[298]

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[298] Extract from field notes.

Harm Reduction Room & Housing First

Alongside place-making that created new places and used existing places, there was also work done that disrupted or "messed with" places. Two important examples in the cases were the Harm Reduction Room at the Dr. Peter Centre, and the Housing First initiative in relation to the Mat Program. In both cases, place-making extended and challenged the original solution.

The Harm Reduction Room unofficially started in January 2002 in the Dr. Peter Centre. It is a room where injection drug users are provided with clean supplies, given advice by a nurse on injecting, and monitored. The need for such a service emerged out of the everyday interactions between the Centre's users and staff. The requirement for users to leave the building to inject felt an anomaly to the staff's commitment to holistic care. Many of the nurses were also well aware of the harm reduction movement and the growing interest in supervised injection sites.

> In the early days we still said we did harm reduction practice, because we were handing out clean needles and the nurses dealt with cellulitis and the aftermath of drug use. But the middle part was missing. And we pretty much sent people out into the world with their supplies and said, "OK, we're accepting you because you're addicted, but you can't do it here.[299]

The establishment of the Harm Reduction Room had internal and external disruptive impacts. For the organization it involved considerable place-making work that included approaching the nurses' professional body, visiting other supervised injection services, gaining legal advice, designing staff protocols, dealing with internal differences, meeting the local police, and dealing with the media. It was often a very difficult process and some staff left the organization. Externally, the creation of a Harm Reduction Room was disruptive as the injection of illegal drugs was an activity not sanctioned within health care facilities at that time. It was another year before the first legally sanctioned site, Insite, was opened.

An example of place-making related to the Mat Program that involved disrupting places was the introduction of "Housing First". In March 2009 Mayor Moore of the City of Port Coquitlam invited television cameras into the Council Chambers for the first meeting of the Mayor's Action Team on Homelessness. The Mayor had made tackling homelessness part of his political campaign to secure office in 2008. He and others were impressed by the success of a solution in Toronto, known as the Streets to Home project. It was an example of a growing interest in "Housing First", a rapid re-housing approach. To consider solutions for the homeless in Port Coquitlam, the Mayor formed a team that included business people, four homeless individuals, a high school teacher and student, realtors, a property developer, and the owner of a

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[299] Interviewee.

local pub. The place-making work of the team included educating themselves on approaches by other cities, inviting outside speakers, writing a report that outlined a possible model for their city, developing a website, dealing with the media, and finally, the creation of a non-profit society called "Homes for Good" with a mission to eliminate chronic homelessness in the Tri-Cities by 2014. The Housing First approach was disruptive as it challenged the established solutions to homelessness - temporary and permanent shelters. Instead, a Housing First solution involved housing the homeless in privately owned rented accommodation.

These examples show that the Mat Program and the Dr. Peter Centre inspired further place-making. This further place-making work came from both those directly connected to the innovation and those on the periphery. The Harm Reduction Room evolved out of the everyday interactions of the Centre staff and in particular the work of nurses. The idea of Housing First was developed largely outside of the network of those who had implemented the Mat Program. Although the Mayor's team included the Chair of the Tri-Cities Homelessness Task Group, the membership of the team included individuals from areas of the community that had not previously been involved, such as property developers and estate agents. The effect of this place-making work was both to extend the original innovations and to challenge them.

The place-making around the Harm Reduction Room complemented the Dr. Peter Centre. The Harm Reduction Room was a natural extension. It reinforced the organization's commitment to accept people as they are and by providing a supervised injection service staff witnessed a "leap in the therapeutic relationship"[300]: a greater openness and interest by participants to access more health and social care. The impact of the Harm Reduction Room was not, however, confined to individuals in the Centre. It resourced the place-making work of those outside of the Centre and became evidence for those in the broader harm reduction movement of the successful integration of a supervised injection service into a health care setting. In doing so, the interest in the work of the Centre expanded to attract the attention of those interested in HIV/AIDS care and drug policy more generally across the world. In contrast, the place-making around Housing First started with a solution that was gaining popularity elsewhere in Canada - the challenge was how to translate it locally. The Mat Program had raised the awareness of the need for more permanent solutions, such as Housing First,[301] but the place-making around Housing First gained some of its impetus by seeking to distance this solution from existing ones, such as the Mat Program. Through a Housing First lens, the Mat Program was seen by some as not only inadequate but

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[300] Dr. Peter AIDS Foundation. (2008). *Harm Reduction Manual*, p.18.
[301] It was the Chair of the Tri-Cities Homelessness Task Group that first sought to translate a Housing First approach for the Tri-Cities and produced a report for the Task Group in early 2009.

associated with managing homelessness rather than eliminating it. This was a harsh assessment as the Mat Program was always intended to be temporary and it had played a crucial role in securing housing for a significant number of people. The place-making work to create some distance between Housing First and existing solutions did mean, however, that a different set of ideas and people, particularly the business community, became focused on the problem of homelessness in the community.

The Role of Place-Making: Place-Making Mechanisms & Social Innovation

In the social innovation literature much of the focus is on the actions of social innovators but very little attention is given to place-making per se. These examples show, however, that place-making is not a peripheral activity or an inconsequential one. The place-making to create new places, utilize existing places and disrupt places was seen to play foundational, enabling and generative roles for social innovation. Working across the three sets of examples, I now identify three different ways place-making can shape social innovation.

1. Place-making as **mapping** - the arranging of places, people and activities in relationship to one another that can shape how social problems and their solutions are understood.
2. Place-making as **engaging** – through place-making individuals can engage with social problems and their solutions in new and substantive ways.
3. Place-making as **connecting** – place-making can act to connect diverse people who can then collectively respond to a social problem and its solutions.

Place-Making as Mapping

The social innovation literature tends to present place-making as an activity that operates within, and sometimes on, a fixed location, such as a building, neighbourhood or city. The examples I have focused on from the Mat Program and Dr. Peter Centre suggest that place-making can have a much wider role: it can shape the overall context for action. Place-making can act as mapping. By mapping, I mean the arranging of places, people and activities in relationship to one another. Maps provide templates for understanding these relationships where the position on the map can signify the importance of certain places, activities and people in relation to others. These examples show that place-making can confirm and disrupt these maps. Place-making can act to rearrange the relationships between places and people. This can be through the creation of new places that, when "put on the map", require some repositioning of other places, people and activities. And when existing places are modified in some way, such as the introduction of new activities or people, maps may have to be altered. This is important to social innovation because place-making as mapping can increase the visibility of social problems and their solutions and

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any repositioning of places, people and activities may lead to a significant shift in ways of thinking about those social problems. These examples highlight the importance of two types of mapping work, naming and scaling. The implication for those interested in transformative social innovation is that place-making can act to arrange and re-arrange places, people and activities in ways that change how social problems and novel solutions are understood.

Across the examples, place-making can act as mapping: arranging places, people and activities in relation to others. The effects of this place-making work was in some way to redraw the boundaries around each social problem changing how the problem was understood in ways that worked to reduce social distance and encouraged further action. This is very apparent with the creation of new places such as Ground Zero and Mole Hill. They directly challenged and disrupted the existing arrangements of places. To recognize Ground Zero meant accepting that homeless people lived in the Tri-Cities and their existence challenged the prevailing view of the area. It meant that the original activities associated with an area – such as parks and recreation – needed rethinking. Similarly, the creation of Mole Hill had significant implications. The city's plans to sell the land had to be put on hold as city officials found that they needed to deal with a community that they had not previously acknowledged. The examples also highlight how place-making that leads to a re-arranging of relationships is not limited to the creation of places: place-making as mapping can come through maintaining and disrupting places. Unlike with the creation of new places, the place-making around existing places does not require work to be put on the map. The relationship between existing places and other places is already understood. For example, Tri-Cities' Churches and St. Paul's Hospital were recognizable landmarks. The place-making required a change of use. Churches needed to be adapted to temporarily house the homeless and the unused wing of St. Paul's needed to be renovated to accommodate a Centre. This place-making conformed to and challenged existing arrangements. Introducing a new activity and new people dramatically shifted the relationship between many of the Tri-Cities churches and their neighbours.

The examples suggest that place-making as mapping can have transformative effects. Place-making can act to increase the visibility of a social problem and shift the boundaries around how the social problem and the solution are understood. Place-making has the potential to completely change a community's physical and conceptual maps. For example, the creation of Ground Zero acted to bring homelessness to public attention and galvanized individuals and agencies to act. Ground Zero identified homelessness at a central and recognizable location - homeless people were concentrated in a one kilometre area along the Coquitlam River, moving and living along the banks of a river that cuts through the Tri-Cities. The centrality of the social

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problem required municipalities to act and to collaborate in doing so. The creation of Mole Hill rewrote local maps. The new name described a community in ways that helped to prevent the eviction of a group of tenants and acted to connect this place to much broader issues. Mole Hill came to highlight the shortage of affordable housing in the city and the need to preserve heritage homes. The Mat Program also raised awareness of a social problem. It brought homelessness to the front-door of many people in the Tri-Cities. For many, homelessness was a problem faced by other areas, such as the Downtown Eastside. To recognize homelessness in their midst challenged views of neighbourhoods where everyone was assumed to have shelter. The Harm Reduction Room was equally challenging. The Room demonstrated that addictions, and specifically the injection of illegal drugs, could be supervised in a health care setting. This sought to significantly re-map the approach to drug addiction in the city – to move addicts away from alleyways and the police and towards the health care system.

These examples suggest two important ways that place-making works to arrange and re-arrange the relationships between places, people and activities. The first is naming. Tuan (1991, p. 688) defines the naming of places as "the creative power to call something into being, to render the invisible visible, to impart a certain character to things". Naming plays an important role in capturing attention, bringing a place and an issue to the fore, such as with Ground Zero and homelessness. It can also be an important part in facilitating the creation of an identity. The name "Mole Hill" provided a focal point for the tenants and enabled a diverse range of supporters to participate. Not only does naming locate a place in a geographical setting, it can show how this place is different from others. The name can be used to describe the activity in a way controlled by its creators, such as the Harm Reduction Room.

A second way place-making work can act as mapping is through scaling. By scaling I mean the enlarging or diminishing of some aspects of the arrangements of places, people and activities. Scaling can bring some things into sharp focus and blur or exclude others. For example, the place-making around the Harm Reduction Room involved "panning in", focusing on a room encased in a health care facility situated in a residential community. In contrast, the place-making around Housing First involved "panning out" away from single sites, such as temporary or permanent shelters, to show the possibility of housing the homeless across the Tri-Cities in private rental suites. Place-making does more, however, than bring things closer or move them away. Place-making can disrupt scales – mess with the dynamics of existing arrangements by altering the importance of some places over others irrespective of their geographical or functional characteristics. A single room in a building is used as an example to seek to change a city's and a nation's approach to drug policy and a small neighbourhood becomes a focal point for affordable

housing and the preservation of heritage homes for a city. The effect is more than to change the boundaries around existing arrangements; it presents a new map, a new template for thinking about places, people and activities.

An implication for those interested in transformative social innovation is that place-making can act to arrange and re-arrange places, people and activities in ways that change how social problems and novel solutions are understood. This has significance for the study and practice of social innovation. Further study is needed into how place-making as mapping might confirm or disrupt existing ways of thinking about social problems. In particular, researchers might explore such place-making in relation to different types of problems and solutions and whether different types of place-making (creating, maintaining and disrupting) have different mapping effects. Such research may necessitate a variety of research methods that include visual approaches, such as inviting participants to engage in map drawing in order to explore the arrangements between places, people and activities in a community. For practitioners, the idea that organizing social innovation can directly influence the context in which they are situated is unlikely to be surprising. What these findings suggest is that place-making may be a powerful way to connect with and potentially redraw the physical and cognitive maps of a community.

Place-Making as Engaging

Place-making could be seen as a means to an end for social innovation. Once a place is "ready" - a site located, resources assembled, and the values and meanings articulated - the social innovation can be implemented. Place-making from this perspective has a primarily preparatory role – making the way for something more important to come. The examples, however, indicate that the process of place-making itself can have transformative effects. Place-making can act to engage people in social problems and their solutions and can lead to intense interest and passionate responses. The examples suggest that this engagement can happen before a social innovation is "officially launched". Place-making that engages individuals in social problems does not, however, necessarily mean that attitudes to the social problem change. While the cases provide examples of individuals significantly shifting their views towards social problems, they also highlight how place-making can engage people in ways that reinforce existing ways of thinking. What the examples do suggest is that the work to maintain places can be especially engaging and lead to the development of new solutions. The implication for those interested in transformative social innovation is to recognize the power of place-making to engage people in social problems and their solutions and find ways to leverage the work invested in maintaining places.

