

**Supportive Housing and Single Room Occupancy Hotels:
Possibilities for Downtown Winnipeg**

By

Susan Mulligan

**A Practicum Submitted to the Faculty of Graduate Studies of
The University of Manitoba**

in partial fulfillment of the requirements of the degree of

Master of City Planning

**Department of City Planning, Faculty of Architecture
University of Manitoba
Winnipeg**

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Dedication

To Diesel (Garry) Trosky

Thank you for your tremendous love and support through-out the years.

Most of all, thank you for always believing in me.

Abstract

Over one thousand persons reside in single room occupancy (SRO) hotels in downtown Winnipeg, without much needed social service programs. This housing stock is under threat to conversion and demolition resulting in displacement in a city where there is little affordable housing available. Hotel closures are met with various agency representatives who have usually been unable to formulate re-location plans for the SRO hotel residents.

In other locales, models of supportive housing have been a key component in the conversion of SRO hotels. Supportive housing refers to permanent, independent and affordable housing for people who are at risk of homelessness. Appropriate services are provided as part of the normal operations of the housing as a means of assisting the residents in maintaining a maximum possible level of independence, stability and participation in the general community. This research addresses possibilities of implementing a supportive housing model within the SRO hotels in downtown Winnipeg.

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1.0 CHAPTER ONE: INTRODUCTION

This section begins with the identification of the research problem, followed by the purpose and objectives, and significance, of the study. The research methods are discussed including the theoretical underpinnings of the study, the survey technique used and the study limitations. This chapter closes with an outline of the remaining chapters.

Urban planners have an interest in how partnerships are developed within their cultural context, and have a role in the education of decision makers about the ways cities evolve. This research provides an example of possible partnerships between service providers and single room occupancy (SRO) hotel operators and residents that planners might want to better facilitate. The overall purpose is to explore the application of a supportive housing model for Winnipeg's aging SRO hotel stock.

1.1 Research Problem

Close to one thousand persons currently reside in single room occupancy (SRO) hotels located along, and nearby, North Main Street in downtown Winnipeg (Distasio *et al*, 2005). The SROs typically provide a 10' by 10' living space, with few to no amenities within the buildings. The area lacks general services, such as laundry, grocery stores or recreational facilities. There are food banks, emergency shelters and daily employment agencies found in the general area.

This is an area where there is a disproportionate concentration of poverty. The majority of SRO residents are often characterized as marginalized, which refers to people in poverty who face other barriers, such as discrimination, or experience physical and mental disabilities. Persons with substance use and mental disorders are at an increased risk of homelessness and constitute the majority of SROs residents. This challenge makes it difficult for them to access

services and opportunities available to mainstream society and puts them at risk of various levels of homelessness (Young, 1990; Carter & Polevychok, 2004). The term homelessness is not easily defined. Contemporary definitions correspond with a direct link to residential instability, the inadequacy of shelter provision and the lack of access to or inability to access social services. The definition ranges from the absolute or chronically homeless, to those who are hidden in temporary accommodations and those who are at risk of becoming homeless (Distasio *et al.*, 2005).

The problem is that despite revitalization efforts and attempts at coordinating social service delivery in the North Main Street area, the single room hotels along the Main Street area house some of the most marginalized persons in the City of Winnipeg in a manner that is often unsafe, and lacks support mechanisms that would help these persons contribute to their own well-being.

1.2 Purpose and Objectives

The purpose of this research is to explore the life chances of those persons residing in SROs in downtown Winnipeg. The first objective is to examine how the historical development of the typical SRO hotel has contributed to the current circumstances of both residents and their living environments. The second is to determine whether certain components of supportive housing models could be used as a vehicle to increase the SRO residents' opportunities as well as their overall well-being. The third objective seeks to examine the role of the urban planner by exploring the theory/model that would serve to provide the best outcome, so as to improve the conditions of the residents' housing and well-being.

Supportive housing refers to permanent, independent and affordable housing for people who are at risk of homelessness. Appropriate services are provided as part of the normal operations of the housing as a means of assisting the

residents in maintaining a maximum possible level of independence, stability and participation in the general community (Corporation for Supportive Housing, 2004).

Supportive housing links housing and service providers together through a partnership that includes ongoing communication between supportive service providers, property owners or managers, and /or housing subsidy programs. This model of housing also serves to empower residents at their own level and choosing. Research on supported housing has established that it must be recognized that people are capable of determining and expressing their own needs and preferences (Kennedy, 1989; Shepard *et al*, 1997; Proscio, 2000; Galster *et al*, 2002; Walker & Seasons, 2002; Perez *et al*, 2003).

There are currently few social service supports for single room occupancy hotel residents in the Main Street area of Winnipeg. The aim of this research is to examine models of supportive housing to determine whether the residents could benefit from certain components of these models, and this aim will be reviewed within the context of research question four. The second aim is to determine which planning theory /model could assist in a greater understanding of the needs of the residents. The third aim is to determine whether the single room occupancy hotel may serve as an affordable housing option with supports.

1.3 Significance of the Study

It is anticipated that the findings of this study will contribute to scholarly literature and the planning profession. While there is literature on SROs and on supportive housing, limited literature exists within the Winnipeg context. This means that others are not being informed on the benefits of supportive housing models and their applicability to the Winnipeg SRO hotels, and potentially, other marginalized populations. It is further anticipated that the residents of the hotels and the service providers who work toward the betterment of those residents will also

benefit from this study as they will be in a better position to offer the highest level of service at an affordable rate.

The following research questions have been developed to guide this study:

1. How has the historical development of the typical SRO hotel contributed to the current circumstances of both residents and their living environments?
2. Has the policy and regulatory environment met the needs of the SRO hotel industry in the provision of comprehensive shelter?
3. What planning theory/model could be explored to better understand the needs of the SRO hotel residents?
4. Can the SRO hotels in Winnipeg serve as an affordable housing option, and if so, how?

1.4 Theoretical Underpinnings

Planning theory should insightfully clarify the political, practical and ethical challenges of day-to-day planning. Theories guide the planner to better understand the nature of the problems they will be involved in and what they may do about the problems. Theories help planners to realize what the consequences of their strategy may be, as well as the relationship between the problems and the shape of the environment in which they live (Forester, 1996).

This section explores two contemporary planning theories found in the field of urban planning, namely the Communicative Model and the Just City. The communicative Model emphasizes the role of the planner as an intermediary among stakeholders (Fischler, 2000). The Just City perspective is related to spatial relations, with the focus on social equity (Fainstein, 2000). Each theory shows stark differences in outcomes when applied in the urban setting. One commonality, however, is that both are considered to be post-positivist approaches to planning.

A post-positivist (post-positivism) approach to planning theory sees planners as fallible advisors who operate in a complex world where there are no “answers” only diverse and indeterminate options. Post-positivist planners seek to understand individuals as self-interpreting, autonomous subjects (Allmendinger, 2002). In contrast, the positivist (positivism) approach to planning theory sees planners as technocrats who focus on procedures or processes with policy makers and others setting the end result, thus leading to a paternalistic view on “them” (the public) and “us” the planners (Allmendinger, 2002).

The review on theory will be used to set parameters by which data are analyzed within this study. The intent is to examine these models and thought based on the extent to which each encourages community empowerment and the recognition of individual capabilities towards planning issues and social equity.

1.4.1. Communicative Planning Theory

Communicative planning theory dominated the field of planning in the 1990s and focuses on the planner’s role in mediating among stakeholders within the planning situation (Forrester, 1989; Healey, 1996; Hoch, 1994; Innes, 1996). Communicative planners adopt what Fischler (2000) describes as a pragmatic role to planning theory and an exercise in collective action. Fainstein adds that “rather than providing technocratic leadership, the planner is the experiential learner, at most providing information to participants but being sensitive to points of convergence” (2000: 454). This leadership focuses on bringing stakeholders to agreement and assures that no one position dominates the interests of the other position. In this sense, a new planning theory paradigm emerged as the planner was the negotiator and intermediary among the interested persons and groups (Innes, 1995). Pasty Healey summarizes this shift in planning theory and offers the following key points:

- All forms of knowledge are socially constructed;

- The development and communication of knowledge and reasoning take many forms;
- Individuals learn about their views in social contexts and through interaction;
- People have diverse interests and expectations and these are social and symbolic as well as material; and
- Public policy should draw upon a wide range of knowledge and reasoning from a variety of sources (1997:29).

With these principles in mind, collaborative consensus building replaces competitive interest bargaining. The work of the planner is ranges deep into the social relations of the day-to-day practices and emphasizes the role of local knowledge through the planning process (Healey, 1997; Fischler, 2000).

Fainstien offers a critique of Communicative theory by stating that the use of experiential knowledge, as a philosophy, cannot be developed to the exclusion of an understanding of the economic bases of inequality. Fainstien captures the essence of the problem of the communicative theory:

...the political weakness of the poor and marginalized, exhortations to mediating officials that they ensure transparency and multiplicity of viewpoints, respond only feebly to widespread social justice. But strong mobilization, rarely if ever, comes out of the moderate, consensus building rhetoric prescribed by proponents of the communicative turn (2006:11).

Finally, another criticism of Communicative theory is the lengthy time required for participatory processes (Fainstien, 2000).

1. 4. 2 The Just City

The Just City is based on the concept of spatial justice and refers not only to “distribution, but also the institutional conditions necessary for the development and exercise of individual capabilities and collective communication and cooperation” (Young, 1990:39). Spatial justice is a post-positivist approach that refers to the fair and democratic distribution of societal benefits and burdens across spaces of diverse scales. Space is socially produced and in turn shapes

social relations. For Dikeç the social and spatial are thought to influence each other:

If the problem of inequality, exclusion, segregation and social devalorization enter the sociopolitical agenda as concerns of justice, it is important to consider the ways in which such problems are manifested spatially and how such problems are produced and reproduced the very production of space (2001: 1798).

In other words, it is the exploration of the dynamic processes of the social, spatial, economic, and political culture to identify how they operate in a way that produces and reproduces dominant and oppressive conditions, which would be considered unjust. An example may be found in low income neighbourhoods, where they may be characterized as physically and socially undesirable environments.

The Just City puts the planner in the role of advocate, not for a particular group as in advocacy planning, but rather as an advocate of a program or philosophy.

Fainstein explains:

Urban citizen participation, as it is conducted now, mainly involves participants demanding marginal changes in the status quo or benefits that respond to their narrowly defined interests. Movement toward a normative vision of a city requires the development of counter-institutions capable of reframing issues in broad terms and of mobilizing organizational financial resources to fight for their aims. (2006:26).

The Just City theory promotes social change that occurs from the exercise of power by those who previously had been excluded from power. Participation, in its broadest sense, is the medium in which that power may assert itself. Fainstein uses Amsterdam as an example of the Just City, although she recognizes that it is not a perfect model. The achievements of Amsterdam are a relatively equitable distribution of income, an extensive welfare state and public ownership of urban land (Fainstein, 2000).

The Just City involves pluralistic material well-being and a cooperative and decentralized form of welfare provision versus a state centered model of the bureaucratic welfare state. It involves increasing the capabilities of the citizenry of the urban environment.

1.4.3 Comparing Theories

Communicative theory offers an inclusive process for planning, however, this theory has the problem of implementation as well as a continued dominance by those who are in power (Fainstein, 2000). The Just City theory promotes social change that occurs from the exercise of power by those who previously had been excluded from power.

The Just City theory works well with this research because of the sensitive environment surrounding SROs in Winnipeg's inner city. For example, if an urban planner was to radically promote the injustices regarding the poor living conditions within the SRO hotel, it may result in the closure of an SRO and displace SRO hotel residents. Given the lack of affordable housing, the residents would be forced to transition from hidden homelessness to absolute homelessness.¹ The Just City theory approach to this research would promote a fair and democratic distribution of societal benefits to the SRO hotel residents while advocating the collective communication and cooperation among those who provide social services to this same demographic group.

1.5 Research Methods

In this section, the methodological framework underlining this approach is discussed, and the theoretical rationale is offered. The research tools used for the research are discussed in this section and include a review of the literature, a

¹ Hidden homelessness refers to those persons who are precariously housed in tenuous situations, including those who live temporarily with friends or family or those who reside in any number of short-term accommodations such as shelters, rooming houses or single room occupancy hotels (Distasio et al, 2005).

case study of SRO hotels in downtown Winnipeg, direct observation and the process of purposive sampling as the survey technique. Limitations to the research are then discussed, followed by a chapter outline and summary.

1.5.1 Literature Review

The literature review begins with an exploration of the history of social housing in Canada followed by the challenges faced by social housing providers. Next, a review of the historical evolution of the North American single room occupancy hotel and models of supportive housing, associated with the SRO hotel are detailed. An extensive cross-discipline search of associated literature was carried out in order to achieve a broad understanding of the research topic.

1.5.2 Case Study

The City of Winnipeg is used as a case study. Case studies have long been used as a standard methodology and are a useful tool for the inductive development of a theory (Walton, 1972). Case studies allow the reader to place themselves in the situation, and separate the description from generalization. Rich descriptions enable the reader to appreciate the concepts and hypotheses that emerge from the data used in the research. According to Walton the case study must include the author's observations, conclusions and hypotheses as related to other contrasting situations (1972).

A series of complementary precedents were also used to illustrate techniques in a diversity of settings to aid in conceptualizing planning theories and models of supportive housing in relationship to the SRO hotel setting. The precedents serve to build theory and put more specific issues into focus.

1.5.3 Direct Observation

As Walton stated, the case study must include the observations of the author to enable the reader to value the concepts and hypotheses that emerge from the data. The Winnipeg inner city SROs were selected as a case study because the author has lived in this city for most of her life. In addition, she participated on research examining SRO hotels in Winnipeg (Distasio *et al*, 2005). From this experience she was able to interview over fifty SRO residents and representatives of numerous agencies that work with the residents. She also examined the living conditions in fifteen SRO hotels along Main Street and surrounding area. During the course of this work, she was invited to observe the closure of one of the largest hotels and was able to witness the procedures that occur when SRO hotel residents are evicted from their shelter.

Also, during this study, she conducted field research in Central City East Los Angeles, United States and Downtown Eastside Vancouver, Canada. Both of these areas have a large concentration of single room occupancy hotels. Los Angeles was extremely beneficial in gaining knowledge in that the area is home to one of the largest non-profit single room occupancy hotel corporations and provides a model of supportive housing within each of their buildings. The Downtown Eastside district of Vancouver is currently struggling with saving the SRO hotels from conversion and demolition. The majority of their SRO hotels are located within an area of concentrated poverty, much like Winnipeg's Main Street. Conducting field research in both of these locales has enriched her perspective on the issues surrounding SRO hotels in Winnipeg.

1.5.4 Surveys

This section describes the surveys that were carried out and the rationale and techniques used. Fifteen surveys were distributed electronically through e-mail. Ten surveys were returned and completed by the following institutions:

- Stradbrook Residential Services
- Winnipeg Police Services
- Municipal government, Planning, Property and Development Department.
- Sage House
- Department of Social Services, Province of Manitoba
- Winnipeg Harvest
- Main Street Project
- Patal Vocational School
- Centre Venture Development Corporation
- Salvation Army

The method used for the participant surveys is termed theoretical sampling. According to Teddlie and Yu (2007) theoretical sampling falls under the category of purposive sampling and involves selecting certain cases based upon purpose rather than random selection. The surveys were used as a tool to answer specific questions that were not discussed in the literature review.

Theoretical sampling is designed to generate a sample that will address the research questions, and focuses on a depth of information generated by the cases. In this process, theory leads the investigation through the surveying of people and institutions and allows the researcher to examine particular instances of interest to demonstrate and elaborate on the phenomenon being researched. Theoretical sampling enables the research to evolve on its own as the data is collected (Teddlie & Yu, 2007).

Prior to contacting survey participants, the survey form was examined by the Joint-Faculty Research Ethics Board at the University of Manitoba and the Practicum proposal was reviewed and approved by the MDP examining Committee. All participants were given a letter of information regarding the nature of their participation, their right to confidentiality, and their right to withdraw from the research at any time (Appendix A).

The focus of the survey questions was to identify the barriers and benefits of applying a service provision model to those who live in the SRO hotel setting.

The surveys were used to explore the viewpoints of the respondents towards supportive housing models and the relationship to service provision in the SRO hotel setting in downtown Winnipeg. The sample size is relatively small and thus reflects a snapshot on the views of service providers; however, these views are based on a solid cross section of related agencies with a vested interest in the area. The participants were chosen for their area of specialization in service provision in relation to the SRO hotel setting in the inner-city of Winnipeg. The participants included representatives from health, education, community outreach, justice, housing, employment, governmental institutions and finally, from two organizations that provided insight into Aboriginal culture.

1.5.5 Data Analysis

The analysis of the results from the surveys was used to understand first, the levels to which the service providers deliver social services, and secondly, the relationship and perceptions of the governmental organizations towards the SRO residents and the SRO hotels. The goal was to assess their participation levels if a supportive housing program was to be considered, one that is suited for residential hotels located within the downtown of Winnipeg. Responses were examined by question and thematic area (Chapter Four).

1.6 Limitations

There are no all-inclusive statistical databases from which to extract information regarding the residents of the SROs in Winnipeg; therefore, the focus of this research is on service providers. Neither Statistics Canada nor the City of Winnipeg's enumeration lists capture the SRO residents in their listings. The collection of information related to ethnicity, age, gender and source of income must be obtained through personal interviews or via general information provided by previous studies.

1.7 Chapter Outline

This Practicum has been arranged into five chapters. The first chapter has served as an introduction to the purpose and aim of the study and included a review of contemporary planning models and thought. The Communicative theory and the Just City theory were explored and contrasted to examine their potentials within the realm of informing the provision of supportive housing model in the inner-city of Winnipeg in relation to the downtown single room occupancy hotel in particular.

Chapter Two examines the literature on social housing and the challenges faced by social housing providers in Canada. Following this is a review of North American single room occupancy hotels, as put forth by Groth (1989) in three phases; the first phase being from the Great Depression to the 1960s; the second from the 1970s to the period known as the “SRO Crisis” and lastly the constructing, converting and rehabilitating of SROs. This leads the literature review to models of supportive housing as a tool to combat capability deprivation on behalf of the tenants.

Chapter Three provides a history of the single room occupancy hotels in the North Main Street area of downtown Winnipeg. This section is followed by a review of past revitalization efforts in the North Main Street area and closes with an examination of the provision of social services, in particular, to the residents of SRO hotels within the area.

Chapter Four describes the survey development and administration. This section then moves toward the analysis of the survey data which is divided into three sections, Background, Strengths and Barriers, and Future Considerations. Finally, in closing this Chapter, the research questions are addressed.

Chapter Five concludes with some final thoughts for consideration by agencies involved in the SRO issue in Winnipeg.

1.8 Chapter Summary

The purpose of this chapter has been to communicate the rationale of the research design and to outline the steps taken to ensure the validity of the research findings. The following chapter reviews the literature.

2.0 CHAPTER TWO: LITERATURE REVIEW

This chapter reviews the literature and begins with a brief glimpse into the evolution of social housing and social security policies in Canada, along with the challenges experienced by non-profit organizations as they attempt to provide social housing to marginalized persons in their communities. This is followed by a historical review of SRO hotels in North America and concludes with an examination of models and characteristics of supportive housing that may serve to enrich the well-being and capabilities of the SRO hotel resident.

The purpose of the literature review is to gain an understanding of how social housing policy in Canada has affected, and continues to affect, the provision of affordable housing to those who are marginalized from mainstream society and housing options. In addition, this review will aid in understanding how the single room occupancy hotel environment in Winnipeg became what it is today and how the policy and regulatory environment contributed to this development. Finally, the review of the literature will help to determine what theory or planning model would be best suited for enhancing the well-being of the residents of the SROs.

2. 1 Introduction

In Canada, social housing has been largely associated with income security, as part of the social safety net (Prince, 1998). Canadian housing and social security policies have residual impacts on areas such as health and well-being, social development and networks, socio-economic status and life chances, income security, labour force participation, social inclusion, community development and education.

Supportive housing refers to permanent, independent and affordable housing for people who are at risk of homelessness due to lack of affordable, available and adequate housing. In particular, persons with substance use and mental

disorders are at an increased risk of homelessness and constitute the majority of SROs residents. This population remains a highly vulnerable sub-population among the homeless. Treatment for their overall well-being cannot be significantly addressed without appropriate housing.

2.2 Background to Social Housing in Canada

In Canada, social housing refers to government-owned (or financed) housing projects and non-profit units developed by cooperatives and other charitable agencies such as community organizations, churches and unions (Wolfe & Lebeaux, 1967; Prince, 1998; Carter, 2001). This section will explore the federal role in social housing, including the shifts in social housing policy, the municipal and non-profit organization role in social housing, and finally, the issues of access to social housing.

