



**CARING ABOUT**



**BUILDING**



**TAKE CARE OF**

TEXT: MARIE-ÈVE DESROCHES  
ILLUSTRATIONS: CHLOLOULA



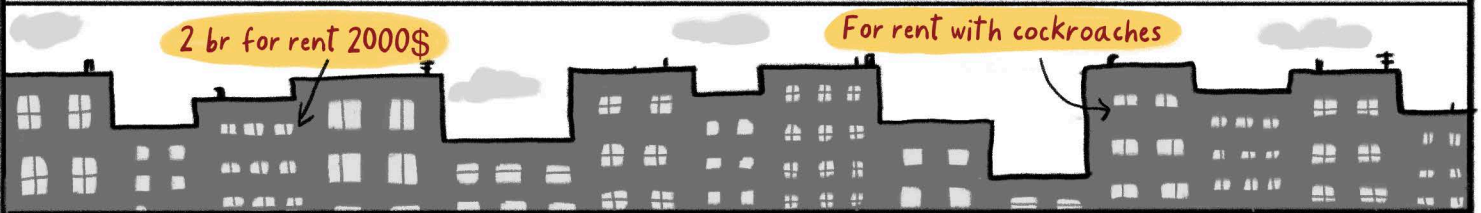
Marie-Eve Desroches

In my dissertation,  
I explore the creation of social housing through the lens of

Care and Healthy Cities movement

My interest in housing was sparked at the Centre d'éducation et d'action des femmes (Women's Education and Action Centre). We were advocating for female tenants who had experienced sexual assault and harassment.

We see that with the housing crisis, it is difficult to turn down or report a violent or abusive landlord, janitor, neighbour or manager, especially for those who are single parents.



In Canada, 43% of female lone-parent renters live in a home that is too expensive, too small or in need of repairs.



They are at risk of experiencing homelessness\*.

They do everything to avoid the street:

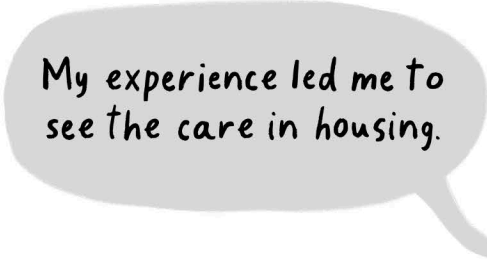
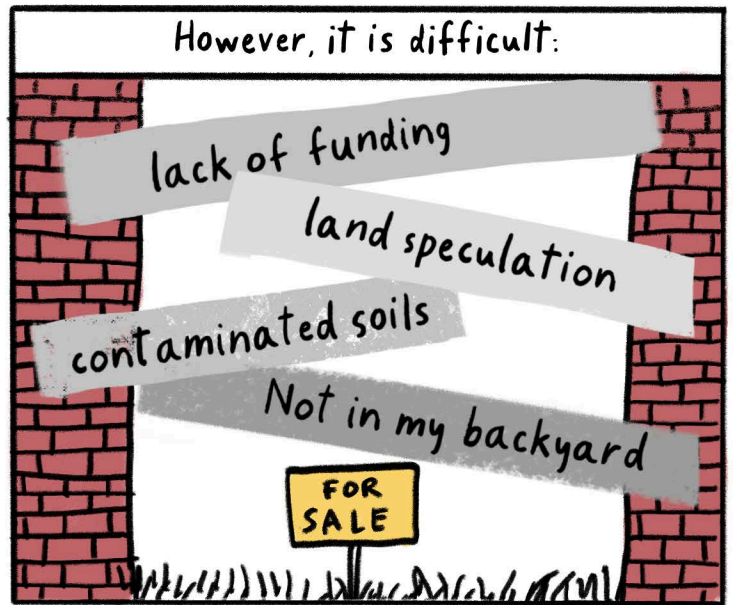
- stay with relatives
- remain with or return to an abusive partner
- turn to shelters

Emergency shelters are full. Due to limited space, more women and families in need are turned away (over 600 every day nationwide!\*\*). It's harder to make it out with the shortage of both family AND affordable housing...