Across the examples, place-making acts to engage people in social problems and their solutions. The place-making around Mole Hill mobilized tenants to advocate for affordable housing; the naming of an area, Ground Zero, shocked agencies to respond to homelessness in the Tri-Cities; the preparation of churches to run the Mat Program introduced volunteers to some of the challenges of street life; and in the operation of the Dr. Peter Centre, nurses were exposed to the need of drug users for a safe place to inject. In each case place-making seemed to provoke reactions by individuals and groups which were sometimes transformative. For example, some volunteers on the Mat Program, faced with the needs of individuals who had up until that point been largely invisible, altered their attitudes and beliefs towards homelessness, addiction and mental illness. Place-making that engages individuals does not, however, necessarily lead to change. For example, the place-making efforts of those opposed to the Mat Program tended to reinforce and intensify the views of some that dealing with homelessness would present significant risks to their neighbourhood. Even individuals working in the same place can have different reactions. For example, while some staff at the Dr. Peter Centre were able to adapt to the idea of a Harm Reduction Room, others found it so incompatible to their values that they felt they had to leave the organization.

These examples also highlight the potentially transformative impacts of place-making that is aimed at keeping places the same. This may be counter-intuitive. Unlike creating solutions, maintenance work can be perceived as predictable, repetitive, automatic, the antithesis to creativity, and a barrier to innovation. These examples show that maintenance work can provide opportunities for people to engage in the social problem in ways that can be transformative. People maintain places that they believe to be important and connections to this work introduce new sets of ideas and practices in several ways. First, place-making to maintain places enabled some people to gain the space to experiment. For example, the locating of the Dr. Peter Centre on the St. Paul's campus maintained important connections with the institution of health care and provided the Centre with the stability and legitimacy to develop a new model of care. Second, place-making to maintain places meant that some individuals were regularly exposed to the social innovation in ways that had transformative effects on these "maintenance workers". For example, in maintaining the church, the volunteers in the Mat Program had to recreate the program every day by setting up and clearing it away. While the program design remained the same, this daily interaction meant that the "logics" of the social innovation were constantly revisited and, for some individuals, this led to reflection and attitude change. Third, place-making work to maintain places resulted in new solutions emerging out of routine everyday interactions. For example, as the staff at the Dr. Peter Centre developed relationships over time with the participants and

residents, they identified the need for a Harm Reduction Room. It was an organic consequence to maintaining a Centre that sought to provide holistic care.

The examples suggest that certain characteristics of a social innovation can present different maintenance challenges and these present different engagement opportunities. Novel solutions can differ in terms of whether they are designed to be provisionally or permanently located in a place, whether they require regular rebuilding or incremental maintenance, and the extent to which they connect to the core activities of a place. For example, the Mat Program was established as a provisional solution that required recreation every night and was just one activity of many undertaken in each church. In contrast, the Dr. Peter Centre was designed as a permanent solution where core elements were fixed but open to adaptation and where the place and the social innovation were inseparable. This presents quite different maintenance challenges and engagement opportunities. For the Mat Program, the maintenance work challenge was handling the innovation's ephemerality and the need to mobilize a large number of volunteers to set up and dismantle it every day. In contrast, the maintenance challenge of the Dr. Peter Centre arose out of its permanence and the cumulative effects of staff interactions with the Centre's users which led to adaptations to programs and facilities. And yet, significant opportunities came from such maintenance work. The provisional nature of the Mat Program seemed to make it accessible to large numbers of people in the community to "pitch in" and, by doing so, they became exposed to the social problem in a very immediate way. The recreating of the program meant that there were new opportunities to participate every day. This was assisted by the technical simplicity of the program: There were few barriers to participation as volunteers were given very clear, pre-set instructions and could draw on their existing skills such as cooking, cleaning, making coffee, or talking to strangers. The work to maintain permanent innovations such as the Dr. Peter Centre also generated engagement opportunities. The Harm Reduction Room emerged out of routine interactions between users and staff. This form of engagement involved relationships that were developed over a long period of time.

An implication for those interested in transformative social innovation is to recognize the power of place-making to engage people in social problems and their solutions and, in particular, the engagement opportunities that can come from maintaining places. This has significance for the study and practice of social innovation. For researchers it might involve re-thinking ways to assess the transformative impact of a social innovation. In particular, it may require altering the "starting point" for studying transformative social innovation as the most significant shifts in ways of thinking and behaving may occur in the place-making that occurs before the social innovation is even "rolled out". This research suggests that there is need for studies into how

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social innovations are maintained as this maintenance work may shape the development of new solutions. The majority of examples of social innovation cover the story of their creation but not the subsequent challenges and opportunities that come from maintaining them. My research especially points to the importance of studying the work to maintain places and its relationship to social innovation, work that may be evident at all stages of an innovation, from its conception to its implementation and any subsequent diffusion.

For practitioners, the idea that a participative process matters to transformation will not come as a surprise. Habitat for Humanity, for example, has long recognized that providing housing, often overseas, impacts both the new owner and the builders. The act of participating in a group to physically build a house can transform attitudes, for example, towards poverty. A focus on place-making might, however, provide a way to further explore and value this work. This research suggests that engagement can not only come from creating places but also maintaining them. Maintenance work can provide opportunities for people to engage in the social problem in ways that can be transformative. This might mean rethinking the need for a dedicated site for a solution and highlighting the value of connecting to existing places. In other words, to engage people in social problems might be found in places they maintain much closer to home.

Place-Making as Connecting

One of the challenges for social innovators seeking to transform the way people think and behave towards a social problem is how to connect to people who think and behave very differently to themselves. Without these connections social innovators may just "preach to the converted" and, even if innovations are diffused, they may still have minimal impact on established attitudes and behaviour towards a social problem. These examples show that place-making can act to make connections between people with diverse interests. Place-making can act to stimulate relationships between individuals and this can lead to collective action. These connections do not mean, however, that attitudes and behaviours to social problems necessarily change. What these examples suggest is that the connections made through place-making may depend on how much place-making work makes collaboration essential. For those interested in effecting transformative social innovation, the implication is that place-making can be used to create situations of interdependency where diverse individuals connect in substantive ways.

Across the examples place-making can act to connect diverse people to respond to a social problem and its solutions. For example, the place-making around Mole Hill involved tenants working with over 30 different organizations, the Mat Program involved hundreds of supporters and volunteers from across the Tri-Cities, and the Dr. Peter Centre involved

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representatives from many agencies in its design and implementation. The examples reveal many different ways in which these connections were made. The place-making around Ground Zero and Housing First sought to directly encourage people to participate. In the example of Ground Zero a generic call to deal with an emergency in the community prompted agencies to engage. In contrast, the team established to implement a Housing First solution was specifically invited by the Mayor. The place-making connections made by the Tri-Cities' churches and the Dr. Peter Centre at St. Paul's hospital were slightly different. Organizers of the Mat Program were able to connect to the people that already congregated in the churches. The Dr. Peter Centre's connection to St. Paul's was less integrated but no less significant. Those who could easily identify with St. Paul's could be introduced to the Centre by association. The place-making around the Harm Reduction Room showed that connections can be made by engaging external organizations and being seen as an example to many in a much broader network. Finally, the place-making around Mole Hill revealed how connections between diverse people can be created by identifying with a shared problem. Not only did the Mole Hill tenants find themselves connected by the prospect of eviction, they also found that other members of the community viewed Mole Hill as indicative of broader changes that they opposed (see Table 7 for examples of place-making as connecting).

Table 7: Place-Making – Ways to Connect

Place-Making: Ways to Connect	Place-Making Example
Calling an emergency.	Ground Zero – Thiessen's depiction of homelessness provoked action, particularly from statutory agencies.
Identifying a shared problem.	Mole Hill – the tenants shared the problem of eviction and tapped into a fear in the wider community.
Accessing congregating/ gathering places.	Churches that housed the Mat Program – accessed and engaged a large number of people.
Using neutral/legitimate places.	St. Paul's Hospital housed the Dr. Peter Centre – provided a legitimate and safe place to establish and experiment with new ideas.
Engaging the support of external organizations/ networks.	Harm Reduction Room – Dr. Peter Centre asked a provincial Nursing College to engage with the issue of supervised injection services and the position of the College provided crucial support and the potential to engage their nursing network.
Inviting a new group of people to participate.	Housing First – Mayor invited a new group of people to participate in finding solutions to homelessness.

Once connected, individuals could become part of a common project. For example, the place-making around Mole Hill led to the mobilization of diverse and previously unconnected individuals into a group committed to action.

> I knocked on every door asking them [the residents] to sign a petition and get a profile of who lived there. I was getting to know the people and community. There were lots of stories…some were afraid that to sign the petition would enable the council to evict them…especially the seniors. The city held public meetings and we were uncertain about what people would say. I was terrified. In the end we would often end up in tears – the passion of the speakers speaking in support – and we would immediately recruit them![302]

Place-making can, however, create connections that lead to collective action to oppose social innovation. In the case of the Mat Program, the place-making work to resist the locating of the program in residential areas brought together residents from across the Tri-Cities. These individuals came from a variety of different backgrounds and were united in their commitment to defeat the proposed solution.

> Well, first of all, we had to get together with a group of people. Man, we had some of those negative-minded – hopeless buggers, who didn't see the larger context at all. But then again, it's the old business of people who generalize as to what it is that's good for the community. But when it's right on your front door [knocks on table], then it changes the perspective. The first thing with the first group is we were going to stop it [The Mat Program]. Bugger off. We had 800+ members – people who signed and said, "OK, I want to be a member," and paid five bucks. That scared the politicians, because we said to people like Maxine Wilson, who's the Mayor, "You only won by 500 votes last year, last time."[303]

These examples suggest that the connections made through place-making may depend on how much this work highlights interdependencies: the extent to which individuals are reliant on each other's contributions. Substantive connections seem to depend on situations where collaboration is not just nice but essential. Participants are recognized for the value of their contributions but they are also reliant on the participation of others. The examples provide some ways this might be achieved in relation to social innovation. First, place-making can create awareness of interdependencies. In the naming of Ground Zero, the social problem was presented

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[302] Interviewee.
[303] Interviewee.

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as a community problem, beyond the ability of a single agency to solve, where everyone was potentially included and needed. The effect was to connect different organizations and individuals to work on solutions that required their collective skills and networks. Second, place-making can facilitate interdependencies. To run the Mat Program required many individuals with a diverse range of skills that needed to be combined for the solution to be implemented. The effect was to build teams that connected internally and made connections to those they served. Third, place-making can extend interdependencies. To operate the Harm Reduction Room involved the support of a nurses' regulatory body, outside of the Centre. The effect of their support was to bind the two organizations together and create the possibility for this solution to be shared across the wider nursing network.

For those interested in effecting transformative social innovation, the implication is that place-making can be used to create situations of interdependency where diverse individuals can connect in substantive ways. This has significance for the study and practice of social innovation. There is a need for further studies to explore the role of place-making in connecting people with very different views in different contexts and whether certain types of place-making and places enable or constrain this work. In particular, further research is needed into the relationship between interdependency and transformative connections. Researchers might explore whether certain dependencies are more or less conducive to connection. For practitioners, the implication is that one way to engage with people who hold very different views is to use place-making to create connections. These examples offer six possible ways and there are likely to be many others. A key point, however, is that place-making has the potential to do more than just connect people – it can also mix them. Through place-making individuals may come to rely on others and this can expose them to different ways of thinking. Inviting people to engage in the place-making around a solution may prove to be a very tangible and accessible way to involve different people that create bridges between different groups and binds them together.

Summary

In this chapter, I used the two cases to explore the question of the role of place-making in transformative social innovation. I presented three sets of examples that explored the work to create new places, use existing ones and disrupt others. This showed how place-making had foundational, enabling and extending roles for social innovation. I then identified three ways place-making might shape social innovation.

1. **Place-making as mapping** - the arranging of places, people and activities in relationship to one another that can shape how social problems and their solutions are understood. I

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argued that place-making can act to rearrange the relationships between places and people. This is important to social innovation because place-making as mapping can increase the visibility of social problems and their solutions and any repositioning of places, people and activities may lead to a significant shift in ways of thinking about those social problems. I highlighted the importance of two types of mapping work: naming and scaling. The implication for those interested in transformative social innovation is that place-making can act to arrange and re-arrange places, people and activities in ways that change how social problems and novel solutions are understood.

2. **Place-making as engaging** - through their participation in place-making individuals can engage with social problems and their solutions in new and substantive ways. The examples I presented show this engagement can happen before a social innovation is "officially launched". I argued that the work to maintain places can be especially engaging and lead to the development of new solutions. The implication for those interested in transformative social innovation is to recognize the power of place-making to engage people in social problems and their solutions and find ways to leverage the work invested in maintaining places.

3. **Place-making as connecting** - place-making can act to connect diverse people who can then collectively respond to a social problem and its solutions. Place-making can act to stimulate relationships between individuals and this can lead to collective action. I argued that the connections made through place-making may depend on how much place-making work makes collaboration essential. For those interested in effecting transformative social innovation, the implication is that place-making can be used to create situations of interdependency where diverse individuals connect in substantive ways.