2.2.1 The Federal Role in Social Housing

Canada Mortgage and Housing Corporation (CMHC), created in 1945, managed the earliest federal social housing programs. The CMHC is a federal corporation with wide powers in the areas of finance, social housing, housing research and development and as such, is the advisor to the government in areas of housing policy.²

Between 1945 and 1993, close to 661,000 units of affordable housing were built under the National Housing Act (Carter & Polevychok, 2004). However, dramatic changes occurred in 1996 that would transform Canada's federal social housing sector forever. In the 1996 federal budget, the Canada Health and Social Transfer (CHST) announced to transfer the responsibility for the administration of

² For more on the CHMC, see web site at: <http://www.cmhc-schl.gc.ca/en/index.html>.

federally funded social housing programs and projects to the provinces and territories in Canada³.

The CHST affected both housing and social security policy in terms of program targeting, expenditure restraint and decentralized federalism (Prince, 1998). Under this agreement, CMHC transferred its responsibilities for the management of non-profit, cooperative and public housing programs to the relevant housing corporations. The social housing policy in Canada shifted from an active social housing program to no national social housing program, or policy (Prince, 1998; Carter, 2001).

Prior to 1996, when the CHST came into effect, the federal government shared fifty percent of the financial burden associated with social assistance and social services programs with the provinces and territories under the Canadian Assistance Plan (CAP). Since the CHST, the provinces have cut the shelter component of welfare benefits. Benefits fall below the average incomes and “poverty lines” in all regions (Prince, 1998). This scenario makes it difficult to afford adequate housing.

2.2.2 The Shift in the Federal role in Social Housing Policy

The shifts in housing and social service policies have had a negative effect on some Canadians. The shelter component of social assistance does not meet the rent of adequate accommodations in most Canadian jurisdictions. Prince succinctly summarizes this issue by stating:

³ The CHST was announced in the 1995 federal budget. The Canada Assistance Plan (CAP) and the Established Programs Finance (EPF) Program was revamped and combined under the name of the Canada Health and Social Transfer (CHST.) This announcement has meant changes to both the standards for the programs and levels of the federal fiscal transfers to the provinces. For more information see Department of Finance Canada web site at: <http://www.fin.gc.ca/FEDPROV/hise.html>

The welfare clients in the private sector housing often use funds allocated for food, clothing and other costs of daily living to pay rent. This situation can create the problem of “after-shelter poverty” for welfare clients in market based-housing. In light of this fact, and special arrangements negotiated for welfare clients living in social housing, there is no horizontal equity between welfare recipients in the private market and those in social housing. The problem of equity cannot be addressed unless more social housing is provided or shelter allowance rates are increased for people living in private sector housing (Prince, 1998:841).

In 1980, The National Council of Welfare reported that 1,334, 300 Canadians were welfare recipients and by 1997 those numbers soared to 2, 774, 900, an increase of 1,440,600 (1997). Today, many people are at risk or are homeless, as the national waiting list for social housing grows daily. As well, an estimated 1.7 million (15.8%) of Canadian households are in core housing need (CMHC, 2001)⁴. To compound the problem for low-income dwellers, core-housing need tends to be higher for renters than owners and higher in Canada’s largest urban areas (Carter and Polevychok, 2004). These reforms have had a serious impact on single persons, especially those requiring assistance for shelter.

The link between homelessness and low rent housing vacancy rates is well documented by O’Flaherty (1995) and more recently by Park and Ying (2000). O’Flaherty asserted that homelessness is primarily attributable to a decline in the stock of limited income housing. In 2000, Park *et al*, addressed the issue between housing market conditions and homelessness. This study also concluded that higher rates of homelessness are definitely related to tighter limited-income housing market conditions.

In Canada, rental accommodations are becoming harder to afford. Across the nation, the number of rental units below \$500.00 per month declined by 310,000 or 10% of the total housing stock. Moreover, the rental stock has declined significantly; for example, from 1991 to 2001, close to 8,300 units have been

⁴ The core housing need is a measure or indicator of housing difficulties. In Canada, a household is considered to be in core need if they are paying thirty percent or more of their before tax income for housing. This includes mortgage payment, taxes and utilities and rent. A household is also considered to be in core housing need if the dwelling is in need of major repairs or if the household is considered crowded (CMHC (a), 2005).

demolished in Canada. This has led to a steady decline in vacancy rates throughout the 1990s (CHRC, 2002). In addition, one in ten rental units is below adequacy standards, which means that close to 300,000 renter households are either unsafe, lack basic plumbing or are in a serious state of disrepair (CHRC, 2002). This housing availability issue compounds the difficulties previously highlighted with the devolution of the social housing sector in the Canada.

2.2.3 The Municipal Role in Social Housing

The municipal role in delivering affordable housing is found primarily in the responsibility for the regulatory environment, such as, control of zoning, land use regulations, property taxation, land development sub-division design, occupancy by-laws, and standard of maintenance (Carter, 2001; Skelton, Selig & Deane, 2006). Municipalities also build housing under federal non-profit programs and set up housing authorities or community groups to manage the units.

2.2.4 The Role of the Non-profit Housing Organizations

The non-profit or community-based housing organizations provided limited income housing initially around the 1970s, but by the 1980s the not-for-profit sector began to play an expanding role in the development and management of social housing projects (Carter, 2001; Skelton *et al*, 2006). The non-profit housing organizations generally enter into binding agreements tied to their mortgage financing or operating agreements, that guarantee the not-for-profit character of the housing. A formula is used to determine what the tenant pays and then the difference is paid directly to a non-profit corporation through a federal subsidy; this is known as rent-geared-to-income (RGI). The programs are designed so that residents pay about 25 to 30 per cent of their income for rent (Skelton *et al*, 2006).

An example of the role of non-profit organizations in social housing may be drawn from Winnipeg. Managed by a Board of Directors made up of persons from the Aboriginal community, Kinew Housing was the first Aboriginal run Housing Corporation in Canada (Vincent, 1970). Kinew housing was founded through an operating loan from CMHC in the early 1970s. This loan allowed Kinew to purchase the houses at unusually low prices. This corporation was viewed as success and between 1972 and 1975 five additional non-profit urban Aboriginal housing organizations materialized across Canada. The tenants pay their rent on an RGI scale, as per the operating agreements with the Manitoba Housing and Renewal Corporation.⁵

2.2.5 Access to Social Housing

There are many challenges that are associated with providing social housing including, but are not limited to; tenants who face addictions; mental health and behavioral issues; low-income; unemployment; and job insecurity. Overall, community based housing providers want to ensure that the tenants will not be a burden on the organization's resources and both the existing and potential tenants will feel safe and comfortable in their environment.

In 2005, CMHC commissioned a comprehensive study that examined the barriers of delivering social housing to Canadians from the perspective of the housing providers. Challenges at the systemic level are a lack of available units; long wait lists for subsidized units; lack of localized and coordinated wait lists; and ineligibility of potential applicants due to outstanding debts to previous social housing providers or lack of income (CMHC, 2005b).

⁵ Before the Canada Health and Social Transfer devolution process in 1996, the operating agreements with Kinew Housing were with the Canada Mortgage and Housing Corporation and are now with the Manitoba Housing and Renewal Corporation.

When examining barriers at the community or organizational level, housing providers reported that applicants were perceived as not cooperative with their tenancy obligations. Evidence also indicated that there is limited capacity to provide one-on-one assistance to applicants among some shelter providers. Discrimination against applicants by social services or housing staff was further noted, as many applicants from minimum-supervised homeless shelters are labeled as undesirable tenants (2005b).

Many social housing providers are unable to offer supports in mental health or addiction issues due to the lack of resources. This leads to concerns regarding the tenants' suitability within their existing tenant group. Many social housing providers require that the tenants live independently, maintain their residence and are expected to identify, locate and utilize the supports they need (2005b). Compounding the lack of linkages to health and support services, applicants were found to lack income or experience job insecurity. This often relates and/or contributes to owing rent arrears, and having an unsuccessful tenancy record, such as not having positive landlord references and/or a good credit rating (2005b).

In short, social housing policy in Canada has had a negative effect on some Canadians. The shelter component of social assistance does not meet the rent of adequate accommodations. A lack of available units; long wait lists for subsidized units; lack of localized and coordinated wait lists; and ineligibility of potential applicants due to outstanding debts to previous social housing providers or lack of income are some of the challenges at the systemic level. As a result, non-profit organizations have been taking more responsibility for the provision of social housing but they face serious systemic barriers and complications at the community level. Many social housing providers are unable to offer supports in mental health or addiction issues due to the lack of resources. However, unlike SRO hotel owners, they have access to provincial funding that they may tap into

to work toward providing safe and affordable housing for members of their community.

2.3 Introduction to Single Room Occupancy Hotels

There has been a long history of single room occupancy hotels in North America. They have evolved from glamorous hotels to housing that is viewed by some as an alternative to “living on the street” (Distasio *et al*, 2005). More recently, they have become targets for demolition and conversions on one hand and, on the other, an opportunity for re-development and models of supportive housing that effectively enrich the lives of those who remain as SRO hotel tenants.

In many North American cities including, and especially, New York, San Francisco, Chicago, Vancouver and Winnipeg, the single room occupancy (SRO) hotel stock traditionally housed members of the “poor”, including retired, low waged earners or single males unable to work given physical disabilities or debilitation resulting from long-term substance use. Today, this trend continues; however, more and more families are living in these units as an alternative to emergency shelters.

A typical SRO room is 10’ by 10’ and has few amenities, such as laundry, individual washrooms or food preparation areas (Figure 1). Residents are supplied with a simple bureau, bed and bedding. The typical SRO residential hotel has common washrooms on each floor, a beverage room and a restaurant with limited operating hours.⁶ Many hotel residents use hotplates for cooking their meals and have a small fridge in their rooms.

⁶ It should be noted that some SROs have self-contained amenities such as baths, showers and basic kitchen facilities.

Figure 1: Typical SRO Hotel Unit, Winnipeg, Manitoba



Photo: Susan Mulligan, 2005

The majority of SRO hotels are commercial ventures owned and operated by individuals. They are considered to be part of the rental market because their rates are what the market will bear, usually on a monthly basis.

In Canada, SROs are not considered to be an adequate form of housing and the public sector is reluctant to use public funds for their acquisition, renovation, operation and management. In the USA, primarily non-profit groups are responding to the needs of the residents by renovating the buildings and implementing models of supportive housing into the SROs, in attempts to increase the basic capabilities of the tenants, and thereby increasing their overall well being.

This section will trace the three phases of North American SRO hotel development, beginning with phase one, the Depression to the 1960s; phase

two, the 1960s to the 1970s; and phase three, the 1970s to what is known as the SRO Crisis (Groth, 1989). We then examine the trends towards the construction, conversion and rehabilitation of SRO hotels. We will close by looking at government involvement and SRO hotels, in particular in the USA through funding and by-laws that serve to protect them.

2.3.1 Historical Review of North American SRO Hotel

This next section delves into the rich history of the North American SRO phenomenon and concludes with an examination of supportive housing models within this housing setting. As Groth puts it, “the diversity of hotel life stems from the diversity of hotel residents, the relative stability of their work, and their income” (1989:2). The history of the SRO hotel in North America is lengthy with many people choosing residential hotels over other housing options.

In the early 1920s, only a tiny fraction of hotel dwellers lived in mid-priced or luxury hotels. Moreover, many SRO residents were, and continue to be, transient due to reasons associated with low wages, lack of alternative affordable and adequate housing, substance abuse and/or mental illness. Seniors constitute a large percentage of the SRO population as well (Groth, 1989).

Changes in the SRO hotel stock can be generally divided into three phases (1900-1960; 1960-1970; 1970-present). From the Depression to 1960 there was an oversupply of hotel rooms. From 1960 to 1970 redevelopment of downtowns took place, and new approaches concerning hotels were made. Since the 1970s, the “SRO Crisis” resulted in continuing losses that have been in rough balance with renovation and construction of new ones (Groth, 1989).

2.3.2 Phase One: The Depression to the 1960s

One of the earliest articles written on the subject of SROs was in 1928. It examined the population characteristics of hotel dwellers in close to five hundred hotels in Seattle Washington (Hayner, 1928). Sources and statistical data were found inadequate and contradictory largely due to the transient nature of the hotel guests. However, Hayner's research was able to capture the social dynamics of the residents during the study and concluded:

In the large metropolitan hotel the guest is only a number and is characteristically detached from the place he sleeps. In some cases this anonymity and impersonality encourages a restless, lonesome, unhappy state of mind. The individual may gradually accustom himself to living in public, eating in public and all but sleeping in public (p. 784).

The location of urban railway network junctions played a significant role in North America's SRO hotels. There was a great surge in hotel construction in the 1920s, many of which were dispersed around train stations in the central business districts (Fogelson, 2001). The central business district (CBD) was the hub of activity at this time and rail was the primary mode of travel. In addition, the SROs provided inexpensive accommodation for those who were traveling by train as well as those who worked in casual labour. The hotels were needed for temporary accommodations.

Around 1920, these once thriving CBDs were about to change and in effect the SRO hotels would start to cater to another demographic. For instance, approximately five years before the New York stock market crashed (October, 1929) the first signs of decentralization began to appear in North American cities (Wolfe *et al*, 1967; Fogelson, 2001). Businesses closed their doors, construction came to a standstill, and rents fell by as much as thirty percent in most cities. The problems linked with decentralization included the decline of downtown retail sales and property values, bankruptcies and foreclosures, which resulted in

“blighted areas” once regarded as flourishing central business districts (Wolfe *et al*, 1967; Stelman, 1997; Fogelson, 2001).

This point in time devastated the hotel industry, as they were labour intensive and required high occupancy rates to break even during the best of times. To this point Fogelson notes:

With far more room available than ever and far fewer business men on the road, the occupancy rate fell from nearly 70 percent in 1929 to roughly 50 percent in 1933. With room rates falling too, revenues dropped by half. Unable to reduce operating expenses to a point where they could meet fixed charges, many hotels went under. By 1934, 80 percent of them were in the hands of creditors (2001:219).

As a result of this economic downturn, many landowners demolished their buildings and turned their sites into parking lots anticipating an economic turnaround when they could rebuild (Fogelson, 2001). There were no signs of recovery from the depression until the mid 1930s, and it was slow. In the United States, occupancy rates in downtown office buildings were at twenty-eight percent in 1934 but dropped to an all time low at four per cent by 1945.

By the early 1940's, there was still no new construction that took place in the central business districts and the existing building stock was becoming older and seedier. Businesses and landowners were beginning to realize that decentralization was more of an issue than the recovery from the depression, the daytime population was below pre-depression levels. The outlying sections of cities continued to grow, in most areas three times as fast as the central areas (Fogelson, 2001).

Residential dispersion was a serious factor as people moved from the center of the city to the suburbs. This movement of people involved the middle and upper classes leaving behind the lower class, often ethnic and racial minorities (Fogelson, 2001). The people, with lower economic status, did not spend money in the downtown stores that were in walking distance from their homes. The

suburbs lacked housing opportunities for single and mobile young adults. Suburban jobs or inexpensive apartment buildings were not created in sufficient numbers until about 1960 (Groth, 1989).

2.3.3 Phase Two: The 1960s to 1970s

After WW II, the rooming house market flourished to fill the needs of single and mobile young adults (Groth, 1989). White-collar work increased downtown, while the blue-collar work did not. Employers were interested in steadier family-tied workers rather than “politically volatile, floating groups hired for short periods” (Groth, 1989). By 1960, welfare policies inadvertently saw more unemployed persons forced into downtown hotels for temporary housing. This was the beginning of an unplanned interdependence between social services and hotel owners (Groth, 1989). The fact that people were living in SROs was also a major influence of the results of deinstitutionalization (Rose, 1979; Warren, 1981; Palermo, Smith & Liska, 1991). To which Warren notes:

There has been an ideological shift of emphasis from custodial care in large facilities to community placement and non-residential treatment and care: the so-called deinstitutionalization movement. Without significant opposition, the ideology of deinstitutionalization since the 1960s has taken firm root in policy directives” (pps. 724 & 725).

Warren argued “deinstitutionalization is more mythical than real; what is real is the transfer of “social junk” from state budgets to various combined welfare-private profit systems that cost the state less and provide numerous entrepreneurial opportunities” (1981:726). The social political economy argument suggests that the policy of deinstitutionalization is best understood as political and economic measures designed to sustain near-bankrupt state governments and to establish the basis for transferring funds from services to the private sector (Rose, 1979). Gleeson takes this notion further by adding,

Deinstitutionalization often simply means transinstitutionalization as service-dependent people migrate from traditional institutions to mainstream hospitals and/or the cluster of overstretched facilities within inner-city ghettos (1997:218).

The 1960s also began to show cracks from increased suburbanization. Many downtowns had lost their competitive edge and the unattractiveness helped not make it the place where those with money would come to spend. As a result, slums and blighted areas, many of which were adjacent to the central business districts, were slated for redevelopment. Downtown business interests were the principal force behind urban redevelopment (later urban renewal) and their goals were to entice those with purchasing power back into the central business district. An attempt to clear these once fashionable inner-city neighbourhoods with improved low-income housing was viewed as a way to attract the upper classes back into the downtown areas (Groth, 1989, Fogelson, 2001).

However, the profits of suburban-single-family houses overshadowed the investment into the downtown areas. Moreover, a generation of hotel owners literally died out, and the majority of inheritors sold their hotels and invested in suburban real estate (Groth, 1989). Highway construction, linking the suburbs to the inner city, continued to level lower-cost hotel blocks. Originally designed to revive downtowns, the construction of freeways accelerated the decentralization process. Again, more and more space was devoted to the needs of traffic and parking than devotion to retail trade and residence (Wolfe *et al*, 1967; Fogelson, 2001).

2.3.4 Phase Three: The 1970s and the SRO Crisis

By the early 1970's, the availability of SRO hotels dramatically changed. Urban renewal contributed to the removal and demolition of SRO hotels. As Groth puts it, "during the decades of urban renewal, officials moved from making anti-hotel

policy to attempting to eliminate hotels; this prohibition was part of a scheme to end all urban blight and poor housing” (1989:273).

In the mid to late 1970s the American media began reporting that urban renewal projects had created an “SRO Crisis.” For example, Groth points to the Harvard Joint Center for Housing Studies with reported that between 1974 and 1983, close to 896,000 housing units that rented for less than \$200 per month were lost (1989). Downtown hotel owners, who chose to improve incomes and eliminate management problems converted, demolished or simply closed their buildings. Many of these were SRO hotels, although some were rooming houses (Schraeger, 1994).

In Canada, a shelter crisis also existed. For instance, in the early 1970s there were about 13,300 SRO units in Vancouver’s Downtown Core. By January 1995, close to 5,700 units (43%) had been lost reducing the SRO stock to 7,600 units (Schraeger, 1994). Most of the losses of SROs that occurred in the 1970s were partly a result of by-law enforcement and urban renewal projects. There were about 13,300 SRO units in the downtown core, in 436 buildings. By 1995, the stock had shrunk to 7,600 units in 174 buildings (Housing Centre, Community Services Group. 1995:1). In Winnipeg, over ten hotels were demolished or renovated within the same timeframe.

Arguments in support of hotel residents began to be included in public housing programs in the United States. In response, in 1970, Congress passed the Uniform Relocation Act. The Act legally required redevelopment agencies and other federally funded groups to recognize people living in hotels as city residents. More specifically:

Each hotel dweller was to receive the \$200 household dislocation allowance, compensation for moving costs, and up to \$83 a month for four years if the new housing cost more than 25 percent of the individual’s

income; the total not to exceed \$4000. SRO residents became suddenly visible and expensive for the urban renewal process (Groth, 1989:285).

The Federal Omnibus Reconciliation Act of 1981, and the Stewart B. McKinney Bill in 1987 further improved the status of hotel housing through the availability of subsidies. However, the Reagan and Bush administrations gradually decreased public housing funds by 80 percent (Groth, 1989).

Much of the literature during the late 1970s to mid 1980s dealt with the aging population residing in SRO hotels (Eckert, 1983; Cohen & Sokolovsky, 1979; Mostoller, 1986; Rollinson, 1990, Squier, 1988). Cohen and Sokolovsky focused their studies on the isolation of the elderly using the SRO as a residential framework. They found elderly residents as “isolates” are largely a myth because of inadequate research instruments that have not used both anthropological and sociological approaches. On the other hand, based on a 1985 study, Rollinson argued that hotel life offers anything but independence and the elderly residents were trapped in a situation that intensified their isolation from society (1990). Eckert concentrated on the pre-relocation and post-relocation of the elderly, signifying the loss of SRO units and increases in homelessness (1983).