**Social housing = a solution for these families.**  
But waiting lists are long. We need to develop more!

\* \* This statistic is from the 2016 Canadian Census  
\*\* This number is from a 2019 Statistic Canada report on residential facilities for victims of abuse



Joan Tronto, American political science professor and feminist:


As a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web




A home is a key place for care: caring for oneself and others requires adequate, affordable, well-located housing to access services and one's network...

# CARE

Care is about relationships (family, friends, professionals...), which involve paying attention to the needs of others AND taking tangible actions to meet them. It is a type of work and responsibility that evolves over time and according to social norms.



Life in the 19th century was organized around industries. The factory's operation depended on the care of the workers (e.g., food, housekeeping, child-rearing, etc.) and on resources plundered from the colonies.




It's a delicate balance for :


Working classes:  
poor working and housing conditions... illness and death...

The bourgeois:  
risk of revolt and drops in productivity...

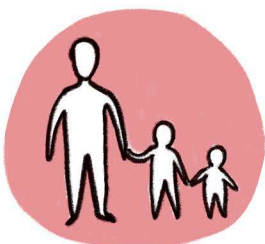
Reformist movements (bourgeois) advocate limiting women's and children's work and improving housing conditions (e.g., building codes, ventilation).



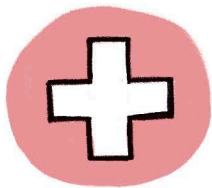
They assign care to the home and women, who are not compensated for lost wages. Private charities are established to support mothers in need (single parents).



In the 20th century, care was transferred out of homes, and governments took on responsibilities through social policies:



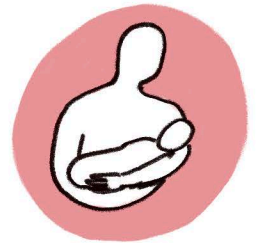
child benefits



health care

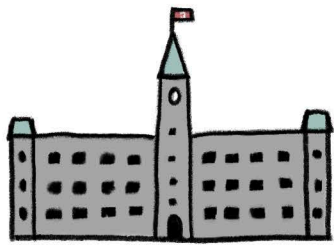


disability benefits



parental leave

In the late 1970s, neoliberal policies defined care as an individual responsibility.



Take care of yourself now!

Cutbacks in social programs + prejudice among those who depend on them (e.g., welfare queen...)

The norm is the two-income family using care-related services. This work (low-paid and poorly valued) is often done by racialized or immigrant women.



Care is also an ethic:  
we think and act in a caring way.

Recognize that humans are vulnerable and involved in caring relationships throughout life (especially at the end and beginning).  
In a just society, care must be a political priority. Inequalities and problems associated with care must be eliminated.

The housing crisis fuels food insecurity, instability, precarity... it hinders care... This creates care deficits in households and societies.



**Social housing =**  
one of the solutions to the housing crisis and enhance care capacities.

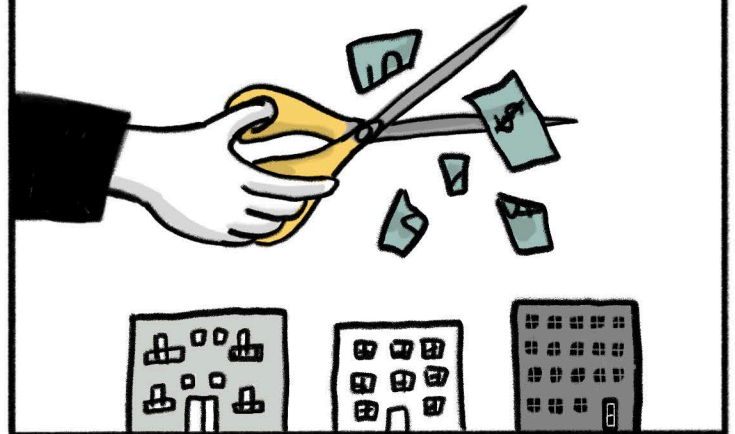
Researches prove it, and I see it with women living in social housing. They can finally take care of themselves and their children, have an animal and even care for their community.

# How do we develop social housing in Canada?

After World War II, public housing complexes are built at the federal government's initiative.



End of 1980s: neo-liberal shift... cutbacks and delegation of responsibilities to the provinces, cities and communities, mainly created through cooperatives and non-profit organizations.



## POSITIVE:

projects are more responsive to needs and better integrated into communities.