CHAPTER 9: DISCUSSION

This dissertation was motivated by an interest in examining the relationship between social innovation and transformation. Its focus is on what I term "transformative social innovation": novel solutions that involve a significant shift in the way a social problem is understood and managed in a given community. To accomplish this, I used an institutional lens and grounded it by focusing on the role of places and place-making in transformative social innovation. I explored the role of places and place-making in social innovations for those perceived as "hard-to-house": individuals with complex health and social needs who have difficulty in maintaining stable housing and risk becoming or are homeless and are often stigmatized and misunderstood by the wider community. I chose two social innovations in Metro Vancouver – the Tri-Cities Mat Program and the Dr. Peter Centre. I first examined the role of places and identified three ways places shaped these innovations: places acted as mediators, containers and portals. I then explored the role of place-making: the work of individuals to change places as well as keep them the same. I presented three ways place-making shaped these social innovations – place-making acted to map, engage and connect.

In this chapter, I take these findings and consider their wider implications. I first return to the institutional lens to consider whether these findings have implications for how we understand institutions and institutional work. I then return to the core relationship that motivated this exploration and consider how the findings might contribute to several underexplored areas in the social innovation literature.

Returning to the Lens: Institutions and Institutional Work

In Chapter 2 I outlined my reasons for choosing an institutional lens to explore transformative social innovation. An institutional lens, I argued, provides a way to explore the structures and processes that affect how people talk about and act towards a social problem, the persistence of these attitudes and behaviours, and what would need to change for a significant shift to occur. My approach was to recognize the power of institutions to shape social interactions and the role of agency in shaping institutional arrangements. I drew particularly on an emerging stream of institutional studies, "institutional work", that highlights the intelligent and purposive efforts of individuals to create, maintain and disrupt established rules, practices and beliefs. Based on my review of research on institutions and institutional work, I posed the question: *How do institutions and institutional work affect the process of transformative social innovation?*

Addressing this question presented me with a practical problem. An institutional lens has the potential to open up a whole spectrum of issues that might play a crucial role in

transformative social innovation. To harness the explanatory and exploratory power of the institutional perspective therefore required a narrowing of focus. My approach was to focus on places and place-making. Places and place-making were interesting because they seemed intuitively important to social innovation but have not been adequately explored in either institutional studies or the social innovation literatures.

In this section, I explore whether the findings that stemmed from my focus on place and place-making have implications for how we understand institutions and institutional work. My approach is a simple one. I take the six main findings from place and place-making (see Table 8 for a summary of the findings) and explore their broader implications for either institutions or institutional work.

Table 8: Findings: A Summary

Place & Place-Making Findings	Summary
Places as mediators	Places can act as **mediators** that shape understanding of social problems and novel solutions.
Places as containers	Places can act as **containers** that establish and maintain boundaries around a social problem and its solution.
Places as portals	Places can act as **portals** that introduce individuals to new institutional realms - exposing them to sets of practices and meanings that can challenge existing ways of thinking about a social problem.
Place-making as mapping	Place-making as **mapping** - the arranging of places, people and activities in relationship to one another that can shape how social problems and their solutions are understood.
Place-making as engaging	Place-making as **engaging** – through place-making individuals can engage with social problems and their solutions in new and substantive ways.
Place-making as connecting	Place-making as **connecting** – place-making can act to connect diverse people who can then collectively respond to a social problem and its solutions.

Institutions as Mediators, Containers & Portals

My study focused on the role of places in social innovation. I found that places acted as mediators, containers and portals. Considering the connections that places have to institutions, my findings have the potential to provide insights into institutional dynamics. In this section I examine how places as mediators, containers and portals might inform institutional studies.

I found that places can act as mediators - linking or bridging sets of ideas through which people come to understand social problems and the novel solutions proposed to address these problems. The idea of institutions acting in a mediating role seems consistent with institutional accounts. At the broadest level, it is through institutions that people understand and interact with their worlds (Berger & Luckmann, 1967; Jepperson, 1991). Institutions such as the capitalist market, bureaucratic state, democracy, family and religion can mediate our understandings of everyday life (Friedland & Alford, 1991). Institutional studies have identified how institutionalized ideas, roles and even stories can mediate practice. Examples include: how a change from an editorial to a market logic in the higher education publishing industry mediated approaches to executive succession (Thornton & Ocasio, 1999); how professional associations establish standards and behaviours that mediate how new ideas are understood and diffused (Greenwood et al., 2002); and how societal level narratives mediate how individuals make sense of their lives and identities (Zilber, 2009). Where my study might add to the notion of institutions as mediators relates to the finding that the places the individuals repeatedly engaged with activated certain institutions, which I referred to as "proximal institutions". I argued that proximal institutions play central roles in how people understand their world and how they understand other less frequently activated, less intimately understood institutions. The idea that some institutions are proximal and some distal in social life may help to explain how institutions become selected and are prioritized by individuals in ways that avoid the accounts that make the selection process overly intentional. It might also provide a way to explore the relationships between institutions and their effects on each other. This may avoid treating all institutions as having equal weighting and provide a way to extend discussions about their interplay beyond ideas of competition and contradiction (e.g., Hargrave & Van de Ven, 2009; Seo & Creed, 2002). One implication for the study of institutions is the need to explore the geography of everyday life in order to recognize the role that this can play in people's lives.

I found that places can also act as containers - establishing and maintaining boundaries around a social problem and its solution. These discursive and material boundaries can connect and isolate different ideas and people. The idea of containment taps into many characteristics of institutions in the literature. Institutions are seen to contain resources for action as well as contain

actions – their boundaries acting to enable and constrain movement. The literature highlights the power of institutions to impose costs on non-compliance through regulative, normative and cognitive enforcement mechanisms (Jepperson, 1991; Lawrence, Winn & Jennings, 2001; Scott, 2001) and the power of individuals and organizations to resist institutional control (Fox-Wolfgramm et al., 1998; Lawrence, 2008; Oliver, 1991). The metaphor "containers" potentially provides a way to explore and weigh up the rewards and costs of institutions and the choices that can come from institutional constraints (Ingram & Clay, 2000). My study raised the role of places to facilitate the temporary containment of individuals and organizations in ways that can lead to institutional disruption and change. I found that places that provided a temporary period of containment exposed individuals to different ways of thinking in ways that could challenge their established beliefs and practices. This raises questions as to the types of institutions that might be able to play this role and it adds to existing studies that recognize the importance of temporary institutional arrangements. Examples include: inter-organizational collaborations that can lead to the creation of "proto-institutions" – new practices that have the potential to be become fully-fledged institutions (Lawrence, Hardy & Phillips, 2002); the creation of provisional institutions, working but not necessarily "ideal" arrangements that accommodate diverse actors and interests (Martí & Mair, 2009); or specific events, such as conferences, where heterogeneous interests can temporarily combine to create institutional innovation (Garud, 2007). My study suggests that institutions in themselves can be a focal point for diverse interests to combine and suggests the need for further exploration into the dynamics that enable institutions to operate as "big tents", accommodating people with different sets of practices and beliefs, and the role that time might play in enabling and constraining that process.

Finally, I found that places can act as portals that introduce individuals to new institutional realms. When people enter a physical place they can be exposed to different ways of thinking and behaving. The experience of novel and unfamiliar sets of practices and meanings can transform how social problems are understood. The idea that experiences can expose individuals to different ways of thinking than expected is implicit in institutional accounts and to some extent their raison d'être. Institutional studies of organizations emerged as an explanation of non-rational organizational behaviour (e.g., Selznick, 1949) to show how ways of working are influenced by exposure to established beliefs and practices in that setting. Alongside this idea is the view that there are shared templates that guide thought and action that transcend the specific setting. That people draw on established categories to make sense of their worlds is well established in institutional studies (e.g., Scott, 2008) and categories are linked to creating institutions (e.g., Greenwood et al., 2002), maintaining them (e.g., Fox-Wolfgramm et al., 1998), and disrupting

them (e.g., Clemens, 1993). The ordering role of categories is a crucial aspect of institutions shaping for example, identities, behaviours and access to resources in ways that benefit some and penalize others (Bowker & Star, 2000). What my study does, however, is to show how in places these ideas become connected and mix. In places, cultural categories of place and the unique experience of a place combine. If there is dissonance – a discrepancy between the category of place and the experience – then an opportunity is created to be transported into an unexpected world of new meanings and practices. This raises questions about the study of institutional change. The role of contradiction in sparking institutional change has been recognized (e.g., Seo & Creed, 2002) but less explored is the role that places might play in that process. More generally, places seem to highlight how objects can act as portals to institutional worlds. This might encourage further exploration of this transporting role of places and other objects.

Institutional Work as Mapping, Engaging & Connecting

The second focus of my study was the role of place-making in social innovation. I found that place-making acted to map, engage and connect people, places, ideas and activities. To discover what these findings might add to the emerging field of institutional work, I examine each role in turn and consider its relevance.

I found that place-making acts as mapping - arranging places, people and activities in relationship to one another. Place-making can act to rearrange the relationships between places and people. This can be through the creation of new places that, when "put on the map", require some repositioning of other places, people and activities. And when existing places are modified in some way, such as the introduction of new activities or people, maps may have to be altered. Although there is no direct category of mapping associated with institutional work, the idea of individuals working to position and reposition people, ideas and activities is implicit within institutional work studies. The idea of mapping extends beyond place and Lawrence and Suddaby (2006, p. 226) highlight the role of naming as a key activity to create "new concepts and practices so they might become a part of the cognitive map of the field". Where my study might be particularly helpful is in highlighting the importance of scaling in mapping work. Scaling involves enlarging or diminishing some aspects of the arrangements of places, people and activities that brings some things into sharp focus and blurs or excludes others. Scaling might be an activity that crosses institutional work categories – creation, maintenance and disruption – and may enable actors to work on different institutional levels (macro and micro, organizational and field). Scaling may help to take an idea from one level to another in ways that ensure that the idea retains a central position.

I also found that place-making acts to engage people in social problems and their solutions and, in some cases, leads to intense interest and passionate responses. In particular, the work to maintain places can be especially engaging and lead to the development of new solutions. These are ideas that are central to institutional work. A foundational aspect of this emerging field is the recognition that individuals intentionally engage with institutions and there is considerable effort involved in this work – "to cope with, keep up with, shore up, tear down, tinker with, transform, or create anew the institutional structures within which they live, work, and play" (Lawrence, Suddaby & Leca, 2011, p. 53). Equally recognized is the importance of institutional maintenance work - to the extent that it is identified as one of the three main categories of institutional work (Lawrence & Suddaby, 2006). What my study highlights is how institutional work in itself can be engaging and can impact individuals in very personal ways, not only to create new institutions but also to maintain them. The findings highlight the importance for institutional studies to not only record institutional work strategies but also the effects of implementing these strategies on individuals: the experience of institutional work. One way to explore this might be to focus on the role of the body in institutional work. For the most part the literature on institutions in organizations presents agency as bodiless. Accounts of institutional entrepreneurs, for example, can present these individuals as able to travel across organizational domains in ways that rarely, if ever, acknowledge how this work might be shaped by, and have impacts on, their bodies. A focus on bodies may also open up a wider set of issues. A focus on "body work" could explore the role of bodies in enabling and constraining institutional creation, maintenance and disruption.

Finally, I found that place-making can act to make connections between people with diverse interests. Place-making can stimulate relationships between individuals and this can lead to collective action. This is relevant to the emerging field of institutional work where a central interest is the role of "distributed agency" – institutional work is "something often accomplished through the coordinated and uncoordinated efforts of a potentially large number of actors" (Lawrence et al., 2011, p. 55). A challenge is to understand how individuals with different interests might combine to work on a common project. Studies have identified a number of potential ways. For example, Zietsma and Lawrence (2010) highlight the importance of "boundary work" to make connections between diverse groups, in this case environmental activists and forestry companies, and the importance to keep this work hidden at times. While the British Columbian Forestry Industry investigated ways to change its established practices, it needed to create "secret" and "safe" spaces in order to protect "experimental projects from institutional discipline" (Zietsma & Lawrence, 2010, p. 211). Martí and Mair (2009) point to the

importance of bridging or provisional institutional arrangements that simultaneously support existing institutions but allow for some change. The Village Poverty Reduction Committees in Bangladesh recognized the role of village elites and in doing so ensured a secure environment for women to receive and retain assets – such as poultry and seeds – and gain access to markets. My findings from a focus on place-making highlight how interdependency between individuals can make collaboration essential. The importance of interdependency has started to be explored in institutional work studies. Hargrave and Van de Ven (2009) argue that effective institutional actors who seek to challenge institutional arrangements recognize how their strategies and that of the "incumbents" are interdependent. And more broadly, studies have identified interdependencies between the three main types of work – institutional creation, maintenance and disruption – so that the work to create a new institution, for example, may also simultaneously require work to maintain others (Jarzabkowski, Matthiesen & Van de Ven, 2009; Zietsma & McKnight, 2009). My study suggests the importance of further exploration into interdependency to explore its potential roles, such as to motivate and frustrate institutional work.