The elderly population, and their vulnerability to homelessness, remained a concern as closures, whether through demolition or renovation, increased (Keigher, 1991). This was largely due to urban redevelopment schemes in the inner cities that contributed to the displacement of many lower income dwellers at that time. Cohen & Sokolovsky, (1979) examined the aged and social networks in SROs and highlighted poor health, social isolation and powerless among the SRO residents. Eckert looked at the serious impacts on physical and mental health and social adjustment due to forced relocation by those who were aged 50 plus (1983).

During this same timeframe, the literature showed that SRO hotels were increasingly becoming home to American families with children (Gewirtzman &

Fodor, 1987; Beck, 1996). In 1996, Beck's research elucidated that hotels do not have the room or security for a family's possessions resulting in loss and theft of their belongings. Moreover, the hotels are often located in dangerous neighbourhoods. One child Beck interviewed in New York said, "My mother is afraid to let me go downstairs. Only this Saturday the security guard at the hotel was killed on my floor...People are afraid to open the door to even look out. I once found needles and other things that drugs come in, in the hallway"(1996: 3). Gewirtzman & Fodor's study points to this dilemma by highlighting that the school systems are ill equipped to cope with the increasing number of children living in SRO hotels because of the appalling conditions of buildings and shelter life (1987).

Prepared for the Community Service Society of New York, a study with forty females, representing one-hundred and ninety-four family members who were living in hotels, highlighted the bleak picture of hotel life (Simpson, Kilduff & Blewett, 1984). This report was the first found in the literature that indicated a demographic shift in the gender of hotel residents, since Hayner published his article and found the SRO population to be primarily male (1928). Subsequent studies found that families are placed into hotels for an average stay for one year rather than immediate placement into an emergency shelter (Gewirtzman, 1987; Beach & Steinhagen, 1987).

The placing of families in SROs became recognized in the literature that focused on the international perspective (Daly, 1989). Inspired by the high rates of malnutrition, tuberculosis, respiratory problems and other infectious diseases among the homeless populations and SRO residents in British, Canadian and US cities, Daly recommended that comprehensive health programs are critical to deal with the growing homeless populations. During this timeframe, Daly recognized that Canada had a safety net of national health, welfare and social services but he also recognized that a broad approach to the provision of housing, health care and related community services had not yet evolved. As

such, it was feared by Daly that Canada was beginning to follow the USA in placing families into residential hotels to cope with the growing numbers of homeless populations (1989).

2.3.5 Constructing, Converting and Rehabilitating SROs

Research surrounding the destruction of SROs became more evident in the literature towards the end of the 1980s. During this period, academics made a case for the relationship between the loss of SRO housing and homelessness (Haley, 1989) especially for the effects on the elderly and those suffering from mental illnesses who remained living in SROs due to deinstitutionalization (Keigher, 1991). In Keigher’s study, data were obtained by interviewing staff and residents at twenty-seven SRO hotels in Chicago. She found that SROs were still affordable for the elderly but cautioned that this shelter type was continuing to erode. The focus on the elderly and the effects from the loss of SRO housing sparked the construction, conversion and rehabilitations of the SRO stock in the American cities.

As previously stated, beginning in the 1970s, suburban expansion and inner city redevelopment pressures resulted in thousands of SRO units lost in larger American cities (Hoch and Slayton, 1989). Many of these units were replaced by non-residential uses because the inner city was deemed better suited for commercial market activities as land values increased. Table 1 highlights the number of some SRO losses which began in the 1970s.

Table 1		
SRO losses 1970 to 1980		
New York	30,385	60%
San Francisco	5,723	17.7%
San Diego	1,247	26%

Source: Hoch and Slayton, 1989:175

As a response to SRO hotel loss, architects began to convert SRO hotels into improved physical forms of housing, many of which remained available for the typical SRO population as limited income accommodation. Examples include the conversion of the Royalton Hotel in New York, by architect Philippe Starck (Burt, 1989) and the conservation of the Revella Hotel in New York by architect Charlotte Ballard which resulted in better designs and improved residential services (Ernsberger, 1987).

2.3.6 Governmental Support

Hoch and Slayton (1989) recognized that the reduction of SRO units through destruction and/or conversion had resulted in the loss of low cost housing stock while contributing to an increase in of the homeless population. To which the authors wrote, "Saving an SRO can work immediately and effectively to deal with the most important need, that of affordable, secure and private housing" (p. 249).

The majority of these buildings deteriorated over the years and the cost of renovating them is often non- economical, especially when meeting national building codes. This scenario has led local governments to take action in the protection and preservation of SROs. The two main instruments used in North America to protect SRO stock from demolition and conversion are anti-conversion and anti-demolition by-laws. The general propose of these SRO by-laws are:

- To outlaw the conversion or demolition unless a permit is awarded by the city;
- To provide adequate relocation assistance for those evicted; and
- To provide replacement housing or pay an equivalent fee to the replacement cost of such housing to a city fund by the property owners for the construction of limited income housing (Hoch & Slayton, 1989:249).

A good example can be drawn from the City of San Francisco which legislated the San Francisco Residential Hotel Unit Conversion and Demolition Ordinance. This was based on a report commissioned by the City that revealed that between 1975 and 1979, 5,723 of the existing 32,214 SRO units were lost in the City (15% of the total stock or 1200 units per year) due to demolition and conversion (San Francisco City Planning Department, 1988). The purpose of this by-law was to:

Benefit the general public by minimizing adverse impact on the housing supply and on displaced low income, elderly and disabled persons resulting from the loss of residential hotel units through their conversion and demolition (San Francisco, City Planning Department, 1990).

Evidence that the ordinance contributed to the preservation of the SROs was:

Between 1981 and 1988, only two residential hotels with a total of 109 units were lost through the conversion to tourist use and the one-to one-replacement requirement of the ordinance was satisfied by the rehabilitation of seventy-two units and in-lieu-of payments of \$550,000 (San Francisco, City Planning Department, 1990).

One positive outcome of San Francisco's new ordinance was that public funding and subsidy increased with non-profit organizations assuming the provision of support services to the residents. One such program is the "Shelter plus Care" a Federal program that combines operational and support funding to SROs. This program is thought to have contributed to the stabilization of the residential population of hotels (Green & Hay, 1994).

Today, one of the leading causes of SRO losses is a hallmark event. Hallmark events are held in cities to attract large numbers of tourists and citizens for short periods of time such as the World Exposition. For example, the 1986 World Exposition in Downtown Eastside Vancouver resulted in the evictions of hundreds of people when SRO hotel owners upgraded their units in hopes of reaping large profits from the thousands of tourists that were arriving in the city for the event (Green *et al*, 1994).

This section of the literature review examined three phases of SRO hotel development; the first phase being from the Great Depression to the 1960s; the second from the 1970s to the period known as the “SRO Crisis” and lastly the constructing, converting and rehabilitating of SROs which helped to increase the availability of appropriate and safe SRO housing. The literature has shown that this form of housing persists in the urban landscape and has evolved to supply a better form of housing in the United States.

2.4 Supportive Housing: Introduction

Supportive housing refers to permanent, independent and affordable housing for people who are at risk of becoming homelessness due to lack of affordable, available and adequate housing (Proscio, 2000). In particular, persons with substance use and mental disorders (when these two conditions are experienced together, it is referred to as a co-occurring disorder) are at greater risk of homelessness, and as previously noted, constitute the majority of SRO residents. This population represents a highly vulnerable sub-population among the homeless. Treatment of their overall well-being cannot be significantly addressed without appropriate housing and supportive services.

Appropriate services are provided as part of the normal operation of a supportive housing model, as a means of assisting the residents to maintain a maximum possible level of independence, stability and participation in the general community. While it is important to note that supportive housing models vary, in application models must be adapted to the local jurisdiction, just as respect must be accorded the differences in legislative and regulatory environments.

There are different types of supportive housing model that vary in terms of the character of residential settings, the services delivered and the extent to which government and agencies become involved. One common thread of successful supportive housing models is that agencies provide services and activities to

promote the quality of life for residents and encourage them to live both independently and interdependently. The next section examines supportive housing models and how they may serve to assist those most in need.

2.4.1 Facility Types

Supportive housing has been around for decades and there are many models and approaches to delivering this form of shelter. Common models include special-needs housing, service enriched housing, housing for older adults, and government assisted housing (Cohen *et al*, 2004). Table 2 highlights some of the common forms of supportive housing models and the typical services provided.

Table 2 Typical Models of Supportive Housing		
Classification	Target group	Services delivered
Special Needs Housing	Residents with special needs, including those with mental, developmental or physical disabilities or those requiring ongoing medical treatment such as HIV/AIDS, people with psychiatric disabilities or people recovering from addictions.	Services generally focus on health in addition to life skills and stabilization services, crisis intervention and case management.
Service Enriched Housing	Two-parent and single-parent families with children, individuals, disabled people, extended families, couples, the elderly, and people with special needs.	The major goal of service enriched housing is to promote the quality of life and improve the economic well-being of the residents. The residents are not necessarily at risk but an option for crisis intervention and service coordination is usually an available option.
Housing for older adults	Seniors	Traditionally, seniors housing has included service coordination to prevent institutionalization and to promote older adults to live in a semi-independent environment while having their basic needs cared for. Services provided are usually by an outside service agency or program.
Government Assisted Housing	Low-income populations, including, but not limited to, two-parent and single-parent families with children, individuals, disabled people, people with special needs, extended families, and elderly people.	This form of housing refers to publicly funded housing through subsidies. The major goal of this housing is to provide affordable housing. Most of the programs provided are outside the housing facility and are geared towards self-sufficiency programs to help guide the transition from welfare to work.
Supportive Housing	People who are at risk of homelessness.	Refers to permanent, independent and affordable housing. Appropriate services are provided as part of the normal operations of the housing as a means of assisting the residents to maintain a maximum possible level of independence, stability and participation in the general community.

Source: Cohen *et al*, 2004

In 1995, the United States Department of Housing and Urban Development (HUD) implemented the “Continuum of Care” approach to restructure and modernize the existing competitive funding and grant-making processes by encouraging communities to plan for the provision of housing together with services for people who are homeless (Morgan, 2002). The goals are still to help those who are at risk of becoming homeless or who are homeless by providing

prevention and outreach programs and emergency shelter to transitional and permanent housing.

An example is found in Boston where they provided more than 450 units of permanent supportive housing under HUD's Section 8 Single Room Occupancy Moderate Rehabilitation Program, which housed the "hard-to-serve" people with various disabilities (Morgan, 2002). In this model, residents were able to access services and the SRO hotel owners were able to provide accessible units with financial support geared towards the renovation costs.

As previously noted, converting and rehabilitating SRO hotels, in part, began as a response to the levels of homelessness in the United States. Due to the legislative and funding environment requiring that the units must be kept affordable to those on very limited incomes, measures were introduced to ensure that this form of housing served as encouragement for residents to live both independently and interdependently.

Supportive housing programs are delivered in a broad spectrum of housing types, such as apartment buildings, co-ops, group homes and residential hotels. The housing provider and service provider may be at the same location or may be different corporations. Services may be delivered wholly on site or partially on-site and in near-by locations. There may be a legal agreement in relation to housing, in the form of a lease that is distinct from an agreement with the service provider (Tull, 1996).

Research has compared whether the effectiveness of short-term or long-term support in residential treatment has made a difference in terms of drug and alcohol abstinence and subsequent levels of homelessness (Kennedy, 1989; Brunette, Drake, Woods & Harnett, 2001). The results of Kennedy's study were that residents with long-term stays had significantly better outcomes than those in short-term programs. This was found to be the case because the residents

could take the time to learn the necessary life skills and participate in social and vocational rehabilitation, which allowed for transition back into the community (Brunette *et al*, 2001). Both studies revealed that residential treatment that provides intensive services, combined with safe housing and assistance with daily living is vital for drug and alcohol abstinence and reduced risks of homelessness. Key is that the treatment program was community based, rather than hospital based, and the program was noted for its flexibility.

The task of building management is usually the responsibility of the owner or the housing agency that developed the project. The duties for the building manager include building maintenance, renting the vacant units, collecting rents, making repairs, and addressing other issues that relate to the building for the owner and tenants. Building managers are not responsible to handle tenants' personal problems. However, if issues arise such as a tenant missing rent payments, becoming disruptive or destructive, the building manager may have alternatives other than to warn the tenant and proceed with eviction (CSH, 2004).

2.4.2 Service Provision

The services provided in "special needs housing" target the requirements of residents, including those with mental, developmental or physical disabilities or those requiring ongoing medical treatment such as HIV/AIDS, people with psychiatric disabilities or people recovering from addictions. Services in this form of housing generally focus on health in addition to life skills and stabilization services, crisis intervention and case management (Cohen *et al.*, 2004).

Supportive housing focuses less on professional services and more on person-centered support, self-help and natural support. Supportive housing is based on principles of consumer choice, flexibility, and ongoing supports tailored to each resident (Walker & Seasons, 2002). This form of housing helps chronically

mentally ill people, disabled people or people in recovery from addictions. Some agencies have also developed this model to include families (Cohen *et al.*, 2004).

The services provided are numerous, especially because they are designed within the local setting. They may include assistance with hygiene, nutrition, homemaking, health care employment and training and supportive counseling. Services may be provided on a pre-scheduled and/or on-call basis 24 hours a day. Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable. When participation in support services is mandatory, failure to comply often results in evictions and homelessness for the resident.

The Corporation for Supportive Housing (CHS) is a national nonprofit organization in the USA. Since 1994, they have researched and worked tirelessly on the topic of supportive housing and have offices through-out California. They recommend that a coordinated system of support be available to individuals (CSH, 2004). Using multi-agency teams, the services are then delivered in a way that integrates health and social services. The strategic partnerships provide service-enriched housing that also provides training in independent living and employment-ability skills.

On-site service delivery is valuable to the residents as well. The goal of on-site services is to reduce re-hospitalization for mental illness, prevent homelessness, and increase self-sufficiency (Shepard, 1997; Kennedy, 1989; Cohen *et al.*, 2004; Walker & Seasons, 2002; CSH, 2005). Kennedy's research examined one hundred and fifty-nine participants in New York City's supervised and supportive community residences and single room occupancy hotels found that:

...the length of tenure of the SRO population suggests their apparent stability. Social contacts outside the hotels were detrimental to the tenants' well-being, but for tenants with psychiatric histories, contacts within the hotel were associated with satisfaction. Well-being and effective functioning were minimally related for these SRO tenants, but supports

from inside the hotel were related to both better functioning and subjective well-being (1989:66).

2.4.3 Health Related Issues

Alarmingly, Canada has no national mental health strategy, despite statistics indicating that one in five persons are affected with mental illness during their lifetime (Anderson, 2006) and more than one in three Canadians treated in hospital for some form of mental illness return within one year of their discharge (Ubelacker, 2006).

“Out of the Shadows at Last: Transforming Mental Health, Mental Addiction Services” in Canada is a powerful comprehensive 2006 report (with one hundred and eighteen recommendations) that depicts the status of mental health and service delivery in Canada. Chairman of the Senate Committee, Senator Michael Kirby, told members of the Canadian Medical Association that,

We managed to ignore the issue of mental health for a very long time. If you look at the services on the ground, they are hugely fragmented. There is no cohesive, patient-oriented system. Mental health has not been at the top of the political agenda. The overwhelming reason for that is the stigma of mental health, which is the reason it has never had the public support that other health issues, such as cancer, have had. The second reason is that services for the mentally ill do not fall under a single department – some aspects address health, others relate to housing or training (Anderson, 2006:139).

In the report, housing was addressed as a key determinant of health. The authors estimate that as a result of the deinstitutionalization of patients suffering from mental illness, approximately 140,000 Canadians do not have adequate housing (Anderson, 2006).

Research in the United States has indicated that police officers lack formal training in handling crisis calls for persons suffering from mental illness (Perez *et al*, 2003). Rather than escorting them to a municipal crisis unit, police officers often arrest the person. This lack of formal training leads to what Perez and

associates describe as a revolving door of the criminal justice system, or worse; it can escalate the situation into a violent encounter (2003). The researchers recognize that the problem has fallen on law enforcement and the courts, as less than fifty percent of the inmates with mental illness in county jails receive treatment while incarcerated.

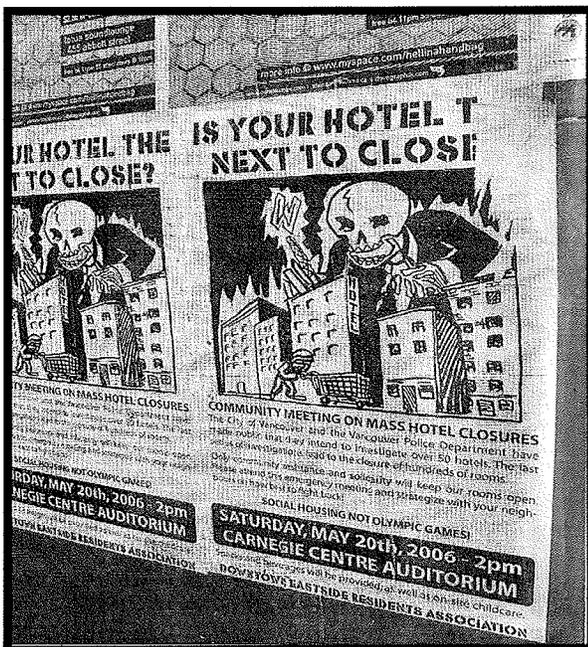
As a response, in Miami-Dade, The Eleventh Judicial Circuit Criminal Mental Health Project (EJCCMHP) was established. This project is a comprehensive care program that addresses transition and housing issues as well as substance abuse. This project was designed to reduce crime rates, police injuries, expedite the return of police officers to their patrol duties, save tax dollars and streamline the judicial process. The program integrates all services available for this distressed population. Perez *et al* (2003) describes what the integration of services entails:

- A case management system;
- Transition and housing assistance;
- A system for improving standards of care at adult living facilities (AFLs);
- Monitoring the quality of care and access to services at AFLs (working with the court); and
- Regular monthly meetings between all key stakeholders in the community (2003:70).

Research suggests that reduction in relapse rates for re-hospitalization and re-arrest occurs through participation in the Eleventh Judicial Circuit Criminal Mental Health Project. However, the key component of this program is the inclusion of housing. In the USA, fifty percent of the homeless population suffers from mental illness and a lack of transitional bed facilities in appropriate assisted living facilities. Through the collaboration of multiple agencies, availability of housing services ensures a continuum of care is followed from the treating facility (Perez *et al*, 2003).

In a 2006 study, Ishida *et al*, present evidence of the gap between provision of housing, health care and related community services. In Vancouver, these researchers found that living in a SRO hotel setting is greatly associated with drug use and subsequent poor health. Close to two thousand persons residing in SRO hotels were interviewed to gauge whether this type of housing environment encourages HIV risk behaviours, such as intravenous drug use. They concluded that there is an urgent need to address housing conditions in Vancouver's Downtown East Side and that without addressing this issue the harm reduction strategies and drug reform policies are threatened in the City of Vancouver (Ishida, Lai, & Tyndall, 2006). Following is a photo of a poster that is scattered through-out Vancouver's Downtown East-side as a response to the squalid conditions of the SRO hotels in the area (Figure 2).

Figure 2: Poster Dispersed in Vancouver's Downtown East-side by the Downtown Eastside Residents Association



Source: Downtown Eastside Residents Association, Vancouver British Columbia, 2005

In Los Angeles, close to 6000 persons remain visibly homeless, on the streets (Figure 3). For most, Skid Row, as it is infamously called, remains a broken tangle of mismatched services and glaring gaps in the provision of even the most basic supports. In response to Los Angeles's epidemic level problem the Skid Row Housing Trust (SRHT) was created in 1989 by a group of business leaders and community activists concerned with an increase in the demolition of SRO hotels. The agency still secures buildings under immediate threat of demolition and restores them to units of decent, safe, and affordable housing.

Figure 3: Homelessness on the Streets of "Skid Row", Central City East Los Angeles.