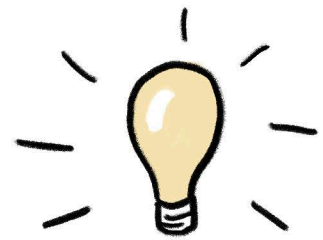
## NEGATIVE:

funding is inconsistent and uneven across provinces. Organizations are competing to access it.

Large cities (and now small) are hit by affordable housing shortages.  
What would spur municipalities to take action?

What would prompt them to move heaven and earth?

Are you familiar with the Healthy Cities movement?



# HEALTH!



# CREATING HEALTHY CITIES

The idea is to encourage municipalities to continually improve their physical and social environments for the population's health.



It has been promoted by WHO\* since the late 1980s. Thousands of municipalities are embracing this idea and forming a global movement associated with a return to the origins of public health.

Public health started in cities to address diseases and mortality related to rapid urbanization in the 19th century.

They thought diseases (e.g., cholera, plague) were caused by something bad in the air due to factories, garbage, unsanitary conditions and overcrowded housing.



Cities adopted hygienic measures to limit polluted air:



sewers



green spaces



ventilation of housing...



Science showed that diseases are related to germs and viruses. Public health actions were redirected towards health care, vaccines, quarantine...



In the mid-20th century, other health problems became more prominent: cardiovascular and degenerative diseases, chronic pain, cancers...

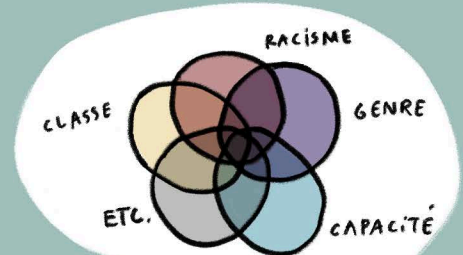
There are multiple causes:



Lifestyle habits  
(diet, smoking, alcohol...)



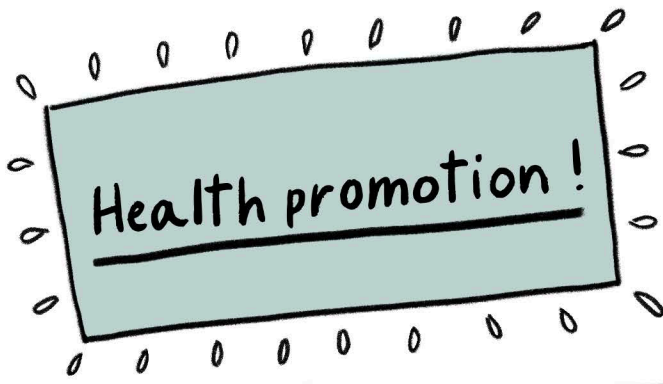
Social determinants of health  
(income, housing, education...)



Social inequalities  
(class, gender, race, ability...)

\* World Health Organization

Fighting these chronic diseases and conditions requires a different approach.



Thinking and acting beyond diseases by addressing all of these causes.

Health is more than not being sick: it's a state of physical, mental and social well-being

Healthy cities are in line with health promotion.

The idea is to encourage municipalities to work with local partners (community, private and institutional) to integrate health into all their decisions and thus deploy a range of innovative actions to:

- 1 change lifestyle habits
- 2 give greater access to social health determinants
- 3 fight against social inequities

Housing is SUCH an essential determinant of health.



My apartment is saving my life.



I'm getting my health back here!



I am finally stepping out of solitude.



Housing stability allowed me to get a job



# ARE CANADA'S LARGE CITIES BUYING INTO THE MOVEMENT AND INCORPORATING HOUSING INTO THEIR STRATEGY?

## VANCOUVER:

o 2011: Public consultation and adoption of the "A Healthy City for All" strategy focused on 13 goals related to social health determinants.

o Goal no. 2 = ending homelessness and increasing the supply of affordable housing.



## MONTREAL:

o Since 1990: the City has funded programs to support community action and local initiatives on social determinants of health.

o The urban plan indicates a commitment to the Healthy Cities movement. It recognizes affordable housing as one of the key action areas for making Montreal healthier.