Summary

In this section, I explored the relevance of my findings on places and place-making for institutional studies. I took each finding in turn and assessed how they connected with the existing literature and considered what they might add to existing conversations. I argued that these findings were not likely to surprise institutional scholars. The ideas of mediation, containment and portals connect to established concepts in institutional theory. Equally the ideas of mapping, engaging and connecting are implicit within the emerging field of studies into institutional work. But, having suggested their "institutional pedigree", I outlined how these findings from places and place-making raise new questions and insights into institutional life. For institutional studies more generally I suggested that ideas such as proximal and distal institutions and institutions as temporary containers might open fresh avenues of enquiry. For the study of institutional work I highlighted: a strategy – scaling; a way to explore effects – the experience of institutions by focusing on the body; and an institutional work dynamic - interdependency.

Returning to the Core Relationship: Novel Solutions & Social Problems

I now return to Chapter 1 and the core relationship that motivates this study. At the outset of this study I stated my intent to focus on the relationship between social innovation and transformation. Having examined the emerging literature on social innovation, I identified the need for a study that:

a) explores solutions aimed at tackling complex social problems where there are often significant disagreements over the causes and effects of a social problem and how it might be resolved;

b) investigates how social innovations are organized "on the ground" - the micro-processes of social innovation and the "seeds" of transformation at a local level;

c) explores solutions that appeared to lead to a "re-evaluation" of a social problem in ways that transformed how a social problem is understood and tackled.

I identified a core relationship on which to focus - the relationship between a novel solution and existing ways of thinking about a social problem - to understand how significant shifts in ways of thinking about social problems might occur.

In this section, I consider how my findings on the role of places and place-making in the social innovations of the Mat Program and the Dr. Peter Centre might inform this core relationship. I do this by focusing on the three "needs" I identified in the literature – to explore contested social problems, to investigate "on the ground" organizing of solutions, and to explore solutions that lead to re-evaluations of a social problem. To each I apply findings from places and place-making that I perceive as the most useful and relevant to generate insights.

Contested Social Problems

The first aim of my study was to examine sites of social innovation around which there was considerable contest or conflict. Although a focus on social problems has become a shared point of departure for the emerging field of social innovation (Phills et al., 2008), there has been relatively little interest in solutions focused on social problems that are controversial or contested, such that there is considerable disagreement over how to resolve them. To explore that gap I chose to examine solutions for the hard-to-house – a domain in which proposed solutions, such as a new facility or service, often face considerable resistance from neighbourhoods in which they are to be located (Takahashi, 1998; Wolch & Dear, 1993). These solutions often evoke fears of living near or coming into contact with people with mental illnesses, HIV/AIDS, or substance abuse problems (Dear, 1992; Galster et al., 2003; Takahashi & Dear, 1997).

My focus on places served to highlight the processes through which social problems and solutions move from abstract ideas where disagreements have few consequences to tangible, visible, concrete issues in which significant consequences seem unavoidable. In the cases I studied, some places became focal points of contest. There was fear of both the social problem and potential solutions, and explicit conflict over proposed responses to the social problems, but there was also evidence of significant shifts in attitudes and behaviour. Three sets of findings seem particularly relevant to understanding how places and place-making can be involved in social innovation as a contested process – places as mediators, as containers and as portals.

First, I found that places can mediate how social problems are understood in ways that fuel and help to resolve conflict. This runs contrary to most accounts of social innovation in the literature where social problems are treated as independent and unfiltered. There are some notable exceptions. At one end of the spectrum is the idea that social problems are mediated by complex interconnected social systems (e.g., Westley, 2008) and at the other end is the mediating role of individuals who present and raise awareness of a social problem to the public (e.g., Goldsmith et al., 2010; Kinder, 2010; Pearson, 2007). My study sits somewhere in the middle of that spectrum and highlights the role of everyday places to profoundly shape how social problems are understood. In doing so, I provide a way to understand how social problems become contested and controversial. I found that social problems, if relatively unknown, can be filtered and evaluated by more immediate and proximal institutions that are activated in everyday places. Conflict results when the social problem challenges these proximal institutions. But places can also mediate social problems in ways that diminish contest. I found that proximal institutions can facilitate the resolution of conflict by providing shared experiential foundations for discourse across potentially conflicting positions. For example, we all understand home, which helps us relate to one another and the "targets" of the innovation.

Second, I found that places can contain action in ways that isolate and engage people in contested social problems. Places can contain people and ideas through their material and discursive boundaries. This can act to isolate people and ideas, enable retreat, and encourage defence. The notion of places as sites of resistance is not really explored in the social innovation literature although resistance more generally is associated with restricting innovation (e.g., Murray et al., 2010). My study suggests that, while this can be the case, the containing role of places highlights how resistance can have transformative effects. Places as containers can provide a way to assemble diverse people and offer a forum for disagreements to be aired and evaluated. The intensity of this experience can be transformative.

Third, I found that places can introduce people to new ways of thinking about social problems even a contested one. Entering a physical place can introduce individuals to new practices and meanings that can have transformative effects. The idea that transformative experiences can occur in places is implicit in the literature. Physical places are associated with facilitating creativity, such as social incubators (Murray et al., 2010), and as part of innovative solutions, such as the Children's Village (Westley et al., 2006). This research makes this role of places to introduce individuals to new ways of thinking about social problems more explicit and suggests a key dynamic. Cultural categories of places may play an important role in getting individuals to enter a physical place. The experience of a physical place can then confirm or challenge the expectations associated with the category. This experience can lead to rethinking established ways of thinking. These findings suggest that using familiar places may be an important way to introduce individuals to contested social problems. Familiar places can act as bridges but they also amplify disruptive messages. Solutions that introduce unfamiliar sets of meanings and practices may be particularly unexpected and challenging when experienced at first hand in familiar settings.

Together, these findings are significant for the organization of social innovations for contested social problems. In summary, they offer three key insights:

1. rather than see places as the backdrop for action, places can play an integral role in shaping how social problems and their novel solutions are viewed and can provide the means to connect divergent perspectives;

2. instead of viewing conflict around social problems as inevitably destructive and to be avoided, places can facilitate engagement with contested social problems in ways that can be transformative;

3. introducing novel solutions in familiar places may engage people in reevaluating their ways of thinking about a contested social problem.

On The Ground: Sowing Seeds

The second aim of my study was to understand the micro-processes of social innovation and the "seeds" of transformation at the local level. A central theme in the emerging literature on social innovation is the idea of transformation (e.g., Cahill, 2010; Goldenberg, 2010; Goldsmith et al., 2010; Mumford, 2002; Westley et al., 2006), which has for the most part been associated with the diffusion or mass adoption of a single innovation. Studies of transformation through social innovation have largely been conducted at a national level exploring "successful" examples (e.g., Alvord, Brown & Letts, 2004; Heiskala & Hämäläinen, 2007). In contrast, in this study I

sought to explore novel solutions that emerged in response to local needs, involved considerable work by multiple individuals and organizations, and were ongoing. My interest in local, on-the-ground processes of social innovation was significantly facilitated by my focus on the concept of place, and in particular by my findings regarding the potential roles played by place-making in social innovation.

First, I found that place-making can act to engage people in solutions and social problems in very personal ways. The idea of specific individuals being "moved" to tackle social problems as the result of profound experience is well established in the literature (e.g., Bornstein, 2007). My findings, however, highlight how place-making can facilitate intense experiences for many people. Most significantly, these findings point to the importance of experiences that come from maintaining places. While the social innovation literature has examples of innovative ways to encourage participation (e.g., Murray et al., 2010), these findings highlight the value of recognizing the seemingly mundane acts of maintenance, the work on everyday places. Because these places really matter to the participants, this work can be very engaging and generate new solutions.

Second, I found that place-making can create connections between diverse people and ideas in a community and that this enables the introduction of social problems and solutions in new ways. The importance of connecting heterogeneous interests is a central idea in social innovation (e.g., Phills et al., 2008) as the impacts of social problems can extend across sectors (Goldsmith et al., 2010; Osborn, 2009). My study highlights how place-making can be used in a variety of ways to make connections between different groups of people and to mix them. Work on places can highlight interdependencies between individuals where collaboration is essential. Such place-making might be a way to reduce or minimize some of the challenges in cross-sector work, such as different individuals participating with unequal sets of resources (Goldsmith et al., 2010). Place-making may act to create a separate activity and identity where individuals can explore ideas that do not significantly rely on or emphasize their "home" organizational policies and identities. It may mean that individuals can explore new ideas in ways that reduce power imbalances.

Third, I found that place-making can act to rearrange local places, people and activities in relationship to one another in ways that shape how social problems and their solutions are understood. The effect of this mapping is to increase the local visibility of social problems and their solutions and any repositioning of places, people and activities can lead to a significant shift in a community's ways of thinking about those social problems. The term mapping is not used in the literature on social innovation but implicit in this literature is the idea that social innovation

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will often involve work to arrange and rearrange social arrangements (e.g., Le Ber & Branzei, 2010). I found two types of mapping work – naming and scaling – that were important to local efforts. This naming work went beyond the use of naming in the social innovation literature that is associated with solutions, their branding and diffusion (e.g., Mulgan, 2006). The on the ground use of naming places was to capture attention, bring an issue to the fore, and facilitate the creation of an identity to mobilize action towards the social problem and its solution. The work involved in scaling at the local level was also different to the idea of scaling in the literature that is almost exclusively linked to the work to replicate a single solution (e.g., Dees et al., 2002). On the ground scaling was used to bring some people, places and activities into sharp focus and blur or exclude others. Scaling could be seen to change the boundaries around existing arrangements in ways that enable and constrain ways of thinking about social problems and their solutions.

Together, these findings are significant to understand the micro-processes of social innovation and the "seeds" of transformation at the local level. In summary, they offer three key insights:

1. rather than focus exclusively on the creation of "special" places, people and solutions, the seeds of transformation can be found in the efforts of those who maintain places;

2. instead of assuming people will collaborate to solve social problems because it is the right thing to do, the seeds of transformation can be found in place-making work that highlights and creates interdependencies;

3. while solutions to social problems may attract significant attention, the seeds of transformation can be found in place-making work that rearranges the relationships between people, places and activities to create the conditions for these solutions to be accepted.

Solutions that Transform

The third aim of my study was to explore solutions that were transformative. My approach to transformation is to see this as solutions that lead to a significant shift in the way a social problem is understood and managed in a given community. In placing the emphasis on the social problem, my approach differs from accounts that start and end with the novel solution. Transformation in these accounts is considered evident when the solution is implemented or when the solution reaches a certain volume (e.g., Bacon et al., 2008). In addition, I sought to locate transformation in a particular social context, a community. A community focus provides a way to explore how a social problem is experienced in a defined geographical setting and how novel

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solutions might interact with these ways of thinking and behaving towards a social problem in ways that lead to significant change. I found evidence of such transformation in both my cases. The Mat Program not only changed the trajectory of the lives of many of its users, it also significantly shifted ways of thinking about homelessness for many residents in the Tri-Cities who participated in the program's creation, implementation and maintenance. I found that the Dr. Peter Diaries was associated with changing attitudes towards those living with HIV/AIDS and that this has continued through the Dr. Peter Centre – a Centre which attracts visitors from around the world to understand its philosophy of care that views the lives of some of the most marginalized in society as inherently valuable and provides them a home. I found that in both cases places and place-making played crucial roles in their transformative effects. These findings have some significant implications for existing approaches to transformation.

While there seems no shortage of interest in generating novel solutions to social problems, the problem is in finding solutions that transform (Evans & Clarke, 2011; Kania & Kramer, 2011). The prevailing approach in the literature is that this can be achieved through replication (Dees et al., 2004; Perrini et al., 2010). If replicated in multiple settings, the solution is said to have the potential to create "system-wide" change as more people are exposed to its effects (Dees et al., 2004). The difficulties of replication mean that solutions can be described as "orphan innovations", great ideas that fail to be shared (Evans & Clarke, 2011). On the surface, my findings appear to have very little to contribute. The Mat Program is not a radical innovation; it may be disruptive and new to the Tri-Cities, but there is no sense even amongst its creators that this solution should be shared with other communities or that it will solve the problem of homelessness. The Mat Program is a temporary and incremental solution – the type of solution that is said to "not have a fundamental impact on the broader social system that created the social problem" (Antadze & Westley, 2010, p. 343). Even the account of the Dr. Peter Centre, clearly one of the only facilities of its kind in Canada, confirms the difficulties of replication and it may be many years before new Centres are established. And yet, my findings on places and place-making have some insights to the relationship between novel solutions and transformation that suggest that the prevailing approach may need rethinking.