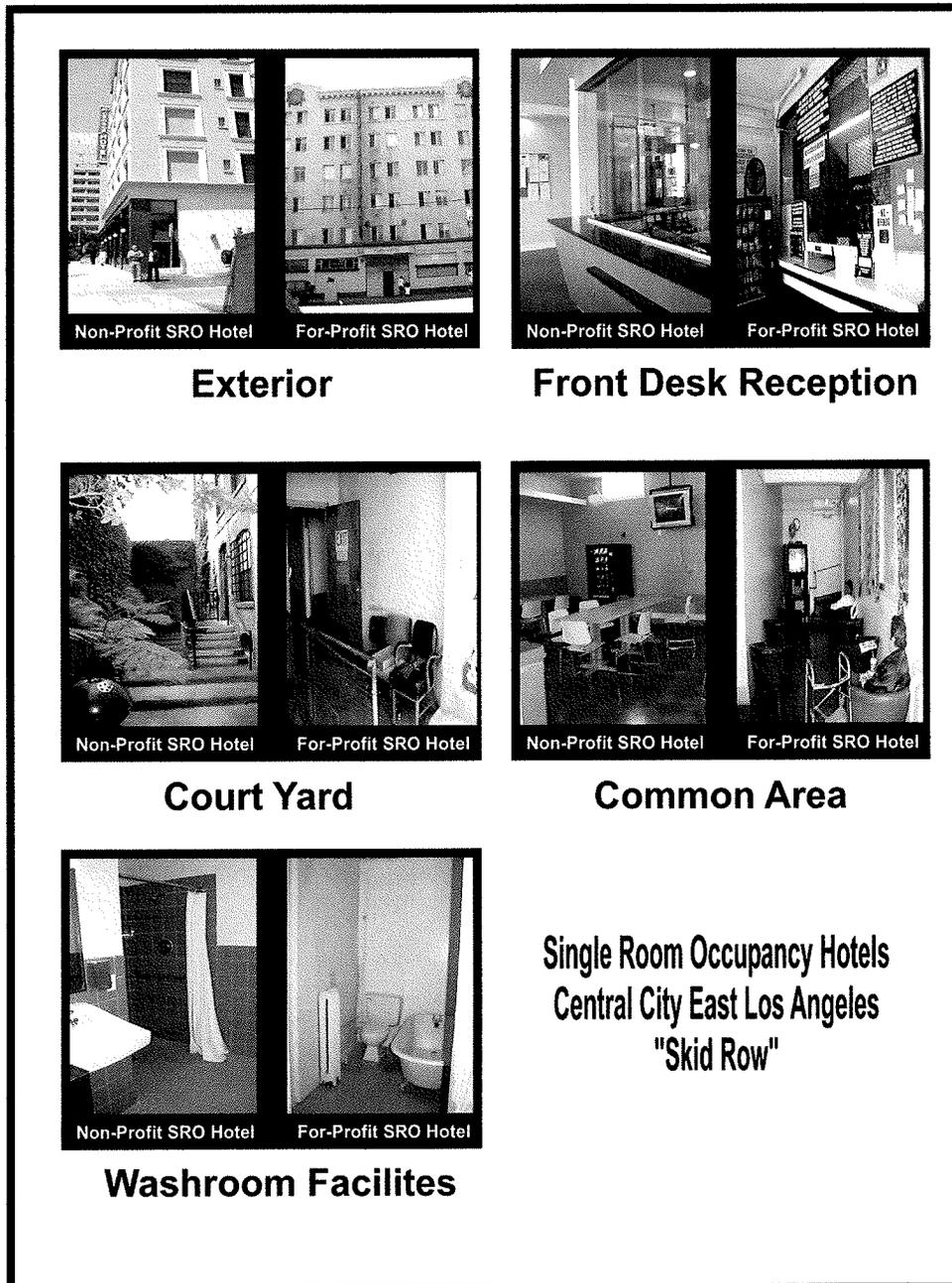
Photo: Susan Mulligan, 2005

One example of the conversion of SRO hotels may be found with the non-profit development corporation associated with the Skid Row Housing Trust (SRHT), which has developed or restored a total of nineteen hotel properties comprising nearly twelve hundred units of affordable housing. The SRO hotels incorporate both private and common living space in buildings (Figure 4).⁷ There is a stark

⁷ For more information see Skid Row Housing Trust web site at <http://www.skidrow.org/>

difference between the non-profit SKHT buildings and those that are for-profit within the same geographical area.

Figure 4: For-profit and Non-profit Single Room Occupancy Hotels in Central City East Los Angeles "Skid Row"



Photos: Susan Mulligan, 2005

The SRHT Supportive Housing Program began operations in 1993 to enable residents to overcome the barriers that often prevent them from achieving housing stability. Case management staff, resident service coordinators, and a property manager are located on site. Resident service coordinators provide case management services, make mental health and primary healthcare referrals, and organize social reintegration activities, peer support groups, health education as well as and other social service supports geared toward helping tenants regain control over their lives. The resident Service Coordinators collaborate with over twenty public and private agencies to deliver a full spectrum of social services and healthcare referrals to the neediest and most underserved of the Skid Row community.

As research has shown, in Vancouver's Downtown East Side, the treatment success rate for persons who experience co-occurring disorders is low when people are living on the street or in SRO hotels that offer no support. Many models of supportive housing programs are successful and provide a cost-effective combination of affordable housing with services that help people live more stable, productive lives. The movement towards supportive housing is based on resident empowerment and lower public costs (Walker *et al*, 2002, Perez *et al*, 2003).

Another good example of supportive housing can be drawn from the Plymouth Housing Group (PHG) located in the downtown core of Seattle, Washington. Local church members founded this organization as an independent, non-profit organization to develop and operate housing for homeless and under privileged people in Seattle. Today, they provide supportive services to slightly over one thousand persons that live in PHG's thirteen buildings and are one of the largest providers of very low-income housing in downtown Seattle (Plymouth Housing Group, 2006).

Their tenant base includes single, formerly homeless adults who lack any family support system. Residents also include the physically and mentally disabled, persons living with AIDS, those who struggle with chemical dependencies, veterans, and elderly adults. Residents have an average annual income of \$10,000 and the rents are never more than thirty percent of the tenants' income. This assures affordability to everyone (Plymouth Housing Group, 2006).

The Housing Support Program offers supportive services to all residents throughout their tenancy. They have four Resource Coordinators who provide stabilization support services, community involvement activities, self-advocacy coaching and healthy mentoring. Supportive services ensure that tenants have access to community resources such as chemical dependency treatment or mental health care (Plymouth Housing Group, 2006).

To highlight how SRO hotels can be conceptualized by meeting the needs of hotels residents in a non-profit setting Table 3 summarizes key themes. Most important, is the fact that supportive housing offers residents a stable environment when compared to 'transient' or for-profit SRO living conditions (Kinzel, 1991).

Theme	Transient ⁸	For-profit SRO Residents	Non-profit Supportive Housing SRO Residents
Living Conditions	Unstable	Unstable	Stable
Focus on Needs	Survival	Social	Social
Core of Activity	Shelter	Hotel room	Community
Diet	Balanced	Not Balanced	Balanced
Social Network	Somewhat	None	Very Much
Self-Treatment	Natural Remedies/Drugs	Over-the-Counter Drugs	Prescribed medication
Medical Care	Most commonly Emergency Room	Clinics/Emergency Room	On-site Medical care, preventive
When seek Health Care	Emergency/Severely Sick	Emergency/Severely Sick	On-site Medical care, preventive
Help in an Emergency	Shelter Staff/Street People	Hotel managers/ SRO Residents	On-site Supportive Staff
Meals	Search for Food	Food Banks	Community Kitchen

Source: Kinzel, 1991

2.4.4 Community Economic Development

Supportive housing models often have activities that offer skills/job training opportunities to the residents. Some programs extend beyond the residential unit and promote economic development activities within the immediate community. Examples include community kitchens/restaurants and maintenance/janitorial enterprises (Tull, 1996). Without economic development activities, many of the residents remain on social assistance.

Employment services, at the Plymouth Housing group, provide a large range of support for tenants seeking employment and job training programs. Staff help tenants aim at goals, develop résumés, prepare for interviews and access employment opportunities. Tenants can set up free voicemail and e-mail accounts to help them remain in contact with potential employers. In 2004,

⁸ Kinzel defines transient as one who is episodic homeless (1991).

approximately one hundred and fifty tenants received job training and placement assistance through Employment Services (Plymouth Housing Group, 2006).

The Skid Row Housing Trust’s hotel also has a community support centre, named the Service Spot, which houses a computer lab and classroom. These facilities provide residents training in computers, job search assistance, workshops on topics related to life skills and healthcare (Skid Row Housing Trust).

In 2002, Schmidt, Wiley & Zabkiewicz, carried out a useful study relating to “welfare dependency” and those suffering from addictions that may help to understand the benefits of supportive housing. Researchers used a sample of close to 900 persons who obtained aid for six years in a northern California community of 900,000. Respondents were gauged on their entrance and exits to/from “welfare” and to what degree their use of alcohol and drugs played a role. During the study, researchers examined several hypotheses concerning the relationship between substance dependence and welfare dependency derived from *human capital, social capital and institutional labeling theory*. Table 4 outlines these three theories.

Theory	Hypotheses
Human Capital Theory	Addiction impairs work capacity and increases vulnerability to repeated welfare use by making it more difficult to get off welfare into a stable job.
Social Capital	The ability to accumulate resources through social networks in which money and resource-generating skills are shared.
Institutional Labeling Theory	Substance abusers are more prone to repeat welfare dependencies because welfare agencies and caseworkers that are less hospitable to people with alcohol and drug problems make their existence on welfare unstable

Source: Schmidt, Wiley & Zabkiewicz, 2002

While there is evidence supporting the human capital theory, Schmidt *et al* reported that there is surprisingly little direct evidence that substance abuse

consistently impacts wages and other labour market outcomes (2002).

Recipients addicted to drugs and alcohol may have difficulty or actively resist conforming to the bureaucratic guidelines of the welfare system. The importance of understanding the full range of reasons people leave the welfare system was a key aspect.

Human capital theory led researchers to predict that addicted recipients were less likely to work their way off welfare than other clients. Those welfare recipients who experienced substance dependence at the time of applying for aid were three times more likely than other recipients to subsequently exit welfare due to family or household change. Such conditions are consistent with the concept that addicts can accumulate “negative social capital” by possessing bad reputations and social networks that provide little basis for material support (Schmidt *et al*, 2002).

Overall, their study found the supports for social capital theory. Social capital seemed to enable the person on welfare to accumulate resources through social networks and as a result they not as dependent on the system, compared to what may be predicted by using the institutional labeling theory where excessive responsibility is placed on the person to change their circumstances.

2.4.5 Faith-Based Community Organizing

Recently, there has been a resurgence in the role of urban faith-based organizations (FBOs) entering into the area of economic development, including the provision of housing (Jamir-Slessarev, 2004; Reese, 2004; Owens & Smith, 2005). Jamir-Slessarev explored the local attraction of congregational community organizing and concludes that “a return to grassroots organizing resulting from deteriorating public services and discriminatory private sector practices at the local level” is taking place across the United States. Reese points to the fact that the USA federal policy-making environment supports greater roles

for faith-based organizations, but questions whether they have sufficient economic development skills as the federal service providers.

Financing and administering faith-based development activities raise several concerns: for example many FBOs do not create non-profit entities, making it difficult to maintain a secular separation and overuse of public funds (2004:50).

In a study released in 2002, Owen and Smith concluded that simply demonstrating that FBOs offer low-income residents' social housing support does not mean that they are the most appropriate institutions for providing that housing. They go as far as stating that the FBOs are not necessarily the most interested in delivering social welfare. Walker and Seasons agree, and maintain the fact that by empowering people to choose the support, get the support and keep the support, they will experience their residence as a home rather than housing (2002).

2.4.6 Partnerships in Supportive Housing

Collaborative partnerships are frequently used to promote a coordinated community response to complex social issues because they interact and inform related policies and practices and engage in collective efforts to promote community-wide change. There is an increasing interest in encouraging inter-organizational development of integrated service delivery systems (Proscio 2000).

The gathering of stakeholders is essential for organizing an effective supportive housing project. In reference to supportive housing, this group of stakeholders is identified by Proscio as a Supportive Housing Consortium. This consortium is an association or grouping of institutions, businesses, and/or financial organizations, commonly set up for a unifying purpose that would be beyond the capabilities of single members of the group.

In the context of supportive housing, designing an appropriate mix of services, assembling reliable funding, for both the housing development and services, and building local coalitions of support for supportive housing is necessary. As previously mentioned, each supportive housing model is designed with the local context in mind.

2.5 Chapter Summary

This chapter has examined the history and pertinent literature on social housing and social housing delivery as experienced by housing providers in Canada and the United States. Research has shown that there are challenges associated with access to social housing because social housing providers have limited capacity to provide one-on-one assistance to applicants and residents, lack linkages to health and support services, and in general there is a lack of affordable housing which translates to long wait-lists.

A historical review of single room occupancy hotels within North America was also presented. In particular the literature review examined three phases of SRO hotel development; the first phase being from the Great Depression to the 1960s; the second from the 1970s to the period known as the “SRO Crisis” and lastly, the constructing, converting and rehabilitating of SROs which helped to increase the availability of appropriate and safe SRO housing. Residents are living in substandard conditions, and public and private money should be provided to upgrade them. However, with withdrawal of the federal government from most housing programs funding may not be readily available.

These sections led to a review of how models of supportive housing began as a response to the levels of homelessness and the subsequent wave of rehabilitation of SRO hotels in the USA. Most importantly, this section outlined that models of supportive housing that can serve as an encouragement for residents to live both independently and interdependently. Research shows that when the right kind of support is offered, people with complex needs can be

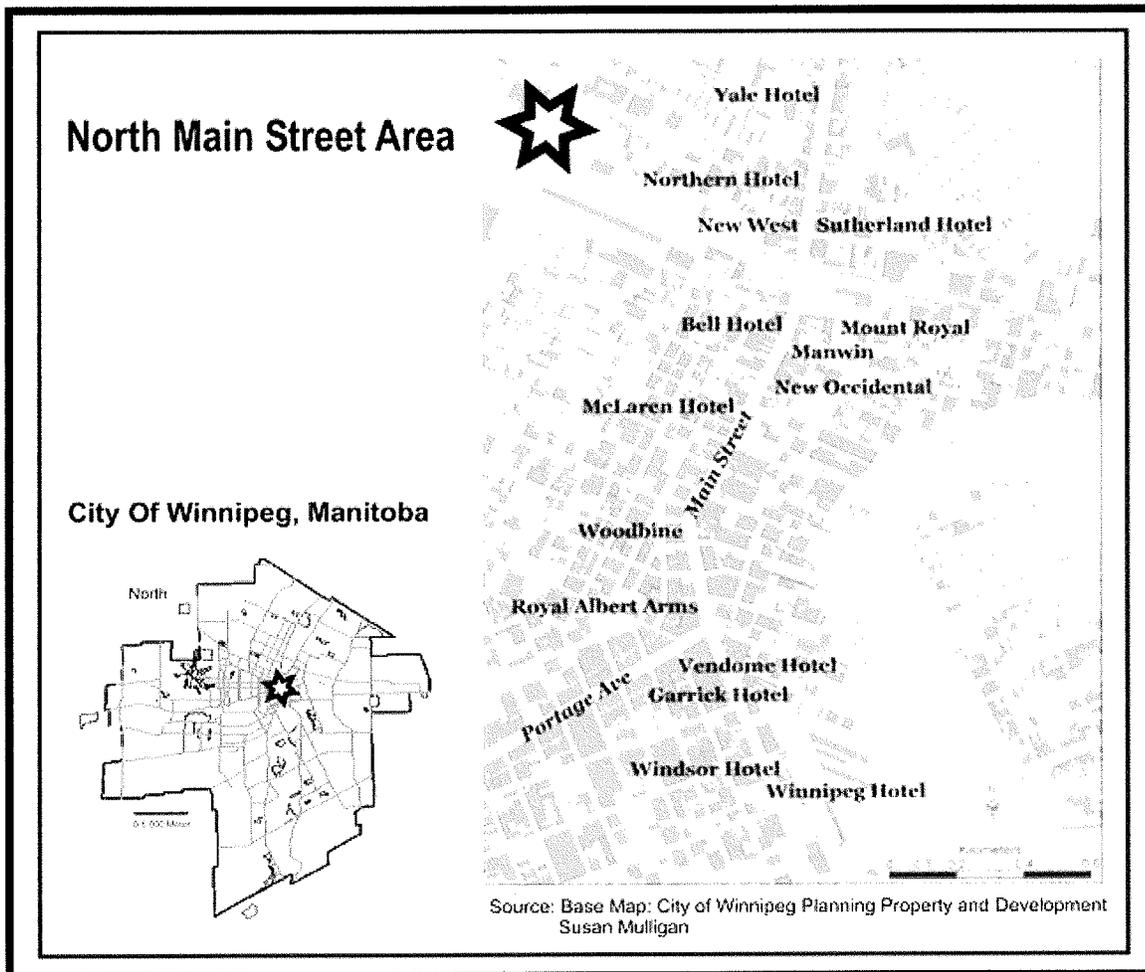
housed successfully. Residents can view their housing as “home” once supportive services are in place and voluntarily used.

This literature review has been beneficial to understanding the SRO hotels in Winnipeg; it has aided in determining whether a model of supportive housing would be appropriate to the Winnipeg SRO hotel setting. The next chapter examines the SROs in Winnipeg as a case study. The literature will be re-visited in Chapter 4 and at that time the findings of the Winnipeg case study will be re-addressed, with the goal of responding to the four research questions established for this Practicum.

3.0 CHAPTER THREE: WINNIPEG SINGLE ROOM OCCUPANCY HOTELS

The majority of Winnipeg's SRO hotels are located on Main Street in downtown Winnipeg (Figure 5). The SRO hotels range in size and availability of units (Table 5). The Main Street and nearby area has had a rich history ranging from being a symbol of the City's past grandeur and urban vitality to its more recent status as an area of urban decline (Stelman, 1997). This section will trace the historical development of the SRO hotels within and nearby Winnipeg's Main Street area, followed by a review of the past and present legislation governing the SRO hotels. Next, this chapter reviews urban revitalization efforts on Main Street and vicinity. Finally, the circumstances surrounding an SRO hotel closure and the subsequent resident displacement is examined, followed by a review of the provision of social services for the area's SRO hotel residents.

Figure 5: Map of Winnipeg Study Area



Base Map: City of Winnipeg, Department of Planning and Property
Prepared by: Susan mulligan

Hotel Name	Year Built	Number of Rooms	Location
Woodbine	1879	37	Main Street
Winnipeg Hotel	1882	47	Main Street
New Occidental	1890	51	Main Street
Vendome Hotel	1900	30	Downtown
Sutherland	1900	20	Main Street
Yale Hotel	1901	20	Main Street
Winsdor Hotel	1903	35	Downtown
Mount Royal Hotel	1904	39	Downtown
New West Hotel	1904	32	Main Street
Bell Hotel	1906	50	Main Street
Manwin Hotel	N/A	24	Main Street
Northern Hotel	1906	45	Main Street
Garrick Hotel	1907	45	Downtown
McClaren Hotel	1910	150	Main Street
Royal Albert Arms	1913	54	Downtown
Total	N/A	679	N/A

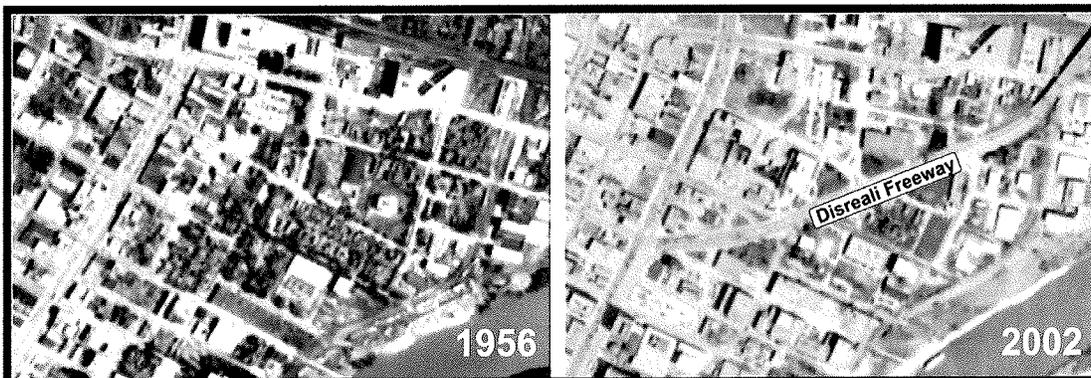
Source: Henderson Directory and the Winnipeg Free Press.

3.1 History of SRO Hotels in Winnipeg

The City of Winnipeg was incorporated in 1873. In 1904, it was verified that the Canadian Pacific Railway would pass through the city, the hotel development along Main Street escalated, resulting in ninety-six hotels in Winnipeg by 1914 (Gray, 1972). The decline of the hotels and the Main Street area, itself began to occur after the start of World War II. At that time, the young single male population, many of which were transient workers who occupied the hotels vacated the area (Gray, 1972). Immigration, travel, and business activity decreased dramatically as unemployment levels rose. After WW II, the City of Winnipeg followed a typical pattern of growth found elsewhere in North American cities, characterized by the construction of suburbs and highways and continued disinvestment from the Central Business District (CBD). Decentralization reduced the importance of warehousing and shipping operations as industrial expansion shifted outside the city limits.