## TORONTO:

o 1989-1998: Healthy City Office supports intersectoral committees and the adoption of healthy policies.

o 2008: Healthy Public Policy Directorate was created. Their mandate is to synthesize and disseminate evidence to integrate health into municipal policies. Housing is recognized as a critical field of action for health.



# This is it!

The Healthy Cities movement is the solution to the housing crisis!

But... research shows that in reality, there are municipalities that...



use the approach to rebrand their images



little tangible action  
have a narrow vision of  
health focused on  
lifestyle (excluding housing)



dedicate limited resources, the  
communities carrying out small  
punctual projects (e.g., a bike rack,  
an awareness day, etc.)

These patterns are not universal: each city is unique.  
Not much is known about Canadian cities and the connections to housing.

Maybe this movement supports the  
development of social housing. Who knows?



My hypothesis is that Healthy Cities  
strategies can support social housing  
development but only if their approaches  
are based on care ethics.

Why?

Other researchers demonstrate that care  
ethics can withstand neoliberalization  
(decisions driven by market, profitability,  
individualism...)

I also wonder if new social housing is thought of as an action for  
health promotion and/or foster care.

A thesis is a long process. In my case, it stretches from 2015 to 2022. Not full-time: lots of interruptions to participate in other research, mandates in the community, teaching... and even a maternity leave!

For the first two years, I took classes and thought about my research project.



Winter 2017: I presented my project a few weeks pregnant.



I proposed to look at new social housing programs being developed in Montreal, Toronto and Vancouver.

Summer 2017: I did interviews in Montreal while my pregnancy advanced



Fall 2017: I take a leave after the birth of my son Leon.



Winter 2018: interviews while travelling back and forth between Montreal and Toronto by train to maintain breastfeeding.



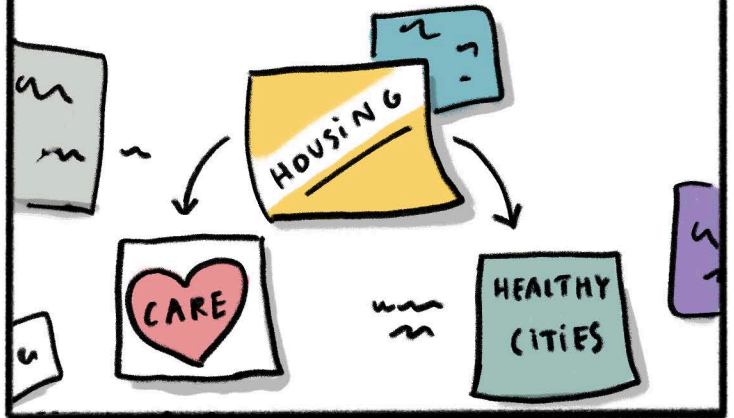
Summer 2018: I flew with my little family to do interviews in Vancouver.



Bottom line: 53 key people drew the processes to create housing + hundreds of pages of interviews verbatim + dozens of documents.



I tie bits of interviews and documents to themes, sub-themes, and sub-sub-themes related to care and health.



Using small pieces of paper, I make diagrams of the connections



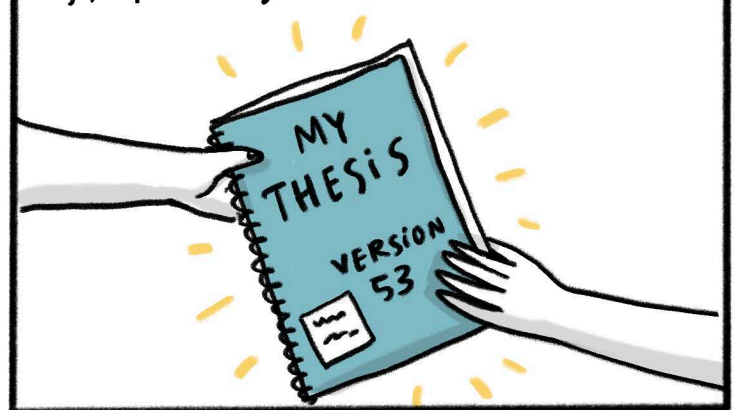
I did not write this thesis alone but with the support of fabulous people and organizations.



My ideas came together when preparing lectures for classes and conferences + meeting inspiring people.