My findings collectively highlight how social innovations are interwoven with their local contexts. These solutions were rooted in places that shaped how they were understood and experienced and place-making acted to map, engage and connect individuals to the social problems in new ways. This supports existing research that identifies that the struggle to transplant innovation into new settings is in part because novel solutions can be so uniquely tied to the setting in which they were created, both in terms of the needs they are trying to meet and

the resources available (Bunt & Harris, 2010). This may be even more the case when tackling a complex problem where the results are uncertain, no single entity has the ability to deliver the change on its own, and where the solutions may require some significant changes in behaviour (Kania & Kramer, 2011). These findings, however, do not suggest that innovations in one context are so unique that they will always fail to be replicated. Instead, they show that a focus on the replicable characteristics of individual solutions may miss the truly transformative aspects of a social innovation. My study suggests that a social innovation may gain its transformative effects as much from the process to create, implement and maintain it than from its technical characteristics. It was the participatory aspects of setting up and running the Mat Program that proved transformative. It was the work to translate Dr. Peter's vision of "comfort care" into practice that made the Dr. Peter Centre significant. If these solutions were "boiled down" to their functional components – such as plastic mats and a building in the West End – they might appear easy to replicate but any attempt would likely fail if it neglected the processes that made these innovations transformative.

My findings are significant in presenting a different approach towards the relationship between a novel solution and transformation in thinking about a social problem. Rather than only seeing transformation as the result of replicated individual solutions, I found that transformation can occur even before the solution has been implemented. Much greater emphasis should therefore be placed on identifying and sharing the processes that underpin the solution. This may mean a shift away from the prevailing focus on the technical characteristics of a solution towards a greater interest in the social processes that surround and interact with each solution. This has some significant implications for how transformation might be measured. A focus on processes shifts attention away from individual solutions. Rather than count the number of replicated solutions, the emphasis instead will need to shift to other indicators such as a community's engagement and participation in finding solutions to a social problem. Transformation might be thought of more in terms of processes that generate more solutions, more recognition of the social problem, and more change in existing ways of thinking about a social problem. There may need to be changes to how social innovations are evaluated. If transformative social innovation leads to a significant shift in a community's ways of thinking about a social problem in a community, it may also lead to a re-evaluation of how social problems and their solutions are subsequently assessed. There is a likelihood that what was measured before and after are now incommensurable, or will at the least have different meaning in a changed context. In other words, to assess the impact of transformative social innovation might mean looking for changes in how success is measured - new ways of redefining what "better" is.

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Summary

In this section, I explored whether my findings on places and place-making would have any utility for the emerging field of social innovation and specifically the relationship between novel solutions and social problems. I returned to three issues I had identified as underexplored in my review of the social innovation literature. I first used my findings on places – places as mediators, containers and portals - to shed new light on social innovations concerned with contested social problems. I argued that places can play a number of key roles: places shape how social problems are understood in ways that fuel and reduce conflict; places can facilitate engagement with contested social problems in transformative ways; and places can act as portals that introduce individuals to new ways of thinking about social problems. I then used my findings on place-making – place-making as mapping, engaging and connecting – to inform our understanding of how social innovation is organized "on the ground". I argued that place-making reveals a number of key processes: the work to maintain places can be particularly engaging and transformative; the work on places where collaboration between diverse people is essential can lead to the exposure of individuals to new ideas; and the work to rearrange places, people and activities can create the conditions for new solutions to be accepted. Finally, I returned to the relationship between a novel solution and transformation. I outlined my approach to transformation and its evidence in the cases. Places and place-making were important elements in that process. I argued that my study presented a different view to the prevailing approach to transformation in the social innovation literature which generally considers transformation in terms of solution replication. I found that a social innovation may gain its transformative effects as much from the process to create, implement and maintain it than from its technical characteristics. I argued that the emphasis should be on a community's engagement with a social problem and participation in solutions. The transformative impact of a solution could be measured in terms of whether it generates more solutions, more recognition of the social problem, and more change in existing ways of thinking about the social problem.

Some Implications for Practitioners

In Chapters 7 and 8 I presented my findings and explored some of their direct implications for practitioners. In this section, I consider what my findings might mean more generally for those organizing social innovation. I start by considering what these findings might suggest to social innovators seeking to make their solutions to social problems more transformative. I then focus on the implications of these findings for those organizing solutions for the hard-to-house. I draw on Phills et al.'s (2008) definition of social innovation as my organizing framework.

Making Solutions more Transformative

The cases have a number of potential insights for practitioners. At a minimum the two cases should be an encouragement to those dealing with complex and contested social problems. They show how diverse groups of people can come together to tackle difficult social issues – issues that were subject to considerable stigma. These accounts show courage and persistence – the work of individuals to consistently engage in a dialogue with people who opposed their plans. They show that even temporary solutions can have transformative effects and shift established ways of thinking about a social problem. In this section, I consider what the cases and my findings might suggest to those seeking to make their solutions more transformative. I consider the implications in terms of how they might approach social problems and novel solutions, and how to organize social innovation and assess its impact. I present this as a series of bullet-points in an attempt to make it more accessible.

1. **To design solutions that are more transformative may require approaching social problems in new ways.**

   - Social problems are often presented as self-evident or objective but we know that social problems are understood in different ways by different people – for example, some view a social problem as a consequence of individual choice and others as a result of systemic failures.

   - These findings suggest that the way people can understand a social problem may be filtered through institutions – established ways of thinking and behaving that may have nothing directly to do with the social problem.

   - The fact that most people do not have the same level of immersion in a social problem will be of no surprise to most practitioners. But the implication is that there is a need to identify and recognize how social problems are filtered. Awareness and education

campaigns that do not recognize these filters may fail to have impact. Places provide a way to identify these filters and engage with them.

- The findings suggest that practitioners could identify the familiar and everyday places in a community. Observing and engaging with the practices in these places may provide important clues into how social problems are understood.

- This cannot be done solely by desk work – it will require people comfortable with travelling the highways and byways – where listening, observing and participating in everyday activities may be crucial.

2. **To make solutions more transformative may require rethinking the design and implementation of novel solutions.**

- Many of the examples of social innovation emphasize new technologies – these findings show that transformation can come from what might be viewed as very basic technology, for example, mats in church halls. They should be an encouragement to those without access to sophisticated software skills!

- More importantly, these findings suggest that transformative effects can occur in the design and implementation of a novel solution – in other words, before a solution has been "officially launched". While there is a recognition that social innovation can be a process, generally it is the technical solution that plays the star role in most accounts. The implication for practitioners is that they may need to hold less tightly to the technical aspects of a solution and focus more energy on the process as this may be where the most significant transformations occur. This may help solutions to remain as a means to an end rather than becoming ends in themselves.

- The findings also suggest that solutions may be developed in unexpected places and through work not normally associated with creativity. The creation of new solutions is often associated with "special" places, activities and people – such as hubs, brainstorming and entrepreneurs. These cases point to new ideas coming from diverse people maintaining everyday places – places that are important to them. The work to maintain places requires considerable creativity and can be a source for generating new solutions. One strategy for practitioners could be to look for ways to interweave solutions into everyday places - familiar and immediate places in a community that people actively maintain. This may engage a new group of contributors and provide a bridge to a social problem that may be unfamiliar and controversial.

- Practitioners may also use places as ways to showcase solutions to social problems as well as sow seeds for the generation of more solutions/fresh expressions. Both cases

show how places are not just the settings for action; they are the means for individuals to experience new meanings and practices. Places represent learning opportunities.

- In these cases this represents more than providing outsiders with "tours" – it means encouraging some level of participation in the solution. However well a social issue is framed conceptually, the power of a physical experience cannot be underestimated. These experiences should not be viewed simply as the beneficial side-effects of a solution. If mined, they may refine the existing solution and be crucial for its translation into other contexts.

3. **To create solutions that are more transformative may need new approaches to organizing their implementation.**

- These cases show how diverse people, representing multiple organizations, can combine to work on solutions to social problems. While certain individuals played pivotal roles in each social innovation, this was a collective effort. Critical to both cases was a commitment to partnership and inclusion of different voices, while at the same time keeping a clear focus on seeking to make a substantial difference to the lives of those in most need. I saw evidence of phenomenal leadership skills in both cases – individuals able to manage the complexity of including very different people with diverse sets of skills, needs and motivations and refining and adjusting the overall plans as situations and personnel changed. Many people spoke of the integrity, humility and commitment of these leaders that had been demonstrated over many years.

- Places can play a crucial role in such inter-organizational collaboration. Places in these cases enabled diverse sets of people to assemble and engage with the issues. Practitioners need to find "safe" places – places to discuss difficult ideas without sanction as well as "neutral" places where different views can be expressed.

- Places can play a role in bringing resistance to a head – such as the City Hall for the Mat Program. The public hearing demonstrated a level of community engagement rarely seen in the Tri-Cities. The strength of the reaction to the solution mobilized many bystanders to take active roles. For practitioners dealing with contested social problems, the idea of provoking resistance may run against generally accepted practice and wisdom. It can be costly (financially and personally) to develop plans that are vigorously opposed and face the risk that they will be wrecked by a mobilized minority. But resistance to solutions may be crucial for people to articulate and reflect on their established ways of thinking about a social problem. This may not lead to change but in these cases some people, initially vigorously opposed, changed their views. For those seeking to develop solutions

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in and with communities, dealing with initial resistance to their plans may be a critical catalyst for long-term change.

- While it may be no consolation to most practitioners the resistance of people to solutions to contested social problems may be crucial for democracy more generally. Contested social innovation activates sets of rules, norms and practices that underpin the institution of democracy. This can revitalize an institution in settings where it is underused and connect citizens to the politicians elected to represent them.

- These cases also highlight the importance of municipal governments in social innovation. Municipalities seem to be expected to deal more than before with social policy such as generating and implementing responses to homelessness. The benefit of a municipal focus is that it provides a focal point – able to explore a social issue across agencies. The difficulty is that municipal politicians often have few resources to deal with, no authority to compel agencies to act, and the challenge of finding ways for solutions to work "on the ground" in ways that reconcile individual and collective interests. Municipal politics may prove to be at the cutting edge of social innovation in the future and a spawning ground for a new cadre of social innovators as they are placed in positions that can enable them to bring together people to tackle complex social problems and find solutions that actually work in their localities.

4. **To make solutions more transformative may mean rethinking impact and how it is measured.**

- These cases suggest that practitioners may need a diverse range of dials on their organizational "dashboards" to measure the impact of a social innovation. A focused gauge on a particular solution is important to measure its impact on its intended beneficiaries – e.g., the number of people who find housing through the Mat Program. But just measuring input and output activity on the solution alone can miss the impacts in its delivery. These too need to be captured as they may provide significant clues into its transformative effects that may be critical to capture if the solution is to be replicated elsewhere.

- I have proposed that transformation might be thought in terms of a significant shift in how a social problem is understood in a community. Measuring direct activity related to a solution is unlikely to measure such impact. To measure shifts in a community requires a wider angled lens. Practitioners need to be watching for evidence of more participation with the problem and the generation of new solutions. This might occur through measuring activism and civic participation. Attributing direct causation may be very

difficult but overall the emphasis is on exploring whether the solution is part of broader changes in community characteristics.

- Places and place-making may provide important clues to impact. Practitioners might be sensitive to changes in how places are understood, used and maintained after a social innovation has been introduced and whether new connections are made between the social problem and a community's everyday places and the institutions connected to these places.

Solutions for the Hard-to-House

To examine the processes of social innovation, this study has drawn on two cases of social innovation intended to address some of the needs of those perceived as hard-to-house. While this dissertation was not designed to assess the effectiveness of these solutions, I believe that the two cases and the findings have implications for those working to create solutions for the hard-to-house. In particular, they suggest four sets of implications: that addressing problems of the hard-to-house needs engaging with in new ways; that there is no uniform housing solution for the hard-to-house; that organizing solutions for the hard-to-house may need rethinking; that ways of measuring the impact of solutions for the hard-to-house may need reassessing.

1. **The social problem of the hard-to-house needs engaging with in new ways.**
   - The term "hard-to-house" can collapse social problems into a single label in ways that simplify the complexity of the issues involved and add another layer of prejudice. People with social and health needs now face the additional burden of having those needs associated with an inability to secure housing. For practitioners involved in finding local solutions, the labelling of their clients as hard-to-house portrays their clients' impact on a community in very negative terms and this can stoke local fears. But the social problem of the hard-to-house can highlight sets of issues that may be particularly important at a policy level.
   - First, it makes a connection to housing. This elevates the social problem above specific health and social needs to a universal and shared one – the human need for shelter. This may diminish some stigma. In this study there was evidence of how housing and the idea of home can act as a bridge for people to engage with unfamiliar issues and people in new ways.
   - Second, it connects health and social care to a context that highlights how housing is an important determinant of health. In this study there was evidence of how housing (even if

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for a few weeks) can provide the stability for individuals to connect to health and social services and benefit from them.