The deterioration of the Main Street area accelerated in 1961 with the construction of the Disraeli Freeway (Stelman, 1997). The neighbourhood was transformed as nearby housing and businesses were expropriated for the construction of the Freeway. The increased flow of traffic caused part of Main Street to become a thoroughfare versus a pedestrian place for shopping. Effectively cut-off for pedestrian traffic, retail outlets closed and moved to other parts of the downtown. The introduction of the roadway isolated the neighbouring residential areas, further reducing the demand for services on Main Street. This is highlighted by the swath that was cut through the neighbourhood resulting from the construction of the Disraeli Freeway (Figure 6).

Figure 6: Aerial Maps of the Disraeli Freeway: 1956 and 2002



Source: City Of Winnipeg: Property and Planning Maps Department
Prepared by: Susan Mulligan

Between 1975 and 1985 most of the shops had become vacant, with the exception of a sporting goods store (Distasio *et al*, 2005). The changes in the area also raised tension with some Main Street hotel owners. During this time, the Manitoba Liquor Control Commission (MLCC) imposed an increasing number of violations upon hotel management (Werier, 1975; Winnipeg Free Press, 1975). Many complained of unfair treatment, as their hotels were perceived as being inspected, by various municipal agencies, at a higher rate than hotels outside the Main Street area. The following quote from a Winnipeg newspaper attests to the frequent inspections:

Conditions in Main Street Hotels are improving, thanks to frequent surprise visits by city health inspectors, councils environment committee was told Monday. The committee recommended that the random inspections continue – inspections that a health department report, released at the meeting, credited with prompting speedier repairs and more frequent cleaning (Winnipeg Free Press, 1976).

More than ever, Main Street began to serve as a meeting place for the underprivileged, the transient, and other newcomers, the chronically unemployed and the homeless. Another local newspaper, the Winnipeg Tribune, reported the despair on behalf of the persons frequenting the Main Street area which had become commonplace on the “Strip” (Figure 7). The Main Street area had become characterized by a high frequency of criminal activity, violence, alcohol and other substance abuse, prostitution, inadequate housing, and limited employment opportunities, and a commercial sector struggling to remain competitive (Damas & Smith, 1975).

Figure 7: “Drunken Despair on Winnipeg’s Drag” Winnipeg Tribune: 1971



Source: Winnipeg Tribune, 1971

The Main Street area was inundated with a number of private and public agencies that offered services in the field of welfare (Damas *et al*, 1975). Family counselling, vocational rehabilitation, job placement, employment counselling,

probation services, day cares, alcoholism treatment, home economics, social allowances, community clinics, special education programs and other services were available. However, despite these services, there was still evidence to suggest that the problems were increasing rather than diminishing. The various social programs seemed to have the effect of merely diffusing the problems through the extensive and complicated labyrinth of bureaucratic agencies and procedures, rather than reducing or preventing them (Neeginan, 1975).

3.2 Current SRO Hotel Situation

Today, there are close to 1000 persons living in single room occupancy residential hotels located on Main Street. As in the past, many residents who live in these SROs may be characterized as having very low incomes and persistent issues that may include substance abuse, mental illness, and other health-related issues. Resident disabilities may be physical, psychiatric, or developmental and they may involve chemical addictions, or other health circumstances that require special needs (Distasio *et al*, 2005).

In a study by Distasio *et al*, that surveyed 55 persons living in the Main Street hotels, revealed that over 90% of the residents have incomes under \$10,000 (2005). The residents of the SROs also experience high unemployment rates and have low education attainment. Because of their low-income rates many residents depend on Employment Income Assistance (EIA) for their shelter cost, which is currently set at \$236.00 monthly for a single adult. The average monthly rents of the SRO hotel units are \$270 to \$350.00. For an SRO resident who pays \$350.00 per month, this means that they must attain an additional \$110.00 for their monthly rent, and often this is found in funds that would be used for basic necessities, such as food.

Low vacancy rates in Winnipeg, in both the public and private housing market, contribute to long waiting lists for those seeking affordable and secure shelter. In

2005, the total vacancy rate for rental accommodations in Winnipeg was 1.3% (CMHC, 2006). Prospective private property and managers in the public market each have the power to be particular in tenant selection. Some property owners and managers avoid renting to tenants who are considered marginalized due to perceived drug and alcohol use and misuse, mental health issues and matters relating to affordability and institutional discrimination (Distasio *et al.*, 2005). For many persons who live in the SRO hotels, the private rental market rates fall out of their income range and they are left with little choice in accommodations. Table 6 highlights the percentage of vacancy and average monthly rents in private rental market in the core area of Winnipeg for 2006.

Type of Unit	Percentage of Vacancy	Average Monthly Rent
One-bedroom units	2.0 %	\$ 525
Two-bedroom units	1.7 %	\$ 702
Three-bedroom units	2.5 % **	\$ 868
Bachelor units	2.7%	\$ 410

* Core Area includes Fort Rouge, Centennial Midland and Lord Selkirk neighbourhoods as defined by CMHC.

** This percentage of vacancy is for the 2005 year as 2006 data is unavailable.

Source: CMHC, 2006.

In addition, there has been little affordable rental housing constructed in Winnipeg in the past ten years. In 2001, the Social Planning Council of Winnipeg reported that since 1983, only 2,231 social housing units had been constructed in Winnipeg (2001). The 2001 Census revealed that the core housing need for Winnipeg renters was then at 33.7 percent.

Hotel operators experience many financial barriers to the economic operation of their hotels. Business and property tax are heavy burdens as are the low provincial housing allowance. As previously stated, a majority of the residents are on Shelter Allowance and the rent allocated per room for a single adult is \$236. This low rental rate per room limits the financial return on the owners' investment.

Another financial burden is the lack of available aid for renovations that could be applied to the aging hotel stock along Main Street. Owners of SRO residential hotels are considered entrepreneurs and as such are not eligible for government grants that would enable them to improve the infrastructure of their buildings, such as the Residential Rehabilitation Program (RAP). The hotel operators, as entrepreneurs, are considered business owners and do not qualify for programs under social housing, as do rooming house operators (Distasio *et al*, 2005).

A recent commitment to build new social housing, under the framework of the Affordable Housing Initiative (AHI), was confirmed in 2002. Goals are to be reached through local priorities and national objectives (Manitoba Family Services and Housing, 2005). The Winnipeg Housing and Homelessness Initiative (WHHI), a tri-level agreement has provided over \$1.5 million in funding for the AHI. In the spring of 2007, the Province of Manitoba announced \$188 million in funding for a multi-year strategy that includes *HomeWorks*, a \$104.5 million, three-year, fund targeting affordable homes for low-income Manitobans. Yet, the hotel operators do not qualify for any of the funding, despite supplying housing to a portion of the most marginalized in Winnipeg.

3.3 Policy and Regulations

The current provincial legislation and municipal by-laws governing Winnipeg SROs can be described as ambiguous at best. The legislation and by-laws are open to interpretation and as a result, there is flexibility in their application. This results in difficulties assessing the roles and responsibilities of various agencies, with the outcome being insufficient guidance in enforcing measures to create a healthful and safe environment. Ultimately, residents find themselves within a legislative environment that does little to protect their right of tenure. Constable Allard from the Winnipeg Police Services summed it up best:

In my first years as a community officer I had the collateral agencies inspect the physical requirements of the structures of these SROs. These zoning requirements were mostly in place and what changes that were required had little effect on the issues within the building or outside on the streets. I then looked at the regulatory policies that governed SROs and found that on paper, the Manitoba Liquor Commission Corporation (MLCC) is responsible for the maintenance of licensing of the rooms. However, in conversations with a representative from the MLCC it was clear that they had made an administrative decision that the Environmental Health Department, Fire Department and the Building Inspector were to enforce the regulatory requirements from their own individual acts (Distasio *et al*, 2005: 39).

This next section will examine the past and current regulation surrounding the Winnipeg SROs, beginning with a review of past regulations.

3.3.1 Historical Review of the Legislation

Prior to 1956, a hotel operator was legally bound to acquire a hotel certificate under the Hotel By-law No. 16286 (1948). A Hotel Inspector was employed by the City of Winnipeg and was required to inspect the hotels to ensure that the furnishings, bed linens, towels and such were adequate. The hotel Inspector also reviewed the hotel registry that recorded the names of the management, employees and the hotel guests. Under the Hotel by-law No.16286 it was illegal for the guests to register under a false name. The hotel operator was also obligated to obtain certificates from the Health Officer of the City, the Commissioner of Buildings, the Fire Department and the Chief of Police. Table 7 highlights the various departments and their responsibilities during 1948 in Winnipeg.

Table 7	
Hotel Regulations 1948: Winnipeg, Manitoba	
Department	Responsibilities
Hotel Inspector	To ensure the adequacy of furnishings, bed linens, towels and such.
Winnipeg Police Morality Squad	Enforced By-law Section 27 (1) to ensure disorderly conduct did not occur on the hotel premises.
Health Officer of the City	To ensure that the hotel premises were in fit condition and suitable for the purposes of a hotel.
Commissioner of Buildings	To ensure that the building complied with structural and electrical requirements.
Fire Department	To ensure that the building complied with fire prevention regulations.
Chief of Police	To ensure applicant was of good character.

Source: Distasio *et al*, 2005

It is not clear when the By-laws changed or when the Hotel Inspector was no longer part of the enforcement of the SROs. However, in discussion with a former City Planner for the City of Winnipeg it was suggested that the changes took place around the early 1970s (Yauk, 2005).

3.3.2 Current Legislation

Today, there are no city inspectors and the department officials outlined in Table 7 no longer issue Hotel Certificates. However, the hotels fall under the influence of the Fire Paramedic Services, Police Department, Building Inspectors, Environmental Health Services and the Manitoba Liquor Control Commission in that they have the authority to inspect the premises for review and violation of their particular codes. The MLCC has the most influence with the mandate to inspect Section 138 (1) and the authority to issue a Certificate of a Registered Hotel under Section 169 (1). The mission of the MLCC is to promote the safe and responsible use of beverage alcohol products, thereby generating revenues for the province (2002). This Certificate is issued by the MLCC only if the hotel has a Beverage Room and Vendor Licence. In order to obtain a Beverage Room and a Vendor Licence the hotel must have at least forty rooms that are available for public rental. The MLCC Act states that the “The licensee of a beverage room shall ensure that all guest rooms in the associated hotel are adequately

furnished, equipped and maintained in order to be suitable for renting to the general public” (2002).

The tenants of the SRO hotels in Winnipeg have no residential tenancy rights. Section 3 (1) (a) of the Residential Tenancies Act states that; “Living accommodation occupied on a transient basis provided in a hotel, motel, inn, tourist home or hostel, or other similar accommodations are excluded from residential protection.” This means that any person who lives in an SRO in Winnipeg may be evicted at any time and/or their rent may be subjected to increases deemed fit by the hotel operator. This leaves the residents of the SROs in a vulnerable position as tenants. The next section will examine the revitalization efforts of the area and provide recent examples of SRO hotel closures and the effects on the residents at the time of those closures.

3.4 Main Street and Nearby Area: Revitalization Efforts

During the last two decades, attempts at revitalization of the core area of Winnipeg were led by the federal, provincial and municipal governments who developed four separate tripartite partnerships to address economic and social development issues in Winnipeg’s core area. Table 8 depicts four five-year agreements that have been implemented since 1981.

Title of Agreement	Date	Funding
Winnipeg Core Area Initiative I	1981-1986	\$96M
Winnipeg Core Area Initiative II	1986-1991	\$100M
Winnipeg Development Agreement	1995-2001	\$75M
Winnipeg Partnership Agreement	2004-2009	\$75M
Total		\$346M

Source: Western Economic Diversification Canada:
http://www.wd.gc.ca/ced/urban/default_e.asp

The 1981 Core Area Initiative program was instituted with the goal of re-establishing the downtown as the central focus of the City of Winnipeg. Another

focus was to strengthen the social and physical make-up of the inner city neighbourhoods and to encourage and train core area residents to take advantage of job opportunities made available directly through the Initiative and indirectly through private sector special employment incentives (Opportunity West Development Ltd, 1985).

In the evaluation process, it was documented that the Main Street area was a key site for revitalization, but it was recognized that the area required a great deal more capital investment than initially perceived. Moreover, it was acknowledged that the training of core area residents through the Small Business Assistance Program had not been utilized to any great extent (Opportunity West Development Ltd, 1985).

It was then perceived that if prevailing trends were to continue, housing accommodation would become increasingly scarce, especially for those at the lower income levels, because of the demolition of the households that occurred without the replacements. Unemployment opportunities would continue to decline resulting in further decline of income. It was forecasted that the “spiraling condition of the environment and the quality of life would continue” (1985).

By 1995, the Winnipeg Development Agreement (WDA) was established and once again, had a specific task of urban revitalization in Winnipeg’s Central Business District. Within the framework, the North Main Task Force (NMTF) was formed in 1997 to prepare a development strategy to address the physical, economic and social conditions of the North Main Street area. The attempts to have a participatory community process were evident:

It was our desire to ensure people affected by the changes proposed for Main Street have an opportunity to voice their views and be involved. A second essential element is to ensure the necessary support systems are in place given the potential impact of revitalization efforts (1997:1).

The task force concentrated their efforts on housing, education, recreational, and residential amenities such as grocery stores (NMTF, 1997). Plans for the closure of hotels were included within the development schemes of the area. The Housing Sub-Committee of the North Main Task Force recommended that a Relocation Assistance Program be established to assist residents who may be displaced and to help them move their possessions. In addition, a program to assist the hotel owners to improve the quality of the remaining rooms to be considered with special emphasis on the electrical and mechanical systems. Improvements were also suggested for room renovations and room accessibility improvements (1997). These recommendations were never realized and there have been approximately eight hotel losses along the Main Street Strip since the North Main Task Force was implemented, resulting in the displacement of many residents with little investment beyond a few capital projects and street-scaping.

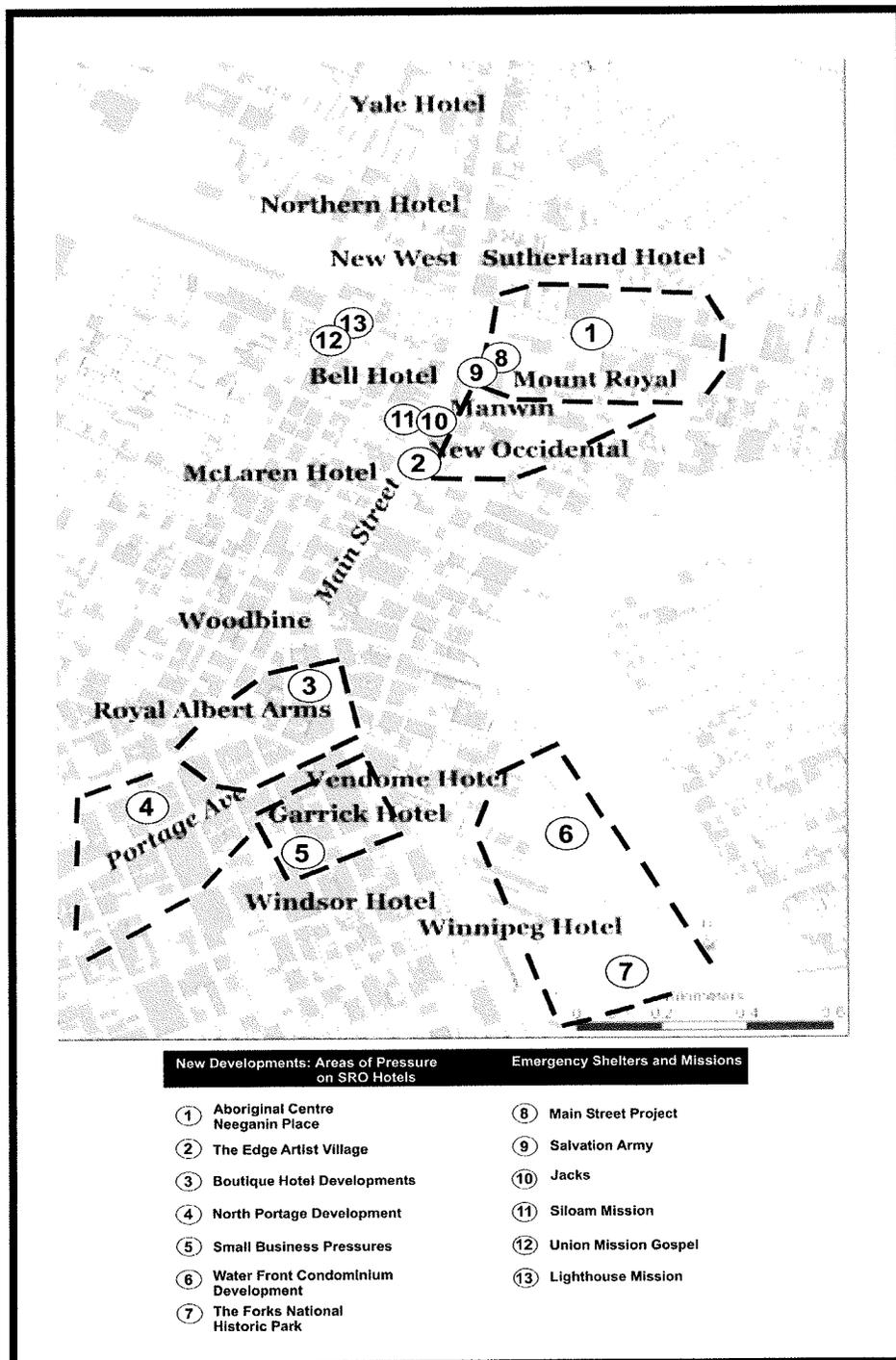
Regarding current pressures of revitalization and future development that may result in the conversion or demolition of the SRO hotels, Table 9 and the corresponding Figure 8 highlight recent and future developments as well as the pressures applied from small businesses in the area that complain of noise and other disturbances stemming from the two SRO hotels in the vicinity.

**Table 9
Pressures of Revitalization and Future Development of the North Main Street and
Near-by Areas, Winnipeg, Manitoba**

Recent and Future Development	Pressures on SRO Hotels	Area in Relation to Map (Figure 8)
The Edge Artist Village	Urban renewal and economic development strategy for North Main Street using arts, culture, and heritage as a catalyst for change. The proposal calls for affordable live/work spaces and studio facilities.	1
Aboriginal Resource Centre	Future student housing complex	2
Exchange District	Conversion of two SROs into boutique hotels	3
Water Front Condominium Development	Residential condominium development	4
North Portage Development	New Hydro Tower and previous capital investment from the tripartite partnerships for The Portage Place Mall	5
The Forks National Historic Park	Previous capital investment from the tripartite partnerships and new capital investment for the future Human Rights Museum	6
Small Business Pressures	Pressures applied from small businesses in the area that complain of noise and other disturbances stemming from the SRO hotels in the vicinity.	7

Source: Western Economic Diversification Canada

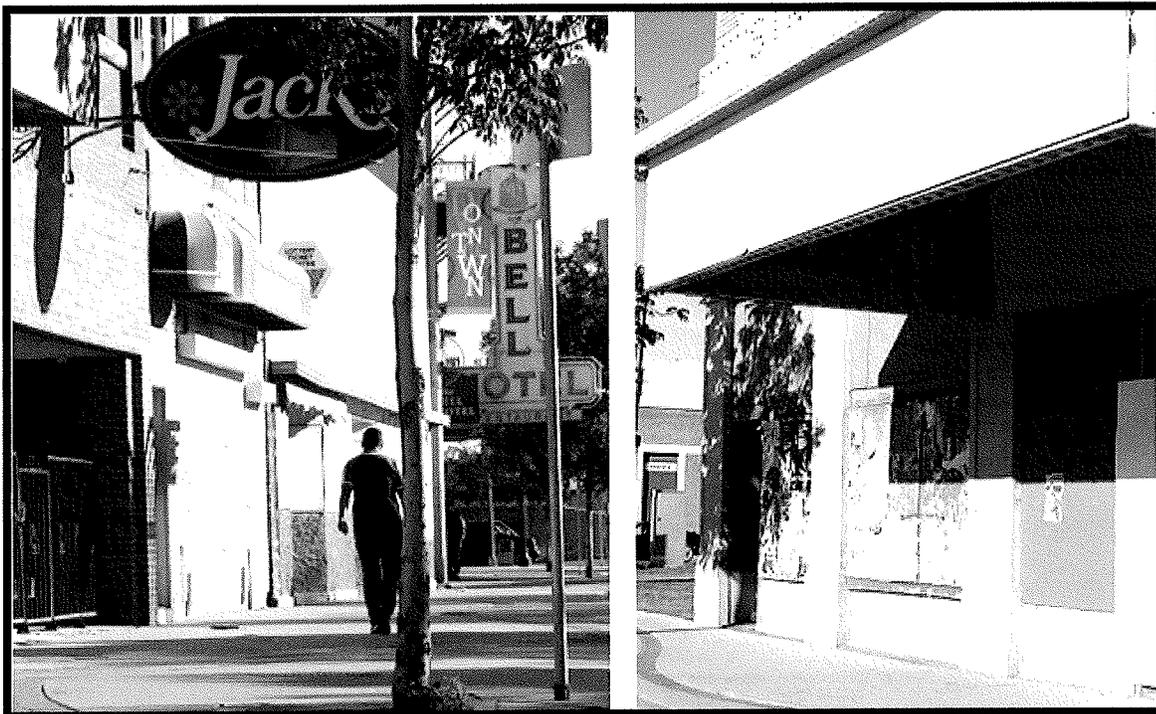
Figure 8: Areas of Development and Pressures on SRO Hotels, Winnipeg
Manitoba



Base Map: City of Winnipeg Property and Planning
Prepared by: Susan Mulligan

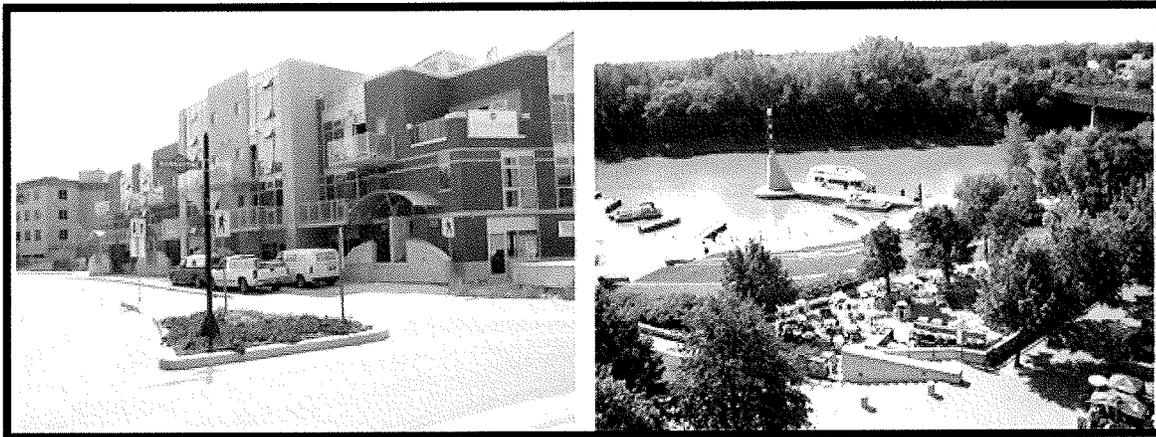
The revitalization efforts of the tripartite partnerships have served The Forks National Historic Park , in downtown Winnipeg, well (Figure10), but the North Main Street area continues to be an area that has a concentration of taverns, short term employment agencies, pawn shops, soup kitchens, religious missions and social service agencies (Figure 9).