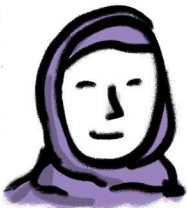
I received valuable advice from Sandra and Blake (my director and co-director) and anonymous reviews when I submitted my papers to journals.



This research would not have been possible without...



Lauran has been taking care of me with encouragement, coffee, by enduring my little papers, mumbling while writing, and weird schedules.



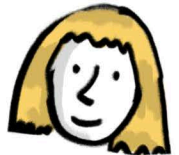
Nadia, Carine and all the educators who take care of Leon + the wonderful grandparents who step in. Thanks to you all, I could write with peace of mind.



The Pierre Elliott Trudeau Foundation and the SSHRC, support me financially for the writing, data collection, participation in conferences and production of this graphic novel.



The women of the CEAF, RHF, and Table des groupes de femmes de Montréal inspire me to think about housing and community differently!



My friends and colleagues checking in with encouragement to finish this damn thesis!



Finally, Chloe translated my words very patiently into images.



Enough said about me... let's get to the research!



# GROW UP TO THE ROOF!

## MON TOIT, MON CARTIER (MONTREAL)



Everyone I meet says the adventure began with the **INTEGRATED URBAN REVITALIZATION (IUR)** process.

This process is coordinated by a neighbourhood roundtable.



It mobilizes neighbourhood stakeholders to identify pressing issues.



They define a ten-year **action plan**

for a particularly disadvantaged area.



Vulnerable single mothers live in housing that is too small, and substandard...

Many are not working, have little education, have challenges related to immigration, don't have much support, and experience break-ups...



They have difficulty meeting their basic needs: housing, food...



What do we do?  
Housing!

We don't have many services adapted for them here.



That's not in my mandate...

I don't have time...

We're starting a new organization.



The community housing NPO:  
Mon Toit, mon Cartier (MTMC) was born!



MTMC pitches the idea to GRTs\*.



One of them quickly finds a land in the IUR area.



They then help them develop the project.



Regarding funding... the AccèsLogis Québec program could support it, but they needed the City's approval.

Officials are reluctant:



There is enough social housing there... it could harm the "social mix".

The project is solid:  
we meet the needs of women + we renovate a substandard building + we commit to accompany and rehouse the current tenants toward better housing.

**City is convinced and supportive!**

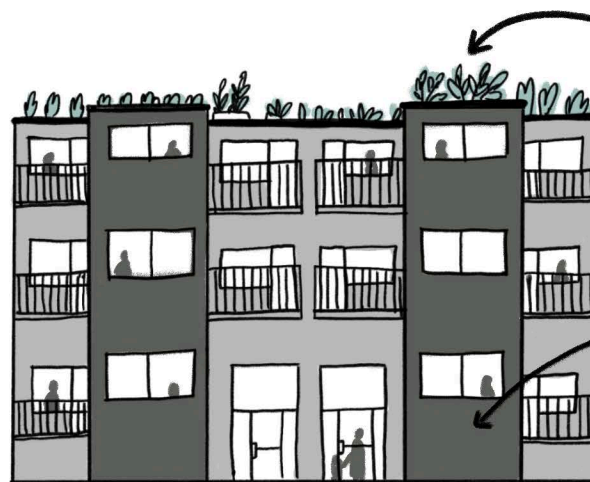
MTMC can now think about the organizational vision, layout and operation, incorporating elements for the neighbourhood.

## The name of the building: Grow up to the Roof!

Subsidized housing for large families, stays from 3 to 5 years.



Individual and collective community intervention to support tenants in their life projects (studies, career change...)



A green roof and alley combat heat pockets and provide access to nature.

The Parents' House of Bordeaux-Cartierville (a local NPO) rents the lobby. Tenants use their drop-in daycare and participate in activities.

Bringing together organizations that offer other services and activities.

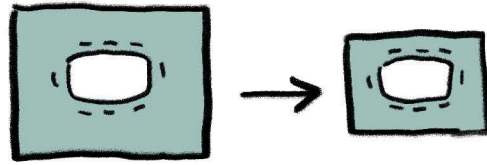
\*\*GRT = Groupe de ressources techniques: social economy enterprises that accompany communities in the development of community housing.