- Third, it encourages exploration into why securing housing is "hard", such as the inadequacy of housing supply and the problems of coordinating agencies who deal with different aspects of people's lives.

- As a result, engaging with the social problem of the hard-to-house can have significant long-term benefits for policy makers. Finding solutions for individuals who currently struggle to find housing highlights a set of issues that many governments are starting to face in the general population – increasingly citizens are living longer and existing ways of organizing care and support may not be able to meet their complex health and social needs effectively. A focus on finding creative solutions for people currently deemed as hard-to-house may offer crucial insights into how to deliver the much wider system change expected in the near future.

2. **There is no uniform housing solution for the hard-to-house.**

- The complexity of the health and social needs of the hard-to-house necessitates a wide range of solutions. There is likely to be considerable variance in types of housing models as well as the type of everyday support provided. Individuals may require different solutions at different times. This study explored very different solutions that highlight three important points.

- Solutions for the hard-to-house can be found without sophisticated or purpose-built facilities. The Mat Program showed that even temporary solutions can connect individuals to agencies that can work to find the housing and supports they need. When in rented space at St. Paul's Hospital, the Dr. Peter Centre demonstrated that it was possible to utilize and modify space designed for other purposes to deliver high quality care and foster a sense of home. In fact, these "less than ideal" settings proved to be important places to experiment and refine ideas about how best to serve complex needs as well as present opportunities to involve many different groups in adapting the settings to suit their new purpose.

- It is possible to meet the needs of those with very different health and social needs on a single site. Rather than individuals having to move between different settings to access health and social care, the Centre demonstrates the considerable benefits that can come from integrating services in a single location, such as improved participation in health care treatment (which benefits the individual and the healthcare system as it reduces usage on limited acute care resources). There are also tremendous social benefits. While

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individuals may gain access to the Centre because of their health status, this does not define them once in it. Individuals are known by name and encouraged to participate in activities (e.g., art, music, and a wide variety of other recreational activities) that can help them to express themselves and create new identities.

- Solutions for the hard-to-house require innovative combinations of housing and types of support (such as the supervised injection service at the Dr. Peter Centre and the Outreach Program working alongside the Mat Program). What these cases suggest is that solutions that encourage a diversity of participants to deliver support increase not only the points of contact for the hard-to-house but the solution's potential influence. A wide range of participants providing support can mean that a community has a number of "ambassadors" upholding the benefits of the solution and sharing their experiences in ways that can challenge stigma and prejudice. For practitioners this may mean designing solutions that require the input of more people than may be necessary for operational efficiency but could prove critical for extending the impact of the solution.

3. **Organizing solutions for the hard-to-house may need rethinking.**

- Solutions for the hard-to-house often involve rezoning and public consultation. For the plans to be approved can lead to a strategy that stresses how these solutions have minimal impact on a community. This might be through, for example, a building design where large lobbies and internal courtyards keep activities mainly hidden and/or by providing testimonials of other sites where the community has been unaware of the facility and users. This may be a pragmatic approach but it is arguably a negative one. There is no sense here that the impact of hard-to-house individuals could be positive to the community or that these individuals have something to add to the community beyond peaceful coexistence.

- A community's engagement with individuals with complex health and social needs has much to offer community members. It completely undermines any assumption that the community bears the costs (and risks) and the users gain the benefits. In these cases, local people spoke of transformative experiences that changed the way they approached the social problem and their view of their local community. The implication for practitioners is that not only is there a case for articulating the benefits for communities but that they should design solutions that encourage community participation. Solutions for the hard-to-house represent significant community-building opportunities where the benefits can extend beyond the individual facility.

- A key task is to engage in place-making work that maps the community and social problem in new ways. The two examples show the power of naming and scaling to redraw the boundaries around the social problem and a community's relationship to it. The implication for practitioners is that there may be considerable mapping work needed to create the conditions for solutions to be implemented. This type of work may take many years before it bears fruit but it could determine the impact of the solution and subsequent solutions. For example, the naming of a part of a city, Mole Hill, set in motion a particular set of values and a vision but it was many years before these became a physical reality in Mole Hill. Social innovators are often depicted by their speed to find solutions to social problems but this can overlook the importance of patience. Much may depend on the ability of social innovators to sow seeds, or recognize the ground work of others, and their willingness to wait sometimes many years before the conditions are right for their solutions to flourish.

4. **Different sets of ways of measuring solutions for the hard-to-house are possible.**

- The effectiveness of solutions can be measured at the individual level. Both the Mat Program and Dr. Peter Centre provide evidence of changes in health and life opportunities for those they serve. The stories of change are very powerful. This is not necessarily enough, however, to influence funders. These stories need to be translated into outcomes that fit the priorities of donors, and powerful arguments can be made of individuals receiving housing and supports simply by reducing costs on existing health and social systems. A focus on places might highlight how solutions have changed the way some places are used and accessed. This analysis could be enhanced by not only showing how solutions reduce costs but also how individuals contribute to/generate benefits. This is not an attempt to distill life to a set of economic indicators but to shift the emphasis. Also at the individual level is a need to capture the impact on those that participate in solutions – this might be in terms of a change in the understanding of social problems, modifications to professional practice, and the generation of service improvements and new initiatives. Practitioners somehow need to go beyond measuring activity and find ways to explore how their solutions can impact those who deliver them.

- Another set of measures focuses on community engagement. For example, to what extent has the solution changed attitudes in the community to individuals with complex health and social needs? These cases show that solutions can have profound community wide effects. From having no interest in homelessness a community can become more engaged, participate in existing solutions and generate new ones. This is not easy to

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assess and there are dangers of seeing simplistic cause and effect relationships as well as attributing activity as evidence of a community wide change. That said, unless attempts are made to explore the impact of the solution on its context then social innovators may miss an opportunity. It could be that a solution's impact on the community is negative and has unintentionally reinforced the social distance between a community and the hard-to-house. Equally, it could be that a solution is having a tremendous but unrecorded impact on a community and is contributing to a revitalized community identity evident in diverse participation in community activities. Practitioners may need to deploy an eclectic range of tools to assess these changes, such as surveys, focus groups and discourse analysis.

- The most challenging but perhaps most important set of measures assesses the impact of a solution on the systemic issues connected to the problem of the hard-to-house. For example, how much does the solution raise and challenge structural and systemic issues that can create difficulties in finding the necessary housing and supports for individuals? In other words, to what extent does the solution highlight the need for policy review and change? These cases show how solutions can spark sets of questions that have much broader implications such as approaches to mental health and addiction and housing affordability. Practitioners may assess the impact of a solution, for example, in terms of the types of questions that the solution generates and the level of participation of different agencies in engaging with the solution. The search for answers to these questions may result in social innovators making adjustments to the solution or lead to the creation of a new solution.

Summary

In this section, I explored what my findings might say to those organizing social innovation. I first considered what my findings might say to those seeking to make their solutions more transformative. Using the Phills et al. (2008) framework that I used in Chapter 1, I explored the implications in terms of how social innovators might approach social problems, novel solutions, organizing arrangements and how to measure the impact of a social innovation. I argued that my findings on places and place-making could require changes in: approaching social problems - considering how they may be filtered and those filters engaged with; designing and implementing novel solutions - recognizing that transformative effects can come during the process itself, and the value of maintenance work; organizing their implementation - the importance of resistance in the articulation of and engagement with existing ways of thinking about a social problem; and the measurement of social innovation - the need for a wider angled lens to measure community engagement in the social problem and participation in solutions. I then considered what my findings might say to those organizing solutions specifically for the hard-to-house. I argued that my findings on places and place-making could require changes in: how the social problem is understood - its utility as a label at the policy-making level to help generate solutions that cross organizational boundaries; how solutions are generated - the value of temporary solutions and the feasibility of integrating services on a single site; how solutions are organized - shifting the emphasis away from the costs to a community of engaging with individuals with complex social and health needs towards highlighting their contributions; and how solutions can be measured - recognizing and grappling with the impacts of solutions on individuals, communities and systems.

Conclusion

In the preceding sections I have explored some of the implications of my findings specifically in relation to transformative social innovation, and institutions and institutional work. In this final section I adopt a broader stance and consider how this thesis might more generally contribute to thinking and practice. I first examine each chapter in turn and identify possible contributions. I then consider how my thesis might inform future research on social innovation, institutional work, and places and place-making. I then temper these contributions by putting forward some of the limitations of this study. Finally, I conclude by returning to some of the foundational ideas that motivated this research.

Contributions

        I believe that this study has a number of contributions and that these can be found in each chapter. The first two chapters of my dissertation examined existing literature and I believe that my review of this literature makes four important contributions. First, I provide a framework in Chapter 1 to explore the emerging field of social innovation. By using Phills et al.'s (2008) definition of social innovation, I show how this can provide a means to collate and integrate literature from a variety of different sources and in doing so highlight areas in need of further study. Second, in Chapter 1 I specifically focus on the relationship between social innovation and transformation. For the most part this remains underexplored in the literature and my definition of transformative social innovation may encourage researchers and practitioners to articulate their own definitions and may invigorate further study and action. Third, in Chapter 2 I make a connection between institutions and places. In highlighting this relationship I encourage institutional scholars to recognize the role of places in shaping institutional arrangements, a role that has been largely overlooked. Gieryn's (2000) definition of places may be particularly helpful in exploring this relationship as it recognizes cognitive and material construction. A focus on places may provide a way to explore an under explored aspect of institutional theory - how material arrangements may shape institutions (e.g., Kallinikos, Hasselbladh & Lanzara, 2011). Fourth, in Chapter 2 I link institutional work and place-making. This connection is novel for institutional work scholars as well as scholars who study place-making, such as geographers. Institutional work gains a new category of work and those interested in place-making gain a new way of exploring the work of place-makers.

        This study also has contributions in terms of research methodology. In Chapters 3 and 4 I outlined my approach to research design and analysis and, while the purpose of this study was not to develop a new approach to qualitative research, my study has two potential contributions. First, this study confirms the usefulness of case studies to explore complex interactions over time. These case studies show the richness that can come from studying a social innovation in its local context and the value of integrating multiple sources of information in order to explore some of the processes that underpin social innovation. Second, my study points to the critical role of participants in research analysis. Participant feedback on early drafts of the case study chapters was important not just for factual accuracy but in terms of exploring relationships. Researchers proposing studies of social innovation should seriously consider the practical and theoretical benefits that may come from a more participatory action research approach. I believe that there are potential contributions that come directly from the case chapters, Chapters 5 and 6. I have documented two important innovations that up to now have remained largely underexplored. For

those with no connection to the Mat Program or the Dr. Peter Centre, I hope these cases are accessible both in terms of content and as a framework. The way the cases are written may encourage other researchers and practitioners to explore social innovations in terms of the events and activities that precede a novel solution and to consider the generative effects of a solution once it is implemented. But I hope it does much more. I hope that the case chapters spark questions and encourage reflection and analysis that inspire further action. For those more closely connected to these cases, I hope that these chapters prove to be a useful way to explore the past, share stories, recognize achievements and inform the present.

I believe that my findings, presented in Chapters 7 and 8 and further explored in Chapter 9, have possible contributions to theory. For institutional theory, the findings highlight the importance of places in institutional arrangements. This study demonstrates the possibilities that can come from exploring places and their potential institutional connections. These findings are likely to have only scratched the surface of the potential role of places to shape institutional arrangements. For the emerging field of institutional work, this study adds a new type of work, place-making. The findings highlight how place-making can play a crucial role in creating, maintaining and disrupting institutions. More generally, a focus on place-making provides a way for researchers to explore how individuals engage in and with their specific contexts and how this may enable or constrain their work. For the emerging field of social innovation my findings have two main contributions. First, linking institutional theory with social innovation provides this emerging field with a powerful theoretical lens. This should help to bring fresh insights to social innovation processes as well as a cadre of scholars. Institutional theory is a dominant approach to understanding organizations (Greenwood et al., 2008) underpinned by a vibrant academic community. Second, institutional studies, and especially those focused on institutional work, can meet a significant gap in the existing literature. To date, the dominant theoretical lens in the social innovation literature has been complexity theory (e.g., Westley et al., 2006) that has explored system-wide dynamics. This has been a healthy corrective to social innovation accounts that present stories of individuals who appear to innovate as if disconnected from any wider context. But complexity theory, in seeking wider patterns, can miss the seeds of transformation that occur at the local level. A focus on institutional work may provide a way to bridge this gap by highlighting how the work of individuals can shape and be shaped by wider social systems.