Figure 9: Boarded up Buildings, Main Street. Downtown Winnipeg, Manitoba



Photos: Susan Mulligan, 2007

Figure 10: The Waterfront Condominium Development and The Forks National Historic Park, Downtown Winnipeg



Photos: Susan Mulligan, 2006

3.4 Service Provision

In general, service providers respond to closures of hotels rather than playing a supportive role in assisting SRO residents. This may be attributed to stretched resources and a lack of social service coordination. There are no supportive housing models for this population and despair is evident along Main Street. Service providers who do attempt to provide much needed services within the hotels do so at their own risk, as these buildings are deemed unsafe. This following section will trace the historical attempts at providing social services to the SRO hotel residents in the Main Street area. First, in order to provide a foundation, a review of hotel closures and resident evictions will be examined.

3.4.1 Hotel Closures

In Winnipeg, some hotels have been lost to conversions, demolitions or hallmark events. The Brunswick, The Patricia, and The Leland Hotel are examples of demolitions while The Portage Village Inn is an example of a conversion for another use. Since 1974, there have been sixteen hotel closures in the downtown area of Winnipeg, all of which were built between 1879 and 1913

(Table 10)⁹. There are fourteen hotels that remain open, however, the Royal Albert Hotel has been recently sold and the residents are expected to vacate in September of 2007. The plans are to convert both the Royal Albert and the St. Charles Hotel, located across the street, into boutique hotels.

Table 10 Single Room Occupancy Hotel Closures Since 1974 Winnipeg Manitoba			
Name of Hotel	Year Built	Name of Hotel	Year Built
<i>Brunswick</i>	1882	<i>Patricia</i>	1890
<i>Empire</i>	1882	<i>Savoy</i>	1900
<i>Manor</i>	1882	<i>Sutherland</i>	1900
<i>National</i>	1882	<i>Aberdeen</i>	1903
<i>Claredon</i>	1883	<i>Criterion</i>	1903
<i>Commercial</i>	1883	<i>Oxford</i>	1905
<i>Leland</i>	1883	<i>Jacks</i>	1912
<i>Empress</i>	1890	<i>St. Charles</i>	1913

Source: City of Winnipeg Assessment Department, As of April 1st, 1974

When a building fails to comply with the provisions of the Public Health Act a Medical Officer of the Winnipeg Regional Health Authority issues an Order to Vacate. For example, in 1995, the Brunswick Hotel was issued an Order to Vacate because it was reported that the hotel did not meet the fire codes. The Patricia Hotel was ordered to be closed the same year (Martin, 1995).

A city councilor at the time made the following statement to the local press, "Those that don't meet community standards, should we reward them with a financial buy-out? Let your facilities run down, and then we'll buy them? I don't think that is the proper message" (Holliday, 1995). The councilor was referring to the then Mayor of Winnipeg, Susan Thompson, in that she felt that the City could use the Patricia Hotel as a model for co-operative housing: "The City would use the Patricia as a model for empowering inner-city residents to operate their own co-op housing" (Martin, 1995). This proposal was not without controversy; for example, the Chief Inspector of Buildings for the City of Winnipeg responded that

⁹ The total number of units is not known.

“Anytime you close a building it’s the last resort. It’s taken two years to reach this point. It’s unfortunate, and you have to sympathize with the tenants, but it’s strictly a failure to comply with by-laws” (1995). Today, the land where the Savoy Hotel once stood is vacant and no plan for the conversion into a co-operative were ever realized (Figure11).

Figure 11: Empty Lot: Savoy Hotel



Photo: Susan Mulligan, 2007

The City of Winnipeg subsequently purchased the Portage Village Inn (\$438,000) and the Leland Hotel (\$1.2 million) shortly after the purchase of the Patricia in preparation for hosting the 1999 Pan American Games (Martin 2005).

3.4.2 Residential Evictions

The SRO residents are displaced from their units when a SRO hotel closes and as previously stated they have no recourse from the Residential Tenancies Act when evicted. An example may be found when the Occidental Hotel was closed on May 31, 2002 for health infractions. The residents who had no alternative housing options were relocated to two nearby emergency shelters, the Salvation

Army and the Main Street Project in what was coined the Multi-Tenant Re-Location Agreement (Multi-Tenant Re-Location De-Briefing Meeting, 2002).

Twenty individuals lived in this hotel, including two families. The majority of the tenants were on Social Assistance. Residents were provided with boxes and/or plastic bags (City of Winnipeg supplied these) so that the tenants could pack their belongings and transfer to another location. A van and assistance in transporting tenants and their belongings prior to closing and the day of closure was carried out by the Main Street Project and the Salvation Army. The meeting minutes indicated that the group considered that the relocation went “extremely well”.¹⁰ The following list highlights the lessons learned and provides further insight towards the circumstances of an SRO hotel closure in Winnipeg:

- Encourage people to take all valuables with them when they leave (some problems with missing televisions).
- Early identification of a resource team should be included in the relocation plan.
- The need to identify contact and resource people who can be available to assist prior to and the day of the closure.
- A suggestion that a follow up meeting of the resource team is required after the closure is complete to identify individuals who may require follow up regarding physical or mental health. Employment Insurance Assistance, City Workers, etc... may have a role in identifying people for follow up by the Winnipeg Regional Health Authority.
- Mobile Crisis Unit (MCU) was a resource for immediate mental health needs and the need to clarify the role of Mental Health for the longer term is vital.
- Have Employment Income Assistance order taxi cabs and deal with rent form issues. More available staff during the closure was deemed necessary.
- Confusion as to what department was responsible for meeting client needs during the closure.
- A doctor and a public health nurse were needed on-site to deal with immediate medical concerns (Multi-Tenant Re-Location De-Briefing Meeting, 2002).

¹⁰ There was no indication of the organizational representation involved at this meeting.

The group closed the meeting and determined that “there would be no need for a large committee to become involved at this time” (2002). Two weeks later, the Occidental Hotel operator responded to the Environmental Health Officer’s concerns, repaired the building and the very same residents returned as tenants to the SRO.

Two years later, (November, 2004) the St. Charles Hotel was issued an Order to Vacate and the fifty residents had two days notice to depart from the premises. During personal observations it was recorded that there was representation from the following departments during this closure:

- Fire Department - two members
- Main Street Project - four members
- Environmental Health - one member
- Employment Income Assistance - six members
- Winnipeg Police Department - four members
- Winnipeg Regional Health Authority – one member (Personal Observation).

The residents were given thirty minutes to vacate the building. Similar to the closure at the Occidental Hotel, the tenants were given plastic garbage bags so that they could transfer their personal belongings to another location. The hotel remains closed today. As previously stated there are conversion plans so that the building may become a boutique hotel in the trendy Exchange District in downtown Winnipeg. It is unclear as to where the fifty residents re-located. The following section will examine general social service provision in the Main Street area, many of which are used by the SRO hotel residents.

3.4.3 General Service Provision

In an early example (1963) Winnipeg social agencies cooperated in the *Multi-Service Project* (MSP). This initiative was a three-year demonstration project that was launched by the Province of Manitoba, partly funded by the National Health and Welfare (Levin, 1971). This program was the first of its kind in Canada to

operationally integrate services at the practitioner level. The reasoning behind this initiative was that the traditional methods were not sufficient for the clientele known as “hard to reach” and the goal was to improve community understanding of “multi-problem” individuals by discovering more effective ways of providing social services. This was to be achieved through the integration of services at the field level (Main Street Project Inc., 1991).

Integration meant that the social worker was responsible for the client needs, in contrast to *coordination* of services where the social worker brought together other departments of social services as required. After three years the project ended and the provincial government extended the concept by creating Peoples Opportunity Services (POS). Social workers at the time reported that the two programs had a positive effect on their clients. However, they were both canceled due to the client caseworker ratio being viewed as too expensive (1991).

In 1991, Main Street Project consulted with the Members of the Legislative Assembly of Manitoba on a strategy to combat alcohol, drug and substance abuse, primarily in the Main Street area¹¹. One key issue highlighted was a fragmented Social Service delivery system, and according to one key service agency, “Often a multi-problem client may have a dozen workers in a dozen different agencies to meet various specific needs. Not all needs are met in a coordinated manner. The client often falls between the cracks” (p. 3).

Moreover, they reported that the average Social Service worker is overwhelmed by caseloads and some have never met their clients. In addition, they state that it had been their experience that, “...some Social Workers or Income Maintenance Workers in Welfare offices do not always inform the client of all the client is entitled to” (p. 5). The Main Street Project administrators recommended a One

¹¹ Main Street Project Inc. is an organization that offers a Drop In and Crisis Service, Emergency Shelter, Detoxification unit, and an Intoxicated Persons Detention Area. It serves many of the SRO residents.

Stop Social Service Shop be established, similar to the Multi-Service Project to be set up in the high risk areas such as Main Street. They argued that jurisdictional boundaries of the social agencies be examined and reworked. This was never implemented.

The North Main Task Force Survey carried out a small survey to determine the level of need among SRO hotel residents. The task force found that when the SRO hotel residents were in crisis, twenty-two percent turned to friends and family for support, twenty-six percent turned to the Salvation Army and the Main Street Project, and the remainder stated that they had no place they could turn to for help ((DS-Lea Consultants Ltd., 1997:8). Thirty-three out of forty-five residents reported no contact with social service agencies in the area suggesting despite an overabundance of social services within the area, relatively few residents of Main Street access these services (p.9).

The Task Force also conducted surveys with social service providers and it was revealed that the majority of agencies contacted identified inadequate and strained resources as the influencing factor contributing to the absence of quality programs geared to meet the needs of Main Street residents, “Networking between agencies to pool resources, identify problems, and minimize funding sources as a means to increasing the level and quality of services remain substantially underdeveloped” (p. 3). Several serious public health issues were also flagged: “AIDS, tuberculosis, hepatitis, and other STD’s are ‘normal’ features of daily life in the study area.” The long-term costs to society through the healthcare system are staggering (p. 5).

Today, the main support system in place is the Co-occurring Mental Health and Substance Use Disorder Initiative (CODI) aimed at the coordination of the mental health and addiction service delivery system in Winnipeg. The initiative was undertaken in the spring of 2001, and expanded across Manitoba by 2003. A

recent newsletter by this organization describes the reasoning behind adopting a systems change model:

These Individuals with co-occurring mental health and substance use were recognized as a population with unacceptable outcomes and higher costs in multiple clinical domains. They are often poorly served in both mental health and substance abuse settings, with resulting over-utilization of resources in criminal justice, primary health care, child protection, and women's and homeless shelter systems (2004:1).

Unlike the Miami-Dade model (reviewed in Chapter Three), this program has no mention of housing as a continuum of care. In a telephone interview with a counselor at the Addictions Foundation of Manitoba, it was revealed that this "lack of housing as a continuum of care" within the CODI model is a concern and a shortcoming to the initiative.

Brundridge, who worked at Winnipeg's Main Street Project for a year, is convinced that the homeless are a mis-understood subculture. He asserts that the general public views the "homeless as people who occupy marginal areas of large urban centres, because of the prominence of low cost rooming houses, single room residence hotels, and helping missions" and they are often viewed as "skid row habitants, bums, vagrants, degenerates, dregs of humanity, defectives, and other pejorative labels." He further argues that "escape from the homeless condition is made difficult by agents of social control (law, police, social and medical workers) who do not expect that the perceived deviant behavior can be changed" (1987:10).

The need for advocacy services for those on welfare in the inner-city of Winnipeg remains an issue today. A recent report delving into the issues of social assistance and inner-city recipients included recommendations for more individualized services from Social Assistance case workers and greater advocacy for Employment Income Assistance recipients (Sheldrick, 2004).

3.5 Chapter Summary

The Winnipeg study area shows that Main Street was once a vibrant area that is now a vicinity of serious urban decline and despair. Past revitalization efforts have failed despite the generous financial assistance and cooperation of the three levels of government. SRO hotels continue to be demolished or converted and continued resident displacement will occur without sufficient replacement schemes in place. The SRO hotel residents have multiple social service options, but despite many efforts organizations are still apparently failing to meet the needs of those they are trying to reach. In short, the Main Street area remains home to as many as 1000 persons, yet the buildings they reside in unsuitable for residency and under continuous threat of demolition and/or conversion.

4.0 CHAPTER FOUR: ANALYSIS OF RESEARCH QUESTIONS

This Chapter describes the survey development. Next, this section delves into the analysis of the survey which is divided into three sections, Background, Strengths and Barriers, and Future Considerations. In closing, the research questions are addressed.

4.1 Survey Development and Administration

This survey was a one-time endeavor that took approximately thirty minutes to complete for each respondent. The survey was divided into three sections, Background, Strengths and Barriers, and Future Considerations.

Response to the survey was confidential with only the researcher having access to the information gathered (see Appendices A, B and C). The respondents were informed that the final document produced for this research project would not identify the individuals associated with the participating organizations in the survey, and the responses to survey questions would not be linked to the participating organizations. Participants in the survey were informed that they may obtain a summary report of the research once the research was completed.

Fifteen surveys were distributed electronically through e-mail. Ten surveys were returned and completed by the following organizations:

- Stradbrook Residential Services
- Winnipeg Police Services
- Municipal government, Planning, Property and Development Department.
- Sage House
- Department of Social Services, Province of Manitoba
- Winnipeg Harvest
- Main Street Project
- Patal Vocational School
- Centre Venture Development Corporation
- Salvation Army

The respondents were informed that the purpose of this research was to gain information on how services are provided and the identification of the barriers and opportunities from the perspectives of the residents of SRO hotels in downtown Winnipeg. They were informed that this information would provide background to develop recommendations for a supportive service model in single room occupancy hotels in downtown Winnipeg, Manitoba, Canada.

It was explained to the respondents that a supportive housing model in a SRO hotel in downtown Winnipeg may serve to help the residents, who may be at risk of homelessness, to experience permanent, independent and affordable living. It was further explained that appropriate services are provided as part of the standard operations of the supportive housing model, as ways of helping residents maintain a possible level of stability, independence and participation within the general community.

The following three definitions with respect to this research were offered to participants, so that they could better appreciate the appropriate context for the study:

1. Single room occupancy (SRO) is defined as a residential property that includes multiple single-room dwelling units. Each SRO unit is intended for the occupancy of a single individual. The unit may or may not contain food preparation or sanitary facilities or both.
2. Supportive housing means permanent, independent and affordable housing for persons who are at risk of homelessness, where appropriate services are provided as part of the normal operations of the housing, as ways of helping residents maintain a possible level of stability, independence and participation within the general community.
3. An on-site service means that services are provided within the building where the residents are housed.

4.2 Survey Responses

This next section presents the responses to the survey questions and is divided into the three parts of the survey including: Background, Strengths and Barriers, and Future Considerations. The responses for each question will be outlined one question at a time in the order they flowed within the survey. At the end of each section there will be a summary and an analysis of the survey questions.

4.2.1 Survey Section One: Background

The first section of the survey has three questions that were designed to gain background information, such as the type of organization the participants work for, the type of services provided and whether they have experienced an increase or a decrease in levels of service to persons residing in the SRO hotels in downtown Winnipeg. The first two questions were important as it served to identify the current services available to the residents. The third question provided a glimpse into the historical nature of the delivery of services utilized by the SRO tenants.

Question One: What type of organization do you work for?

As stated, this question was asked to determine the relationship that the participant had towards the residents and the SRO hotels in general. The ten participating agencies were a mixture of non-profit social service (six) and governmental organizations (four).

Question Two: What type(s) of service(s) do you provide for persons who live in single room occupancy hotels within downtown Winnipeg?

The participants delivered services that ranged from advocacy to supplying preventative health care to basic necessities such as food. Some agencies targeted their efforts to persons who resided within the hotels, while others

focused out-reach services on the nearby streets. Health services provided at hotels included flu clinics, diabetes education and blood pressure clinics. The following list highlights a cross-section of the services provided by the non-profit organizations within the vicinity of the SRO hotels on North Main Street.

- Assist challenged individuals in gaining life skills necessary for successful independent living in the community by providing support, training, guidance and counseling;
- Emergency appointments to access food from local food banks within the person's area;
- On-site provision of laundry, clothing donations and bathing facilities (at the social service providers facility);
- Provision of condoms, sanitary products, nursing services and access to dentist and medical doctors;
- Provision of advocacy, crisis intervention, referrals to treatment and assistance with housing, veterans affairs and EIA issues;
- Vocational education and training; and
- Addictions recovery programs.

In terms of the governmental agencies surveyed, services were directed more toward the hotel owners, with the exception of the Winnipeg Police Services whose role is to up-hold the law and provide safety for all of the citizenry of Winnipeg.

Supports provided by the Department of Property and Planning (Municipality of Winnipeg) were made available to the owner/operator of the SRO hotel only. Services include land use/zoning and regulations and review. The municipal government relinquished responsibilities for services, to people living in hotels, to the province in the 1990s. For example, they no longer provide public health nursing, financial employment assistance or "welfare" cheques to citizens.

The Department of Social Services (province) provided support to SRO residents in the areas of finance only, such as shelter allowance, and stated that they were not "social workers." Finally, Centre Venture was the principal agency

for the City of Winnipeg that delivered grants, loans, municipal land and buildings for housing development.

Question Three: Over the past five years has your organization provided more or less services to persons residing in SROs?

The majority (eight out of ten) stated that service provision levels remained unchanged within the last five years. One respondent experienced difficulties in answering the question and expressed that it was complicated due to hotel closures and resident displacement. This respondent characterized the SRO residents as having changed from the purely “criminal intent background” towards a more “mental health and addictions background” and attributed this change to “the level of poverty, the reliance of government on using these facilities to house the ‘hard to house’ persons and the deteriorating environment of these historical buildings.”

One participant who works at an emergency shelter responded that, in their opinion, mobility rates were higher for SRO hotel residents and stated that “they have noticed that some hotel operators take residents’ rent payment and evict them within two weeks.” This person added that this appears to be happening more and more.