## Difficulties ahead!

Budgetary and regulatory constraints force them to revise their project.

$$2 \times 5 \times 5\frac{1}{2}$$

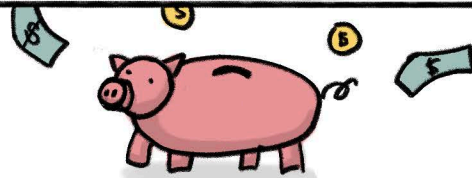
Fewer 3-bedroom apartments.



Smaller community space.



No green roof as imagined, but in bins.



Having to seek additional funding to make the project viable.

Problems with the architect and the contractor...

The architect doesn't listen. His plans don't look good. We terminate the contract and find a new one, but it's long and expensive!

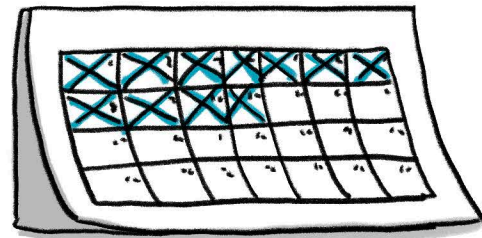


The contractor (the lowest bidder) charges extras, doesn't meet deadlines, doesn't listen, damages the green alley... They don't give a damn about our mission!

The icing on the cake: during tenant selection, a leaking oil tank is discovered on the neighbouring property...



New costs for decontamination and delays... family entry date is pushed back.



Finally, after countless hours of volunteering, the building opened its doors to 14 families.

The building goes unnoticed...within these walls, families are making a fresh start.

But the fact remains that it's hard to leave with the housing crisis still going on.



# NEW LIVES START HERE, MASSEY CENTRE (TORONTO)

Early  
1900's



The Massey Centre began to serve young pregnant women who needed support before, during and after birth (one of the charities discussed on page 4).

They develop services and partnerships (e.g., on-site classrooms, daycare, postnatal housing, employability services and mental health care).

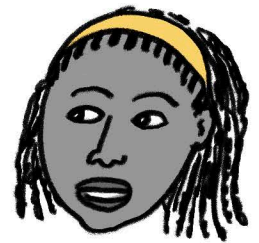


A new transitional housing program opens.

2013

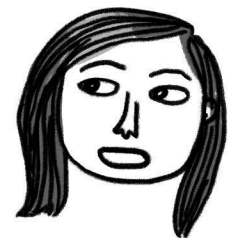
## Why a new housing program?

Youth leaving the child welfare system issued a report. They need more support in transitioning to adulthood. We are serving some who are mothers...



We were in a strategic planning process... We were assessing and reviewing our services to better meet the needs.

In the Young Parents with No Fixed Address (YPNFA) network, we often talk about longer-term housing needs.



With growing needs, new program development is complex.

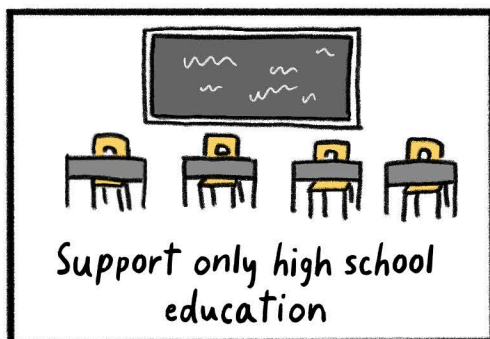


A pro bono professional takes the lead.



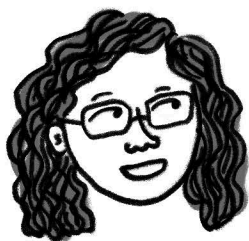
I want to take on a new challenge for the Massey Center.

She consults with the staff, clients and YPNFA to develop a new residential program. The organization has apartments and a classroom dedicated to women aged 16 to 21, but:



New Lives Start Here, their new residential program  
(the organization's slogan):

- Extends the stay to 4 years
- It is focused on supporting post-secondary education
- Dedicated to former crown wards