This study as a whole has some significant implications for further research. For those studying social innovation it suggests four new avenues to pursue. First, this study highlights the need for studies that investigate contested social problems. For the most part the emerging field of social innovation provides examples of solutions to generally accepted social problems and leaves

untouched issues that are the subject of controversy. This study shows that contest can be an important element in transformation. Further research is needed to explore solutions to social problems where there are considerable disagreements over ends and means, and how these disagreements shape the novel solution and its effects. Second, this study has proposed a way to study transformative social innovation by focusing on the relationship between a novel solution and existing ways of thinking in a community. This can be applied in other settings. In particular, this relationship encourages the researcher to take a more wide-angled approach to a social innovation than generally applied in the existing literature and to explore people, activities and events that extend beyond the creators of a novel solution. It involves including the work of individuals who resist social innovation and those who support it, and exploring the motivations of each. Third, researchers interested in social innovation need to engage more explicitly with places and place-making. This study presents a number of roles that places and place-making can play; further research is needed to explore whether these roles or others occur in other settings.

This study also offers some new directions for research for those interested in institutional work. First, while institutional work studies have developed sophisticated accounts of language-centred work (e.g., Riaz, Buchanan & Bapuji, 2011; Zilber, 2009), less explored is "material-centred" work. This study's focus on places and place-making has highlighted the importance of research that explores the physicality of the working environment and how this may resource and constrain institutional work. Second, there is a danger that institutional work studies become shackled by the original organizing framework of Lawrence and Suddaby (2006). Lawrence and Suddaby's (2006) seminal article sought to distinguish between creating, maintaining and disrupting work as a way to highlight variety in the roles and activities that individuals can play in contrast to accounts of agency in the literature that either downplayed the role of individuals or presented them as entrepreneurial institutional creators. Many researchers have been attracted by the idea of three types of institutional work but if applied too narrowly the messiness of institutional life that Lawrence and Suddaby sought to recognize could be lost. Early studies of institutional work highlight how individuals are rarely involved in a single combination of work (e.g., Hirsch & Bermiss, 2009) yet, despite this insight, researchers still attempt to link one type of work to one group of actors (e.g., Riaz et al., 2011) or isolate one type of work without reference to the other two types (e.g., Dacin, Munir & Tracey, 2010). While this may be a practical approach to narrow the focus of a study, the effect is to artificially reduce the role and capacity of individuals and miss any interplay between different types of work. For example, this study showed how acts of maintenance can play a crucial role in sparking institutional creation. And a focus on place-making revealed how individuals may be engaged simultaneously in three

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types of institutional work as they engage with places – creating some institutions while maintaining and disrupting others. Further research is needed to explore how individuals manage such combinations of work with different institutional orientations and how they navigate contradictions and tensions. Third, a foundational aspect of institutional work is to connect to the local context and find ways to recognize and explore the effort, creativity and intelligence of situated actors (Lawrence & Suddaby, 2006; Lawrence et al., 2009). This is a particularly challenging task for many researchers as the dominant research methodologies in institutional studies do not easily capture these dynamics. Most studies of institutions are retrospective accounts and tend to rely heavily on examining archives. Often missing is the "lived experience" of the participants and the challenges they faced in real time. In many respects institutional work scholars should feel released from engaging in studies that are "complete", as the focus of institutional work is as much in the efforts and intentions of actors as it is in the institutional results. Thus, to explore institutional work requires researchers willing to engage in projects that are "mid-flow" - where the results are uncertain and incomplete. Much might be gained by drawing on the values and techniques of participatory action research that help to immerse the researcher into the working environment (Dover & Lawrence, 2010). A challenge for the researcher immersed in a rich institutional context is knowing how to make sense of it all. This study presents a possible starting point. A focus on place-making may help researchers to anchor themselves in a setting which they can use as a stepping stone for further exploration.

Finally, this study has implications for those researching places and place-making. The relevance of studying places has been challenged in a world where technology and global markets appear to transcend place (Cresswell, 2004). This study however, joins with those who continue to argue that local places still matter, especially in how they shape everyday interactions (e.g., Dreier, Mollenkopf & Swanstrom, 2004). The insight from this study is to draw on an institutional lens to examine how the geography of everyday life is interwoven with ways of thinking and behaving that shape social interactions. This may provide fresh insights into the connections that individuals make to places, and how they shape how these places evolve. This study also introduces a theoretical lens to place-making. An institutional work lens suggests a wider range of motivations and intentions in place-making than seen in the literature on place-making. It also encourages researchers to consider how place-making efforts may serve wider social objectives. One avenue to explore is the work to maintain places. While there has been considerable interest in efforts to control how places are used (through design and surveillance, e.g., Sibley, 1995), less explored are the everyday efforts to keep places the same. An interest in

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the creative ways places are maintained and the possibility of unintended consequences arising out of maintenance work may open up new avenues of inquiry.

Limitations

There are a number of limitations with this study. The terms social innovation and transformation are not neutral. While I have attempted to define these terms objectively, they are generally viewed in positive terms. The use of the term "innovation" has been described as being like "botox" – its use brings immediate and favourable benefits ("Don't laugh at gilded butterflies", 2004). Being rooted in currently accepted ideas can, however, mask how these terms influence this study. For example, the choice of social innovation as the overarching frame to this study has within it some significant assumptions. Social innovation privileges novel solutions as the vehicle for change but novelty need not be a necessary condition for transformation. Changes in attitudes and behaviours to social problems can emerge from existing arrangements or well-worn methods for social change. A focus on social innovation can also lead to an overly narrow focus. Attention is placed on solutions that "fix" social problems, but this focus on solutions can divert attention away from investigating the need for broader social change.

My choice of an institutional lens also has potential limitations. While an institutional lens is helpful in exploring established and taken for granted ways of thinking and behaving about a social problem, it can overlook other important influences on social innovation. This study could have deployed an alternative theoretical lens that might have, for example, focused on power dynamics, leadership or resource dependencies in ways that may have revealed more important insights on the relationship between social innovation and transformation. My choice of places and place-making also narrowed my focus, meaning that other themes identified as important to transformation in the social innovation literature could not be explored, such as hybrid organizing.

There are some methodological limitations with this study, which I have discussed in some detail in Chapter 4. Despite attempts to integrate a variety of perspectives and sources, the methodology and the case chapters are limited by, for example, my own biases, intellectual capacity, and time available to conduct research. The case method has much to commend it in terms of giving the researcher a framework to explore issues in depth, but other methods may have highlighted different dynamics. For example, a quantitative study of a social innovation implemented in multiple settings may not only have identified the importance of places but also other salient factors. Or a social network analysis might have been a useful tool to explore the interplay between individuals connected to and responding to a social innovation. In retrospect

this study would have benefited from greater involvement of participants in all stages of the design and specifically the analysis. Moreover, this study largely fails to explore how novel solutions interact with other solutions in a setting. The findings suggest that novel solutions are influenced by those in the past and can shape future solutions. Existing research has presented this as "chains of innovation" (Mumford & Moertl, 2003, p. 265) but my study suggests that this may be an overly linear representation. In this study, solutions continue to exist as others are created and may be created in direct opposition to a previous solution. The implication of this finding for transformative social innovation remains underdeveloped.

In the end, this study has been an attempt to explore the relationship between social innovation and transformation. For practitioners like Miriam Kilali and her Reichtum ("richness") projects outlined in the Introduction, the two cases of the Mat Program and the Dr. Peter Centre should be encouraging. They show that attitudes to social problems can change. As well as stories of hope for people faced with entrenched attitudes and behaviours, this study offers a lens to think about how ways of thinking about a social problem have become established and are sustained. An institutional perspective offers crucial insights in understanding social problems and the types of novel solutions needed. A focus on places and place-making presents very immediate and practical options. As Miriam Kilali found, working on places can have transformative effects that extend beyond the immediate users. When seen through an institutional lens we can better understand why. Places and place-making are interwoven with shared and established community beliefs and practices. Work in and on places can both maintain and disrupt these institutions. This study has shown that places and place-making can play pivotal roles in shifting existing ways of thinking about a social problem and understanding these roles presents a significant opportunity for individuals interested in organizing transformative social innovation.

EPILOGUE: ONE YEAR ON

There is a point in all research studies where the case files need to be officially "closed". A line has to be drawn. I drew the line in early 2010. But the organizing around the two social innovations continues. I found the break particularly difficult as I had become intellectually and emotionally connected to the cases and so continued to collect data. In this short chapter I include some of the "cuttings" (presented chronologically in bullet-point form) that I have taken, primarily from newspapers and online articles, over the last year. I make no attempt to assess the significance of this data but I believe it highlights how the Mat Program and the Dr. Peter Centre continues to evolve and influence. I finish with a few examples of the issue of the "hard-to-house" as a reminder that this social problem remains a significant challenge for the citizens of Metro Vancouver and BC.

The Mat Program: Containers, Homes for Good & Rezoning

- The Tri-Cities Mat Program continued until the end of March 2010. The numbers of users was down from previous years. In February the average occupancy was 32% (11-12 mats per night) compared to 75% in the previous year.[304] Overall the Mat Program provided mats to 144 people over the five months. The drop in use was attributed to warmer weather and people finding housing. During the five months 50 people secured housing or entered a drug and alcohol treatment centre.[305]

- In April 2010, Gerry Sly,[306] a local businessman, placed on his property a shipping container that had been converted to provide eight rooms for the homeless. City inspectors told him he had to shut it down or face a $150 a day charge.[307] This received local media attention and a Vancouver newspaper, *The Province*, wrote an editorial[308] on how the city of Coquitlam "should help, not hinder" such initiatives. The issue of housing the homeless in containers raised a number of issues[309] which started to become worked out behind the scenes. The Hope for Freedom Society and the Tri-Cities Homelessness Task Group worked with Gerry Sly on

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[304] Minutes of the Tri-Cities Homelessness Task Group (2010, March).

[305] Minutes of the Tri-Cities Homelessness Task Group (2010, April).

[306] Gerry Sly has supported the homeless for a number of years by providing a barbeque meal every Thursday in his business yard. Read more about Sly here – McKenna, G. (2011, January 14). Winter barbecue is all in the family. *The Tri-City News*, p. 3.

[307] Makeshift homeless shelter shut down. (2010, April 30). *CTV News*. Retrieved from http://www.ctvbc.ctv.ca/servlet/an/local/CTVNews/20100429/bc_shelter_blocked_100529/20100430?hub=BritishColumbia

[308] City should help, not hinder private shelter. (2010, May 7). *The Province*, p. A.18.

[309] See blog post by Selina Robinson (Councillor, Coquitlam). *Selina's thoughts on Coquitlam's homeless and container shelters*. Retrieved from http://selinarobinson.wordpress.com/2010/04/30/selinas-thoughts-on-coquitlams-homeless-and-container-shelters/

a proposal to use containers as an interim shelter before the permanent shelter was built. Finding a suitable site, however, proved difficult as well as raising the necessary funds. There are also concerns that funds invested in a temporary solution could reduce pressure on the need for the Province to invest in a permanent one. Supporters created a video and applied for funding through an Aviva Community Fund initiative. The Container project managed to secure enough votes to reach the semi-finals but not enough to receive funding from Aviva.

- In the same month, the Mayor of Coquitlam stated publicly that the money for the permanent shelter could be coming from the Province in a few months.[310] But a month later BC Housing told Coquitlam Council that there were 20 projects ahead of the Coquitlam project.[311]

- In May 2010, New View Society announced some positive news. Federal government funding had been secured for a 10 bed supportive housing facility and clubhouse for people with mental health facilities for the Tri-Cities.

- In June 2010, plans got underway to rezone the site earmarked by the City of Coquitlam for the permanent shelter – 3030 Gordon Avenue. CitySpaces Consulting were contracted by BC Housing to provide assistance with public information and consultation. Financial support also came from VanCity to support community engagement. In September "Open Houses" were held by the City of Coquitlam. Residents concerns included community safety, decrease in property value, property height and capacity.[312]

- The Mat Program started up again in the Tri-Cities.

- In October the fears of some residents were expressed in a City Hall meeting. They vented their frustrations at the councillors and Mayor. Police were called by city staff.[313] The editorial in *The Coquitlam Now* stated "shelter fears not based on fact".[314] The Mayor was threatened at the meeting and his home was vandalized three times after the meeting.[315]

- There was good news for the Homes for Good Society. At the end of October they announced[316] that they had reached an agreement with the Ministry of Housing to implement their Housing-First initiative. The arrangement allowed the Society to subsidize rent without jeopardizing an individual's income assistance. In December the Society hired an Executive Director.