One participant had noticed that their services provided to SRO hotel residents had increased within the past five years. This respondent stated that they believed the increases were associated with the “welfare rates declining in the Province of Manitoba.” This participant felt that the “SROs are in higher demand, and not necessarily safe for people, especially women.” Many participants were not satisfied with the living conditions of the SRO hotels; for example, one person stated:

My unofficial take on SROs is that they appear to function like the Humane Society does for animals – provide the minimum level of service and hope they get adopted. Basically keep residents from being homeless. It is warehousing people.

Another respondent stated that at their organization they “try to sway people away from the hotels because they have multiple disorders and the SROs are not helping them.” This person added that “when we talk to government it is always about the number”, not the lifetime of the person.

4.2.2 Summary: Section One

This first section of the survey had three questions and was designed to gain background information and identify the current services available to the residents. This section also provided a snapshot into the historical nature of the delivery of services utilized by the SRO tenants.

The participants who were associated with non-profit organizations delivered a range of services from health care to advocacy needs while those who were affiliated with governmental organizations delivered services to the hotel operator, primarily geared towards the physical structure of the buildings.

In the past five years, there has been continuing effects resulting from the transfer of the provision of social services by the City of Winnipeg to the Province of Manitoba, which currently has the sole mandate for the delivery of Employment Income Assistance (1990s). This has resulted in a complete reduction of the City of Winnipeg's involvement with the SRO residents in terms of rent and income supplements, and has altered the role of the public health nurses. Overall, the participants have seen an increase in residents suffering from addictions and challenges to their mental health along with an increase in the mobility rates of SRO hotel residents.

Finally, there have been recent hotel closures resulting in a decrease in the SRO population. Some participants also reported that there is an increase in women who live in the SRO hotels. The next section will examine the second portion of the survey which focused on the strengths and barriers relating to social service provision to the SRO hotel residents.

4.2.3 Survey Section Two: Strengths and Barriers

Section Two had three questions and was designed to determine the need for on-site services within the SRO hotels. Participants were asked to identify some of the major gaps in providing services for persons who live in SRO hotels and what could be done (if anything) to address these gaps in services. These questions informed the research in understanding the participants' attitudes towards their possible involvement in improving the current system.

Question Four: Tell me about the strengths and barriers that you or your organization have encountered in providing services to persons who live in single room occupancy hotels within downtown Winnipeg?

The majority (eight out of ten) participants perceived very little positive aspects in the SROs as a living environment. One participant felt that "the fact that a SRO provides a roof over someone's head that might not have had that opportunity otherwise" and acknowledged that "the hotel staff and fellow residents are a source of strength for the residents." Another participant stated that they "see the strength in the residents who are able to live the lives that they do in an environment that the rest of society could not survive." The respondents reported no other sources of strength.

In terms of barriers, one respondent suggested that "the residents fall into a cycle of evictions" and stated that it was then difficult to get the residents out of the pattern of continued mobility. Another responded that the SROs lack a source of

basic necessities such as food and a healthful living environment. The following quote captures the health risks for the residents within the hotel:

The bed bugs are horrible in those hotels; emergency shelters are reluctant to house those residents because of the costs (\$700.00) to clean the bed bugs out of our facility. There is also an increase in tuberculosis and no treatment or screening is available except at Main Street Project, not enough!

Food security is an issue as one respondent felt that there is a lack of food options offered to the residents especially for a fair price. This person stated that at some SRO hotel locations there is no restaurant at all.

Others were concerned about the residents' emotional and mental well-being; for example, one outreach worker stated that the main barrier for the residents is the lack of self-esteem. The respondent further stated that "they attempt to normalize their life, to have an opportunity to have a safe, clean environment to live. This does not occur due to costs and low vacancy resulting in living in a seedy hotel in an unsafe area." The end result was described as residents with low self-esteem, sadness and depression.

One participant summed it up by saying "barriers include poverty, addictions, mental health issues, derelict physical environment, criminal intent, and neglect from government and society in general. All of these issues play a certain role in all incidents and the everyday lives of residents."

Question Five: In your opinion, what are some of the major gaps in providing services for persons who live in single room occupancy hotels within downtown Winnipeg?

Some respondents were concerned that services from the municipal government (building and public health inspections) are complaint based. They felt that the residents are reluctant to file a complaint about the hotel management. They

stated that some individuals living in SROs are reluctant to accept help from outside agencies including government. Moreover, health services are only available to those who are connected to a physician, health care professional or referring agency.

Safety for the residents and the professionals who enter the SRO hotels was an issue of great concern. One participant has SRO hotel residents that volunteer at their organization because, in their view, it is a safe and healthy environment. This respondent added that “individuals with mental health issues sometimes find SROs to be small and confined, therefore, they need to go out into the community to volunteer or do something productive.” This person implied that “professionals feel unsafe entering a Main Street Bar. There needs to be on-site agencies such as mental health, health care, social services for those living in hotels as many are afraid to venture out or unable to navigate the systems.” Yet another respondent was concerned about the safety of the tenants, especially the women and children: “women and children are not safe in these dwellings.” This person also added that the people that work in these buildings are afraid, “workers are afraid to enter these units because of dark corners, no proper lighting.” This respondent felt that it was the hotel operator who should take some responsibility for the concerns over safety issues: “slum landlords are not taking care of the houses, they have tenants that are not always the best clients, health and safety standards are not always followed.” Over-all there were great concerns over safety issues.

Another participant felt that one gap in services is that the residents are unable to prepare and cook their own meals, and they have to go outside of the SRO hotel to do their laundry. Another participant agreed with this sentiment and added, “there are no cooking facilities and having to share a bathroom results in higher risks in infectious diseases. These buildings are physically demanding environments for residents that are physically challenged, such as steep stairs, icy conditions.” Finally, one person was concerned about issues related to

loneliness of the tenants, “the SRO hotels have a ‘no pets allowed’ policy and many individuals need a cat or a dog for companionship.” This reflected the previous comment that the rooms are small, and the lack of common areas within the hotels.

Question Six: What (if anything) do you feel can be done to address these gaps in services?

While most respondents acknowledged that there are services and agencies out there that provide programs to this population, the majority of the participants stressed the increased need for advocacy services within and outside the hotels. Almost all of the respondents are not clear why these residents “fall through the cracks.” One person asked, “I guess they have no advocate? I suspect service providers are reactive, not proactive.” Suggestions for improvement included: community organizing (among tenants/owners/operators/); public education on awareness of issues; political intervention; and financial resources to hire competent qualified staff to work with and for occupants.

The fact that the hotels have a licensed beverage room on the premises was a major concern for the respondents. Some suggested the removal of the liquor licenses and believed that for those residents who are struggling with an addiction to alcohol, the SRO hotels are the worst housing scenario for them. For instance, one respondent suggested the removal of the liquor licenses would help and stated that “the system is setting up addicts for failure.” One participant was concerned that money allocated for basic necessities such as food are instead spent on alcohol. For instance this person stated that “we should get tougher on how much time is easily spent in the local pubs that have SROs because you hear stories of hotel owners letting people stay until all their money is spent.” This reflects on how little money people have left to spend on food, clothing and shelter accommodations for the month.

The majority of the respondents shared a viewpoint that the physical condition of the hotels was not acceptable. Other respondents focused their attention on the hotel operator and suggested it was the lack of building maintenance that was a key issue. One person suggested that it would be beneficial to “identify slum landlords and force them to fix, repair, and replace needed necessities to provide a healthy and safe living.” This respondent added that, in their opinion, the hotel operators should be identified in the media, and there should be a list of slum landlords so that they are exposed.

Most of the respondents felt government should financially assist more, to set up programs such as computer training programs etc...and one participant added that “we need over-all increases in support so that we may help them.” Some suggested that the SRO hotels should provide laundry and a community kitchen. Others believed that the availability of a restaurant was key, one that would sell food for an affordable price.

4.2.4 Summary: Section Two

Section Two of the survey had three questions that were designed to determine the need for on-site services within the SRO hotels. Participants were asked to identify some of the major gaps in providing services for persons who live in SRO hotels and what could be done (if anything) to address these gaps in services.

Overall, many of the participants did not view any positive attributes of living in the SRO hotels. Most did, however, identify a sense of community amongst the tenants and commented on their resiliency of being able to live in such poor conditions. They stated that there is a lack of interest in the SRO hotels on the part of the City of Winnipeg and they react to issues surrounding the hotels on a complaint basis. The majority of the participants strongly suggested that an

advocate is needed for the residents and generally criticized that providers are re-active rather than pro-active.

Barriers to living in and providing services to residents in an SRO hotel included poverty, addictions, mental health issues, derelict physical environment, criminal intent, and neglect from government and society in general. Concerns over the residents' well-being were highlighted and the issue of low-self-esteem on behalf of the tenants was a key concern. Again, suggestions were offered that a computer centre and/or educational training program be established within the SRO hotels.

The legislated presence of alcohol on the premises of the SRO hotels was a point of contention among participants. Many respondents felt that the existence of alcohol compounded the struggle with addictions and low levels of self-esteem that most of the residents face. Lack of a safe living environment was also highlighted and concerns were expressed for the safety of both the residents and for those who provide services in the SRO hotels.

Finally, the participants felt the physical structure of the buildings did not have sufficient amenities, such as cooking or laundry facilities. Participants presented concerns over the building maintenance and questions were raised as to whether these buildings were suitable for those residents who experienced physical mobility limitations. This next section served to inform the research on future considerations for those who live in the SRO hotels.

4.2.5 Survey Section Three: Future Considerations

There were five questions in the final section of the survey. The participants were asked what services they thought would be best suited for on-site service delivery. They were also asked what their major concerns were in terms of implementation and their perceived benefits of developing an on-site service

model SRO hotel in downtown Winnipeg. These were significant questions because it served to identify what services the participants felt were necessary for the residents of the SRO hotels to have an increased sense of well-being, and an improved living environment, as well as the challenges that may be faced in implementation.

Respondents were then asked what they thought would be the necessary elements in developing an on-site supportive service model in a SRO hotel in downtown Winnipeg. This question was significant in that the responses helped to determine whether there are available resources or the political climate is conducive to developing an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg. Finally, the respondents were asked where they expected the SRO hotels would be in the next five years. This question was important in that it contributed to gauge support from the service providers in the future.

Question Seven: What services do you think would be best suited for an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?

The majority of the respondents suggested counseling services and/or support workers to help the residents find employment, education and training. All of the individuals agreed that a community advocate experienced in community development would be an asset. In short, they felt that the following should be available on-site:

- A nurse practitioner,
- Community mental health worker,
- Addictions counselor;
- Financial services (counseling/financial management);
- A literacy mentor, recreation coordinator;
- An active living educator;
- Employment and income assistance worker;

- Justice support; and
- Community kitchen and laundry facilities.

Others were not in favour of a supportive on-site service delivery model and propositions included maintaining the status quo with the increase of hotel inspections. For instance, one person questioned the validity of on-site service delivery models, “I’m not sure there should be an on-site service unit? Does that mean there would be a permanent presence in the hotel itself? That may or may not be necessary. Could there not be a case worker/advocate that visits residents periodically for assessment? Maybe services need to be provided through some sort of institution – would that put SROs out of business? Not a terrible thing.” It was clear, however, that this person identified a need for increased services.

Yet another participant felt that it would be sufficient to have an individual to coordinate inspections, accept complaints and have an outreach person available from Monday thru Friday. This person felt that this coordinator could visit all of the SRO hotels that people are currently residing in. Another person felt that this type of housing could be a transitional housing system and persons could be moved to a different type of housing if they seem to be improving.

Finally, some felt that grief and loss counselors are desperately needed while others felt that temporary assistance was all that was required. For example, one respondent stated, “all of these people have lost something along the way, could be a house or a family member, it does not matter a loss is a loss.” In short this person felt that society does not recognize the distinct needs of SRO tenants.

Question Eight: What do you think would be the major concerns with developing an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?

This question was valuable in that the responses would aid in determining whether there are available resources or whether the political climate is

conducive to developing an on-site supportive service model in a SRO hotel in downtown Winnipeg. The major concerns included lack of public support and political will, in that there is an absence of SRO hotels in the mandates of respective governments and organizations, including financial supports. One respondent was concerned that while the system needs to change, it would take a lengthy amount of time. Others shared concerns over finding suitable funding for an SRO hotel with on-site services. For instance, one individual acknowledged, “financial issues would be the number one problem. Building and maintaining a proper residential support system with a social management team would be substantial. This person felt that eliminating the addictions and mental health issues may not be realistic for some individuals.

Moreover, one respondent claimed that the SRO residents struggle with any kind of changes and commented that “most can’t handle it.” On the other hand, some thought that the concept of on-site services would be beneficial and understood that the challenge would require input from clients. The majority strongly felt that SRO residents’ input would be invaluable in developing the services that would be provided.

One respondent viewed that SROs should simply be for people who require accommodation, not social services. One person was concerned about those who experience challenges in daily living “if you have people who require more services but live in an SRO, then you’re not adequately providing for their interests. It becomes crisis management – a discount approach to providing social services.” On the other hand, two respondents felt that SROs may be a cost-effective method and an appropriate method of social service delivery for the residents. For instance, one person stated that “if SROs are meant to house residents who periodically but don’t always require help, then an on-site supportive service model might be a cost-effective way of delivering services.” Some of these comments indicate that most of the respondents see a need for

increased support for the residents despite the differences in regards to the method of delivery.

Question Nine: What do you think would be some of the major benefits with developing an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?

In general, individuals speculated that the advantages of an on-site supportive model would offer the residents the potential of becoming self-sufficient, with increased food security, and over-all health improvements. Another major benefit was that an on-site supportive staff base would aid the tenants in securing life skills. For instance, one person affirmed that if there was a model of supportive housing in place there may be a reduction in costs to health care, less violence (more people will be on their medication) and generally it would provide easier access for individuals in obtaining services. This person felt that society should take an active role in this “problem” rather than sitting back and doing the minimal. This individual added that supportive housing may contribute to fewer persons wandering the streets panhandling and/or being in an intoxicated state.

One individual commented that the residents of SROs do not always know where to turn or look for help. This person added that “people with literacy issues don’t know how to read and this makes it especially hard when assessing services.” Others recognized a need for an increased role in social service delivery within the SRO hotel setting. The following two quotes from respondents highlight this issue:

A community-based approach is preferred over an institutional approach. SROs might be the best way to deliver services to this segment of the population – institutionalization isn’t an option. SROs might be the best way to provide an appropriate balance between independence and a higher level of care/less freedom.

Services could potentially enable residents to make some life style choices that would enable them to become linked to resources and services that would encourage better health, housing and emotional well-being.

In referring to perceived substance abuse issues and the SRO residents, one person stated that “people need more than ninety days of support. We just keep pulling the safe house blanket out from under them; they are forced to go back to the hotels to live.” This person had worked with the residents for over twenty years.

Question Ten: If I asked you to think about the next five years, where do you think the SROs will be?

Generally, the participants were not optimistic that the SRO hotels would be transformed into healthier living environments for the residents. This was especially the case for those who provided direct assistance to the SRO population, as they believed that the situation will remain unchanged.

One participant stated that a change in demographics and the economy could promote a shift towards the loss of SRO hotels. The two quotes from respondents below highlight this sense that there will be a loss of SRO hotels in Winnipeg.

I would think that there will be fewer SRO hotels. If the economy continues to improve and as current individuals age and are forced to leave the hotel for medical reasons we may see hotel closures.

There will be fewer SROs. I'm not sure if they are economically viable, and the City and other organizations have gradually been buying them up as they are seen as problematic (particularly with liquor). I don't see the supportive model as being on anyone's political radar. It is unfortunately not an issue.

One person recognized the needs of this form of housing by stating that, “hopefully the SROs will be up and running and hopefully we have a few in

the city". Two other respondents were convinced that the "problems" would still exist; for instance, one person stated "most will be burnt down, if you keep pissing off enough people, more people will be murdered" while another stated "they will be exactly where they are now today. Perhaps a few hotels will close their doors but the problems in most cases will still be present." These comments reflect how valuable the SROs are to the city of Winnipeg despite the current living conditions that exists within them.

Question Eleven: Is there anything else you would like to add that has not been covered in this survey?

This question offered the participants an opportunity to further contribute to this survey and offer information that was not solicited. There were very few responses to this question, however, the following comments were offered:

The SROs have the ability to provide positive change in many people's lives. There are a number of services that they could provide, and the homelessness rates would go down.

I think it is a shame that we warehouse individuals in SROs and forget about them. We have an opportunity to turn many of these hotels into accommodations that could provide all of the basic needs these people need and deserve.

One respondent asked herself a poignant question, "the biggest struggle I have had is asking "Am I enabling these people or helping them?" This person had been working with the tenants for over twenty years. In short, some of these answers indicate that most of the participants at least see the potential of supportive services within the SRO hotels.

4.2.6 Section Three: Summary

In this section, the participants were asked what services they thought would be best suited for on-site service delivery. They were also asked what their major

concerns were in terms of implementation and the perceived benefits of developing an on-site service model SRO hotel in downtown Winnipeg.

Suggestions included a range of services in health, education and employment. Kitchen and laundry facilities were also cited. The lack of political will as well as appropriate funding were highlighted as barriers towards the improvement of the SRO hotels. One of the participants was not in favour of rehabilitating the SRO hotels into a better living environment and suggested that an advocate that periodically visited the SRO hotels would be sufficient. Generally, people were not optimistic that any changes would take place other than more hotels closures and the continuation of “warehousing” people.

4.3 Return to the Research Questions

Over-all, the respondents felt that there were little associated strengths within the SRO hotel living environment. However, they did identify strength in that people have shelter, rather than being absolutely homeless; also there was sense of community amongst residents.

Overwhelmingly, it was viewed that the SRO hotels provide limited services, if any such as, restaurants and laundry facilities. Concerns over proper nutrition were raised. The respondents shared the belief that a common characteristic of the SRO tenant is that they are in need of social service supports, such as a nurse practitioner, a community mental health worker and addictions counselors. The availability of liquor in the SRO establishments was also viewed as a negative aspect as some tenants utilize funds set aside for food on liquor.

In addition, financial services that offered counseling in financial management were deemed an appropriate need. A literacy mentor was also suggested due to the low rates of education attainment and low levels of unemployment. Also recommended were a recreation coordinator; and an active living educator.

Compounding the issue around financial stability, it was viewed that the eviction of residents, by hotel operators, was on the rise. This section will now return to the research questions that were presented in Chapter One.

Research Question One: How has the historical development of the typical SRO hotel contributed to the current circumstances of both residents and their living environments?

The literature has shown that there has been a long history of single room occupancy hotels in North America. They have evolved from glamorous hotels to housing that is viewed by some as an alternative to “living on the street” (Distasio *et al*, 2005). More recently, they have become targets for demolition and conversions on one hand, and on the other, an opportunity for re-development and models of supportive housing that effectively enrich the lives of those who remain as SRO hotel tenants.

The Winnipeg case study has revealed that the SRO hotels along Main Street and surrounding area have followed the general pattern of growth and change as the United States. Main Street was once a vibrant district that is now an area of serious urban decline and despair. Past revitalization efforts have failed despite the generous financial assistance and cooperation of the three levels of government. SRO hotels continue to be demolished or converted with resident displacement occurring without sufficient replacement schemes in place. The SRO hotel residents have multiple social service options, but despite efforts, organizations are failing to meet the needs of those they are trying to reach. In short, the Main Street area remains home to as many as 1000 persons and the buildings they reside in are unsuitable for residency, and are under continuous threat of demolition and/or conversion.

Research Question Two: Has the policy and regulatory environment met the needs of the SRO hotel industry in the provision of shelter?

This research has shown that the current policy and regulatory environment has not met the needs of the SRO hotel industry in the provision of shelter. These needs are not being met because of the following key points:

- Changes in the legislation that took place after 1956;
- The reliance on hotel operators as caregivers;
- The presence of alcohol and concerns regarding safety;
- The low level of Employment Assistance Income shelter rates;
- The restrictions relating to Residential Tenancy Branch that affect SRO hotel residents;
- The exclusion of the revitalization of the SRO hotels from the capital investments projects; and
- The transfer of the provision of social services from the shared responsibility by the City of Winnipeg and the Province of Manitoba to the sole responsibility to the Province of Manitoba.

These points are examined more closely below.

Changes in the Legislation

The changes in the legislation, since 1956, have resulted in an absence of Hotel Certificates and subsequent annual inspections by various departments such as Fire, Police and Health resulting in an ambiguous regulatory environment. Survey participants reported that services from the municipal government (building and public health inspections) are complaint-based. Moreover, residents are reluctant to file a grievance about the hotel management, further contributing to an environment of relaxed regulatory enforcement and unhealthy living conditions.

The Reliance on Hotel Operators as Care Givers

Hotel operators have limited capacity to provide one-on-one assistance to residents and lack linkages to health and support services. Moreover, health services are only available to those residents who are connected to a physician,

health care professional or referral agency. In addition, some individuals living in SROs are reluctant to accept help from outside agencies including government. This scenario puts the hotel as caregiver without the proper and necessary supports in place.

Presence of Alcohol and Concerns of Safety

The legislated presence of alcohol on the premises of the SRO hotels was a point of contention among survey participants. Legislation under the Manitoba Liquor Control Commission dictates that an SRO hotel must provide a Beverage Room and hold a valid Vendor License leading to the availability of liquor at each SRO hotel. This compounds the concern of residents struggling with addictions and substance over-use issues. The presence of alcohol also contributed to the lack of a safe living environment and concerns were shared for both the residents and for those who provide services in the SRO hotels. As a result, some service providers are reluctant to enter the SRO hotels to make available much needed services.

Hotel Closures

Hotel closures and subsequent residential displacement are attended to on an ad-hoc basis with no policy or residential re-location plan in place. In general, service providers respond to closures of hotels rather than playing a supportive role in assisting SRO residents. As previously stated, there have been sixteen SRO hotel closures since 1974, displacing many residents. Compounding this issue is the lack of affordable housing in Manitoba.

Shelter Rates

Shelter rates available to residents from Employment Assistance Income are below adequate levels. SRO residents are forced to find funds to pay for the shortfall in shelter payments, often depriving themselves of funds for basic necessities such as food. Furthermore, as business entrepreneurs, SRO hotel operators are not considered social housing providers and as such, are not

eligible for funding that would assist them in the repairs, conversion or maintenance of their aging buildings.

Residential Tenancy Act

SRO residents have no tenancy rights under the Residential Tenancy Act resulting in a cycle of evictions for some residents. This scenario is further exacerbated by the lack of available affordable, safe and adequate housing elsewhere in the City of Winnipeg.

Tripartite Capital Investments Projects

Since 1981, the three levels of government have made capital investments totaling approximately \$346M, which has resulted in the revitalization in the general 'core area' within the downtown of Winnipeg. Despite efforts, by appointed civic committees, this investment has particularly excluded the Main Street area. This exclusion from investment has resulted in the continuation of a concentration of taverns, short term employment agencies, pawn shops, soup kitchens, religious missions and social service agencies. Moreover, the SRO hotel operator is not eligible for repair and renovation grants that social housing providers are, and the maintenance of these aging buildings has proved to be a constant struggle.

Transfer of the Responsibility for Provision of Social Services

There have been continuing effects resulting from the transfer of the provision of social services from the City of Winnipeg to the Province of Manitoba which currently has the sole mandate for the delivery of Employment Income Assistance and shelter allowances (1990s). This has resulted in a reduction of the City of Winnipeg's involvement with the SRO residents, in terms of rent and income supplements, and the altered the role of the City of Winnipeg Public Health Nurses. The survey participants reported an increase in residents suffering from addictions and challenges to their mental health, along with an increase in mobility rates SRO hotel residents within the past five years.

Research Question Three: What planning theory/model could be explored to better understand the needs of the SRO hotel residents?

Fischler described the approach that Communicative planners take as a pragmatic role to planning theory and an exercise in collective action (2000). This approach focuses on bringing stakeholders to agreement and strives to ensure that no one position dominates. Fainstien has cautioned that the participatory processes of Communicative theory take a lengthy amount of time (2006). In contrast, Young described the Just City as an approach that is based on spatial justice and referred to this approach as related not only to distribution, but also to the institutional conditions necessary for the development of individual capabilities, and collective communication and cooperation (1990).

SRO tenants often use funds allocated for food, clothing and other costs of daily living to pay rent. This situation can create the problem of what Prince called “after-shelter poverty” for welfare clients in market based-housing (1998). The problem of equity cannot be addressed unless shelter allowance rates are increased for people living in private sector housing. The Communicative action theoretical approach to planning would not accomplish this equitably, at least not in the short term. The Just City theory would promote fair and democratic distribution of societal benefits to the SRO hotel residents while advocating the collective communication and cooperation among those who provide social services to this demographic group. If this theory was to be advanced, then advocacy for relatively equitable distribution of income, and an extensive welfare state would have to take place. It would potentially lead toward an increase in the capabilities of the SRO hotel residents in downtown Winnipeg.

Research Question Four: Can the SRO hotels in Winnipeg serve as an affordable housing option, if so, how?

In other locales, models of supportive housing have been the key component included in the conversion of SRO hotels. Supportive housing refers to permanent, independent and affordable housing for people who are at risk of homelessness. This research paid particular attention to supportive housing, as it is the most appropriate in terms of service provision for the needs of SRO hotel residents. The objective of a supportive housing program is to foster independence and promote stability. The implementation of a model of supportive housing may be a practical for the SRO hotels in Winnipeg.

This research has highlighted the challenges of living in SROs and providing services to SRO hotel residents in Winnipeg including: poverty, addictions, mental health issues, derelict physical environment, and neglect from government and society in general. Concerns over the residents' well-being were highlighted in the survey process and the issue of low-self-esteem on the part of the tenants was a key concern raised by survey participants. The survey participants also suggested the following components of on-site services:

- A nurse practitioner;
- Community mental health worker;
- Addictions counselor;
- Financial services (counseling/financial management);
- A literacy mentor, computer centre, educational training program;
- An active living educator, recreation coordinator;
- Employment and income assistance worker;
- Justice support; and
- Community kitchen and laundry facilities.

This research has shown that many hotel operators are unable to offer support in mental health or addiction issues due to the lack of resources. The hotel operators rightfully expected that the tenants live independently, maintain their residence and they also expected them to identify, locate and utilize the supports

they need. Compounding the lack of linkages to health and support services, the majority of SRO residents were found to lack income or experience job insecurity (Distasio *et al*, 2005). Supportive housing often constitutes a component of economic development that not only aids in the personal advancement and stability of the resident but also contributes economically to the community.

A model of supportive housing will not only aid the residents but also help to prevent the closure of SRO hotels through demolition and conversion. This is very important due to the lack of affordable, safe and adequate housing in the City of Winnipeg. Conversions into non-profit SRO hotels, that provide supportive housing, have proven effective in Los Angeles.

Through supportive housing models, appropriate services are provided as part of the normal operations of the housing, as a means of assisting the residents to maintain the maximum possible level of independence, stability and participation in the general community. Implementation of a supportive housing model will help to create an affordable, safe and healthy living environment within the SRO hotels in downtown Winnipeg. By using the Just City approach, SRO hotel residents would most likely be willing participants in the process.

4.4 Chapter Summary

This chapter analyzed and interpreted the data gained from the surveys and addressed the four research questions. The information collected from the surveys demonstrated that there should be significant improvements in relation to the living environments within the SRO hotels. This section also revisited the four research questions outlined in Chapter One.

5.0 CHAPTER FIVE: SYNTHESIS AND SUMMARY

Chapter One served as an introduction to the purpose and aim of this study. The Communicative theory of planning and Just City theory were explored to examine their potential within the realm of developing supportive housing in Winnipeg and especially in relation to the downtown single room occupancy hotels. Chapter Two examined the literature on social housing and the challenges faced by social housing providers in Canada. Following this was a review of North American single room occupancy hotels, as put forth by Groth (1989) in three phases; the first phase being from the Great Depression to the 1960s; the second from the 1970s to the period known as the “SRO Crisis” and lastly the constructing, converting and rehabilitating of SROs. Finally, a model of supportive housing, as a tool to combat capability deprivation on behalf of the tenants, was reviewed.

Chapter Three provided a history of the single room occupancy hotels in the Main Street area of downtown Winnipeg. This section was followed by a review of the past revitalization efforts of Main Street area and closed with an examination of the provision of social services, in particular to the residents of SRO hotels within the area. Chapter Four discussed the survey results. The data was analyzed and interpreted within this section and addressed the four research questions. The following section will explore a vision for Winnipeg’s SRO Hotels.

The research demonstrated that the SRO hotels are an unsafe and unhealthy living environment. The research also highlighted that the SRO hotels provided limited services, if any, such as, restaurants, laundry and such. The availability of liquor in the SRO establishments was also considered to be a negative aspect as some tenants utilize funds set aside for food on liquor, leading to concerns over proper nutrition. Housing stability was an issue as eviction of residents, by hotel operators, was on the rise. Finally, the survey process provided evidence that the survey respondents shared the belief that the average SRO tenant was in dire

need of social service supports, and supported the prospect of on-site services within an SRO hotel setting in Winnipeg.

5.1 Toward a Vision for the a Supportive Housing Model within a Winnipeg SRO Hotel

A housing developer typically does not have the expertise or management experience to handle a supportive housing project. On the other hand, service agencies typically do not have the expertise or management experience to develop housing projects. By seeking partnerships between experienced housing development and service organizations perhaps a model for a supportive housing project can emerge. Within this vision, the housing approach would involve a service agency partnered with an experienced non-profit housing developer to undertake the project. The core team would include a development consultant, an architect, an attorney or law office, a general contractor, and a building management firm. This group would, in effect, be a 'consortium' with the mandate to oversee the establishment and functioning of the non-profit SRO hotel.

The vision is to provide safe, affordable service-supported housing for persons who are homeless, or those at risk of homelessness, and current SRO hotel residents. The downtown area of Winnipeg is one suitable location for a permanent supportive housing model, especially within an SRO hotel. Supportive housing needs to be integrated into the wider community in a fashion that promotes the residents to participate normally and central locations are well served by shops and public transportation. This might also promote a wider appeal for the services being offered.

The vision is to have single-room occupancy units, each housing one person, and the typical downtown Winnipeg SRO hotel is physically structured to accommodate this. Accessibility for people with physical disabilities would be part

of the development planning. The exterior and the interior of the building should be renovated with durable product use in mind. In addition to common spaces and dwelling units, it would be necessary to develop a meeting and office space to accommodate service staff. In this space, groups can gather or residents can meet with the service staff. In addition to case management, on-site services would include new tenant orientation, daily living skills assistance, peer-to-peer mentoring and support, crisis intervention, employment counselling and training. Using the support services would not be a condition of tenancy; however, residents would be encouraged to participate in activities. Sobriety would also not be a condition of tenancy, but drug use or illegal activity on the property would not be tolerated.

Property management staff would include an on-site program manger, maintenance/janitorial workers, and food service staff. There would also be 24-hour coverage at the front desk with security in place. There would be employment opportunities to engage the residents, and they may be in the form of training programs in building maintenance or property management.

There would be recreational facilities on-site with socialization opportunities that may include a community garden, arts and crafts, movies, and such. Recreational activities would also include components that would enhance physical fitness. Family members and friends would be encouraged to participate in activities.

Supportive housing should not be confused with emergency shelters or transitional housing. A carefully laid out education plan would help to alleviate the concerns or fears of the broader community for this type of development. It would be important to launch a public participation process that would include a comprehensive community consultation process in conjunction with an education campaign on the general issues surrounding the SRO hotels.

The vision of a supportive housing model, if implemented within an SRO hotel in downtown Winnipeg, would offer 'enabling rights' to the SRO hotel residents. Dikeç asserted that "the right to the city implies not only the participation of the urban citizen in urban social life, but more importantly, his or her active participation in political life, management and administration of the city." The urban life for the SRO hotel residents must be one that does not include systematic exclusion, domination and oppression. The theoretical approach of the "Just City" would guide the urban planner in cultivating new sensibilities that would promote actions against injustice embedded within these SRO hotels by the advocacy of equity among all stakeholders involved.

5. 2 Recommendations for Consideration

The following recommendations should be considered for the implementation of an SRO non-profit housing organization within a residential hotel in Winnipeg's Downtown:

- The City of Winnipeg should refrain from purchasing or expropriating SRO hotels for conversion and re-development until a SRO hotel strategy is in place;
- Allow and encourage hotel owners to access programs and incentives to repair and maintain their buildings;
- Institute a consistent comprehensive re-location strategy for residents when SRO hotel closures occur;
- Avoid a narrow vision of tenant participation, and encourage tenants to become involved and able to influence the workings of partnerships and the wider system;
- Explore conversion by-laws to protect the remaining SRO hotels from demolition. For example, for each SRO unit that is lost to conversion, put in place a by-law that would force the hotel owner to pay a fund to the City of Winnipeg for replacement of the room. This fund would then be used for re-location of the resident who is displaced resulting from the conversion;
- Launch a public education program regarding the current SRO hotel situation;

- Increase shelter allowance rates;
- Revisit the prior by-laws that promoted the frequent inspection of the SRO hotels to ensure the buildings are maintained in a safe and healthful manner;
- The Province of Manitoba should institute Low-income Housing Tax Credits that encourage private and public investment for the redevelopment of a non-profit SRO hotel;
- The Province of Manitoba should encourage inter-organizational and inter-governmental exchanges and develop a highly integrated service delivery system associated with the SRO residents;
- The City of Winnipeg should appoint a Strategy Coordinator to launch a process for developing a SRO hotel strategy, or support for a non-profit SRO consortium, and provide the administrative supports as it proceeds;
- The City of Winnipeg should create a Task Force and sub-committees to guide the development process.
- The City of Winnipeg should leverage resources for the potential non-profit SRO hotel consortium. This may include discounted land, preferential leases or financial support to the SRO hotel strategy.
- The City of Winnipeg should implement regulatory concessions that may include streamlining the development process and implement financial concessions in the form of property tax discounts, waivers or municipal fees for planning processes and permits;

Recommendations for the Non-profit SRO Hotel Consortium and Residents

- Develop a resident a service/support plan that incorporates assessment and reassessment of the needs, goals, and preference of the SRO hotel residents;
- Be responsible for the resource assessment and management of the building and resident needs;
- Provide outreach and support to encourage SRO hotel residents to participate in the services needed;
- Coordinate and assist in crisis intervention and stabilization as needed, including a participation in a 24-hour on-call program;

- Assist the SRO hotel residents to achieve their objectives and optimize their independence and productivity through support and training in the use of personal and community resources;
- Assist in the development of formal community linkages that meet the needs of the SRO hotel residents, particularly when residents are receiving out-side case management services;
- Assist the SRO hotel residents to further develop the competencies they need to increase and benefit from social support networks;
- Facilitate volunteer mentoring for SRO hotel residents who request it;
- Assist in the enhancement and functioning of daily activities of residents;
- Advocate with property management staff for involvement with property maintenance;
- Establish a frequent presence at all residential suites;
- Facilitate residential involvement in property management; and
- Develop a monitoring system and performance measures that links the key goals set out in their strategy.

With these recommendations in place, the SRO hotel living environment will be improved and the broader community of Winnipeg will benefit from a more equitable environment in which all can enjoy.

5.3 Future Research

Future research could consist of an in-depth examination and consultation process with SRO residents and hotel owners to explore further the potentials of the establishment of a non-profit SRO housing consortium that has the mandate to design and manage a non-profit supportive housing model within Winnipeg's downtown.

5. 4 Concluding Remarks

Housing is a basic need, and people have the right to safe, adequate, affordable and permanent housing. All SRO hotel residents are worthy and capable of being reliable tenants and valuable community members. Residents should be integrated into the larger community. Housing and social services should be integrated to enhance the social and economic well-being of tenants that they may contribute to the creation of healthy communities. Residents, owners, property managers, and service providers should collaborate in integrated housing and service initiatives. Services should maximize the use of existing resources, avoid duplication, and expand the economic, social and political resources available to the residents and the community.

Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable. Residents should be encouraged to be engaged in the participation of community development activities that should extend to the neighbouring area. Assessment, intervention and evaluation should be multilevel and should focus on individual residents, groups, and the community. There should be ongoing monitoring and evaluation based on measurement of residents' and communities' assets and needs.

The role of the planner in supportive housing involves the development of partnerships and protocols between those who are considered marginalized and housing providers. Planning practitioners have a role in the education of decision makers about the supported housing model, and advocate for the needs of people considered marginalized within their jurisdictions.

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APPENDIX A: STATEMENT OF INFORMED CONSENT

Statement of Informed Consent

Statement of Informed Consent Survey Participants

**Research Project Title: Supportive Housing and Single Room Occupancy
Hotels: Possibilities for Downtown Winnipeg**

Researcher: Susan Mulligan

This consent form, a copy of which you may retain for your records and reference, is only part of a process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask via an e-mail. Please take the time to read this carefully and to understand any accompanying information.

This research is being conducted as part of the requirements for the Masters of City Planning program at the University of Manitoba. This research is being conducted among individuals involved in providing services involved in single room occupancy hotels in the downtown area of Winnipeg and in the United States. "Single room occupancy" (SRO) is defined as a residential property that includes multiple single room dwelling units. Each unit is for the occupancy of a single individual. The unit may or may not contain food preparation or sanitary facilities or both.

The purpose of this research is to gain information on how services are provided, and the identification of the barriers and opportunities to the residents of single room occupancy hotels in downtown Winnipeg and the United States. This information will provide background to develop recommendations for a supportive service model in single room occupancy hotels in downtown Winnipeg, Manitoba, Canada. A supportive housing model in a single room occupancy hotel in downtown Winnipeg could help the residents, who may be at risk of homelessness, to experience permanent, independent and affordable living, where appropriate services are provided as part of the standard operations of the housing, as ways of helping residents maintain a possible level of stability, independence and participation within the general community.

This survey is a one-time endeavor that will take approximately thirty minutes to complete. The survey is divided into three sections, including: Background, Strengths and Barriers, and Future considerations.

Response to the survey will be confidential with only the Researcher having access to information. The final document produced for this research project will state the organizations involved in the survey; however the response to survey questions will not be linked to the organizations. Participants in the survey will have the opportunity to obtain a summary report of the research once it is completed.

An e-mail response to the Researcher (Susan Mulligan, smulligan1@shaw.ca) stating "I agree to be a participant in the study as described in the consent form" will indicate that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Researcher: Susan Mulligan 1-204- 982-1150
Supervisor: Jino Distasio 1-204-982-1147

This research has been approved by the Joint-Faculty Research Ethics Board of The University of Manitoba. If you have any concerns or complaints about this project you may contact either of the above-mentioned persons or the Human Ethics Secretariat at (204) 474-7122, or e-mail Margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

APPENDIX B: ETHICS APPROVAL CERTIFICATE

APPROVAL CERTIFICATE

07 December 2006

TO: Susan Mulligan (Advisor J. Distasio)
Principal Investigator

FROM: Wayne Taylor, Chair
Joint-Faculty Research Ethics Board (JFREB)

Re: Protocol #J2006:144
"Supportive Housing and Single Room Occupancy Hotels: A Vision
for Downtown Winnipeg"

Please be advised that your above-referenced protocol has received human ethics approval by the Joint-Faculty Research Ethics Board, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- if you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to Kathryn Bartmanovich, Research Grants & Contract Services (fax 261-0325), including the Sponsor name, before your account can be opened.
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/ors/ethics/ors_ethics_human_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

APPENDIX C: SURVEY TEMPLATE

Survey

Supportive Housing and Single Room Occupancy Hotels: Possibilities for Downtown Winnipeg

Susan Mulligan
Masters of City Planning, University of Manitoba
Canada

Introduction: The following survey will be used to gain insight from service providers to help develop a set of recommendations that would be applicable to Winnipeg if a supportive housing model was to be established within a single room occupancy hotel in downtown Winnipeg. Please save a copy of this survey, complete the form, and then e-mail the completed copy to smulligan1@shaw.ca. Your input is very much appreciated. Thank you once again for your participation.

Definitions in respect to this research:

1. Supportive housing means permanent, independent and affordable housing for persons with who are at risk of homelessness, where appropriate services are provided as part of the normal operations of the housing, as ways of helping residents maintain a possible level of stability, independence and participation within the general community.
2. An on-site service means that services are provided within the building where the residents are housed.
3. Single room occupancy (SRO) is defined as a residential property that includes multiple single room dwelling units. Each unit is for the occupancy of a single individual. The unit may or may not contain food preparation or sanitary facilities or both.

Please answer each question in the space provided.

Section One: Background

1. What type of organization do you work for?
2. What type(s) of service(s) do you provide for persons who live in single room occupancy hotels within downtown Winnipeg?

3. Over the past five years has your organization provided more or less services to persons residing in SROs?

Section Two: Strengths and Barriers

4. Tell me about the strengths and barriers that you or your organization have encountered in providing services to persons who live in single room occupancy hotels within downtown Winnipeg?
5. In your opinion, what are some of the major gaps in providing services for persons who live in single room occupancy hotels within downtown Winnipeg?
6. What (if anything) do you feel can be done to address these gaps in services?

Section Three: Future Considerations

7. What services do you think would be best suited for an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?
8. What do you think would be the major concerns with developing an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?
9. What do you think would be some of the major benefits with developing an on-site supportive service model in a single room occupancy hotel in downtown Winnipeg?
10. If I asked you to think about the next five years, where do you think the SROs will be?
11. Is there anything else you would like to add that has not been covered in this survey?