[310] McKenna, G. (2010, April 20). Province promising cash for homeless shelter, says mayor. *The Tri-City News*, p. 1.
[311] McKenna, G. (2010, May 18). Coquitlam shelter not a BC Housing priority. The Tri-City News, p. 1.
[312] Minutes of the Tri-Cities Homelessness Task Group (2010, October).
[313] Warren, J. (2010, November 3). Shelter opponents get loud at council. *The Tri-City News*, p. 1.
[314] Shelter fears not based on fact. (2010, October 27). *The Coquitlam Now*, p. 8.
[315] Coquitlam's mayor's house vandalized. (2010, December 8). *The Coquitlam Now*, p. 1.
[316] McFee, J. (2010, October 27). PoCo closer to helping homeless. *The Coquitlam Now*. Retrieved from http://www.thenownews.com/news/PoCo+closer+helping+homeless/3733915/story.html

- The awareness of homelessness in the Tri-Cities was also raised by the annual Homelessness Action Week. One activity organized by the Tri-Cities Homelessness Task Group included a "connect day" to connect under one roof the homeless to services that they might otherwise have difficulty in accessing. 70 people attended the event that involved 16 agencies and many volunteers from a variety of organizations including Douglas College and VanCity. Services included haircuts, bike repair, legal advice, immunizations and foot care.

- The date for the public hearing to discuss the rezoning of 3030 Gordon Avenue was set for November 29, 2010. The local media covered many of the issues. Just before the Hearing there were front page articles in the local newspapers; for example, *The Tri-City News* had a feature on the experiences of residents in another suburb, Langley, with a permanent shelter as well as outlining the different arguments of the supporters and opponents.

- On November 29, 2010 there was another long public hearing. It lasted five hours and over 300 people attended and 65 spoke.[317] One of the residents started her speech with a photo projected onto the Council wall of her child in a park close to the proposed shelter. Others came with signs. This was a quite different public hearing, however, than the one in 2007. The majority of speakers were in favour of the rezoning. Even one of the leaders of the opposition to the Mat Program stood up to register his support for the shelter and stated how their initial concerns had not materialized. The hearing was adjourned at 11:50pm and the Council voted immediately after the meeting (8 to 1 in favour) to permit a shelter/transitional housing at 3030 Gordon Avenue.[318] The next step required some Provincial funding to enable BC Housing and the City to issue a Request for Proposals.

- In December a homeless man was found dead in Port Coquitlam.[319] Irvin Wickens, a 43 year old man who struggled with alcohol addiction, was well known to authorities. Rob Thiessen told a local reporter, "This was a guy that needed assisted care. He needed someone to take care of him, and there aren't very many places around for that". Wicken's funeral was front page news on the local newspapers with headlines - "Community honours homeless man",[320] "Generous homeless man mourned".[321] Over 150 people attended the funeral including the Mayor of Port Coquitlam, Greg Moore, and the Mayor of Coquitlam, Richard Stewart.

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[317]Homeless shelter zoning approved, not all are happy. (2010, December 31). *The Tri-City News*, p. A3.
[318] For more information read – Kurucz, J. (2010, December 1). Coquitlam OKs homeless shelter. *The Coquitlam Now*, p. 1.
[319] Kurucz, J. (2010, December 21). Homeless man found dead in Port Coquitlam. *The Coquitlam Now*.
[320] Kurucz, J. (2010, December 29). Community honours homeless man. *The Coquitlam Now*, p. 1.
[321] McKenna, G. (2010, December 28). Generous homeless man mourned. *The Tri-City News*, p. 1.

- As 2011 began, attendance at the Mat Program was down but connections were still being made. A pastor of one church who chatted to a client found that they had been in the same Grade 3 Class in Saskatoon. With support from a church member the Mat Program user returned to Saskatoon, reconnected with family and friends and managed to find work. Five people went into detox in December and one found housing.[322]

- In February a Port Coquitlam teenager organized a night time walk through the homeless camps along the Coquitlam River to raise funds from the permanent shelter. Over 150 people attended and $1,400 is raised.[323] Students at Douglas College started developing plans for a public education campaign around changing attitudes towards addictions and harm reduction.[324]

- In March 2011 local residents participated in the latest Metro Vancouver Homeless Count. Results are still to be announced but numbers for the Tri-Cities are expected to be down.

- At end March 2011, the Mat Program finished. The City of Coquitlam is still waiting on funding from BC Housing before it will issue a request for proposals to develop and operate an emergency shelter and transitional housing project.

- In the interim the Mat Program will continue.

The Dr. Peter Centre: Peter's Diaries, Weekend Services & the Supreme Court

- Peter's contribution continues to be recognized. In May 2010 Peter's parents were presented with a University of BC Medical Alumni Award for Peter's pioneering work in raising awareness about HIV/AIDS.[325]

- In June 2010, as expected, it was announced that the Supreme Court of Canada would hear a federal government appeal re: BC Court of Appeal ruling on Insite.[326] The Dr. Peter AIDS Foundation was granted Intervenor status.

- In July 2010, Maxine Davis, the Executive Director, attended the International AIDS Conference in Vienna. She raised with the Federal Health Minister, Leona Aglukkaq, the issue of the need for clean needle exchanges to prevent the spread of HIV.[327]

[322] Strandberg, D. (2011, January 12). Connections: In from the cold. *The Tri-City News*, p. 9.

[323] Walk raises $1,400 for homeless shelter (2011, February 16). *The Coquitlam Now*. Retrieved from http://www.thenownews.com/news/Walk+raises+homeless+shelter/4293824/story.html

[324] For more information see – Print Futures students put real faces on real issues (2011, March 10). *doug: the community blog*. Retrieved from http://www.douglasishere.com/2011/03/print-futures-students-put-real-faces.html

[325] Dr. Peters inspirational work with HIV/AIDS wins new recognition. (2010, May 7). *The Vancouver Sun*. Retrieved from http://www.canada.com/vancouversun/news/westcoastnews/story.html?id=f8b14311-653d-44dd-abaf-89bd8cb0fc70

[326] Feds appeal to highest court to shut down Insite. (2010, June 24). *The Hook*. Retrieved from http://thetyee.ca/Blogs/TheHook/Federal-Politics/2010/06/24/InsiteAppeal/

- In September, Vancouver's Mayor declared September 3 – 10 "Dr. Peter Week". The CBC organized radio interviews, ran stories of Peter's legacy on TV and each day released a Dr. Peter Diary on their website that finished on December 1st, World AIDS day.

- During the Dr. Peter Week there were two special screenings at the CBC Studios of *The Broadcast Tapes of Dr. Peter* followed by a panel discussion that included Shirley (Peter's mother), Jay Wortman (the colleague that suggested Peter approach the CBC), David Paperny (the producer of the Diaries) and Andy (Peter's partner).[328]

- The coverage raised awareness of the Foundation's work and a few weeks later a fundraising dinner hosted by Lorne and Melita Segal raised over $1.35 million. An anonymous donor provided $500,000 which was matched by the Province.[329] Quite a change from the early days when in December 1994 the Foundation had sent out 700 letters, had 95 responses with $5,612 donated. The Board at the time had discussed using pre-printed receipts in the future and whether they should organize "a high end event" ($200 per person) in someone's home for perhaps 200 – 250 guests!

- These donations enabled the Foundation to extend their day health program so that it could operate seven days a week. This would fulfil a long term dream. In June 1997 when the Day Centre was officially opened the hope that the Centre would be open all week was recorded by a *Vancouver Sun* reporter.[330] On World's AIDS day, December 1 2010, the Foundation announced the new service.[331] The Province had matched the donation of the anonymous donor as a way to support their Seek and Treat program.[332] The Centre is now open 7 days a week.

    It's more than just two extra days of care," according to Rosalind Baltzer Turje, the Dr. Peter Centre's Director of Operations. "We see people come here on

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[327] For more information see *The Tyee* article - Scallan, N. (2010, August 3). "HIV policy rubbish": Expert slams Canada's "backwards" approach. *The Tyee*. Retrieved from http://thetyee.ca/News/2010/08/03/HIVPolicyRubbish/

[328] See Fred Lee's article on screening for UBC Alumni to recognize the 25th anniversary of Peter's graduation from medical school at UBC. Lee, F. (2010, September 18). A celebration of Dr. Peter's life: Twenty years after the Diaries. *National Post*, p. 18.

[329] Above-pool party floats fundraiser for Dr. Peter AIDS Foundation (2010, September 25). *The Vancouver Sun*. Retrieved from http://www.canada.com/vancouversun/news/westcoastnews/story.html?id=758bc8ab-0df8-4dfe-a90d-3496c9b431d8

[330] Torobin, J. (1997, June 6). Dr. Peter Centre for AIDS sufferers opened. *The Vancouver Sun*, p. B3.

[331] New funds provide weekend care for Vancouver's most vulnerable HIV/AIDS patients. (2010, December 1). *The Canadian Press*.

[332] Ministry of Health Services (2010, December 1). *Province supports Dr. Peter AIDS Foundation*. Press Release. Retrieved from http://www2.news.gov.bc.ca/news_releases_2009-2013/2010HSERV0079-001512.htm

Monday mornings and they've lost ground. To fully engage people in their treatment, you need that continuous care.[333]

- Before then, in November 2010, Maxine Davis spoke at the "Inaugural Social Purpose Real Estate Conference". Her talk was titled, "When mission meets mortar". She talked about the Foundation's 2010-2013 strategic plan – to build care capacity in Metro Vancouver and build knowledge transfer capacity. The emphasis remained on partnerships to create solutions.

- On World AIDS Day, December 1 2010, Maxine Davis also submitted an article for *The Vancouver Sun*.[334] She argued that progress to tackle HIV/AIDS is still hampered by stigma and discrimination. At the Centre that morning were the Mayor, the head of the BC Centre for Excellence in HIV/AIDS, Peter's parents and people from the media who served breakfast prepared by a guest Chef to the participants and residents.

- In March 2011 the Provincial Health Officer for British Columbia, Dr. Perry Kendall, recommended that supervised injection services should be expanded in BC, "ideally in incorporation into routine public health services (i.e., as per the Dr. Peter Centre model)".[335]

- The Dr. Peter AIDS Foundation and the Dr. Peter Centre continues.

And Finally...

- In September 2010, the City of Vancouver announced that there were no qualified bidders to run the Olympic Village low-income housing project. One unsuccessful bidder was the Portland Hotel Society with a track record of providing housing for those perceived as hard-to-house.

- In October 2010, political pressure was placed on the federal government to pass Bill C-304 - a national housing strategy. One hundred red tents were placed in front of Parliament to coincide with Bill C-304 going back to the House of Commons. The Bill continues to gather support but a Federal election in May 2011 puts plans on hold.

- In November 2010,[336] Goldcorp announced a $5 million donation to Streetohome Foundation as part of their $26.5 million capital campaign.

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[333] The Dr. Peter Centre is open 7 days a week (2010, Fall). *The Cornerstone*, Dr. Peter AIDS Foundation.
[334] Davis, M. (2010, December 1). Despite advances, AIDS stigma remains; Needle exchanges, routine testing and enlightened drug policies needed to slow HIV infection rate. *The Vancouver Sun*, p, A15.
[335] Kendall, P. R. W. (2011, March). *Decreasing HIV infections among people who use drugs by injection in British Columbia: Potential explanations and recommendations for further action*. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2011/decreasing-HIV-in-IDU-population.pdf

- In the same month, the Vancouver Courier[337]covered the problems at Steeves Manor, a subsidized independent living complex in Vancouver. An influx of residents labelled as "hard to house" were associated with creating significant problems for existing tenants, especially seniors.

- In February 2011 *The Vancouver Sun* covered some of the stories of those benefiting from the Canadian Mental Health Commission's "At Home" project.[338] This revealed accounts of individual lives being gradually transformed.

- In April 2011 another city in south central BC dealt with their "hard-to-house" problem. The Councillors decided against rezoning a 15 unit property for the hard-to-house. At the public hearing some residents argued that the land, on the riverfront, was: "too valuable to be used for the hard-to-house"; put their children at risk; and would impact a local business that serves customers from the Rocky Mountaineer trains each summer. One councillor who voted against the rezoning said that "tourists wouldn't know the people living in the housing and could fear them".[339]

- The need remains for an adequate response to those perceived as hard-to-house.

[336] Streetohome Foundation (2010, November 18). *Goldcorp makes $5 million gift to community*. Retrieved from http://www.streetohome.org/news-events/news-release/2010/nov-18/goldcorp-contributes-5-million-streetohome-foundation-campaign

[337] Thomas, S. (2010, November 5). Living in fear. *The Vancouver Courier*. Retrieved from http://www.vancourier.com/health/Living+fear/3782739/story.html

[338] Culbert, L. (2011). Hitting the restart button: Program offers participants a chance to get their lives back in order after years on the streets. *The Vancouver Sun,* p. A12.

[339] Young, M. (2011, April 20). Rezoning denied to hard-to-house: City council rejects riverfront site for project. *Kamloops Daily News*, p. A1.

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