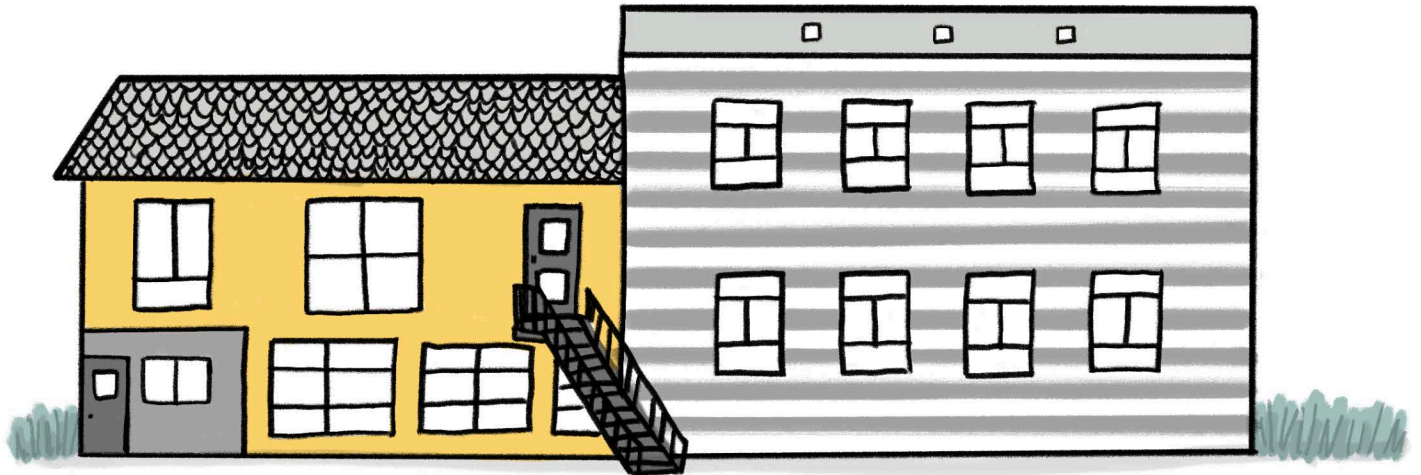


We're trying to provide services that support them and help them learn to thrive.

We want to offer them housing and support for a fresh start, a new life!

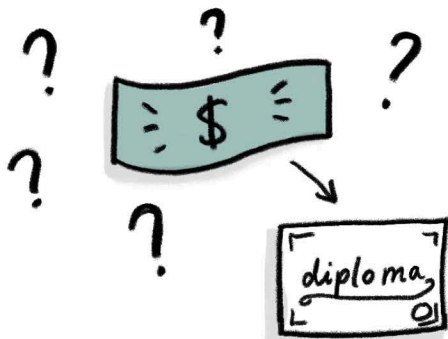


No construction (which is often the most challenging part).



They already have apartments and buildings that host programs and activities to support young mothers, including childcare.

They are looking for donations for scholarships.



Everything is going well, except for finding tenants:

### WANTED:

- Young female single parents
- Former crown wards aging out of care
- Ready to undertake post-secondary education



The population is too specific.

### They expand the eligibility to

- ➔ All female heads of single-parent families homeless or under-housed aged 18-25.
- ➔ Former Crown Wards are prioritized
- ➔ Their stakeholders have interested moms.

So they continue pursuing their original idea and mission: to support young mothers.

# CAUSE WE CARE HOUSE, YWCA METRO VANCOUVER

In Vancouver, most investment in social housing goes to projects for people experiencing chronic homelessness and mental health issues.



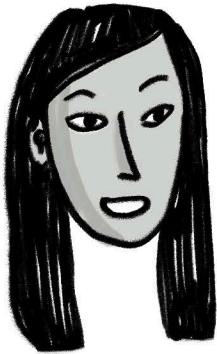
They attract attention by being visible in public spaces, emergency rooms, shelters...

Few organizations are successful in developing social housing dedicated to women. I meet with the YWCA, which is one of the exceptions.

We are developing above a new library branch.



How did this partnership come about?



For about 20 years, the City has promised to build a library in the Downtown East Side\*. In 2010, they finally found land and the project was announced.

But rights-to-housing activists demand that social housing be included. Their petition collects over 1500 signatures.

\*Downtown East Side: An inner-city neighbourhood often associated with poverty, homelessness and the opioid crisis.

City Council had just adopted...

**ACTION PLAN:**  
eliminate chronic  
homelessness by 2015  
and improve the supply  
of affordable housing...

A few elected officials:

We will only approve the  
library project if it includes  
social housing.



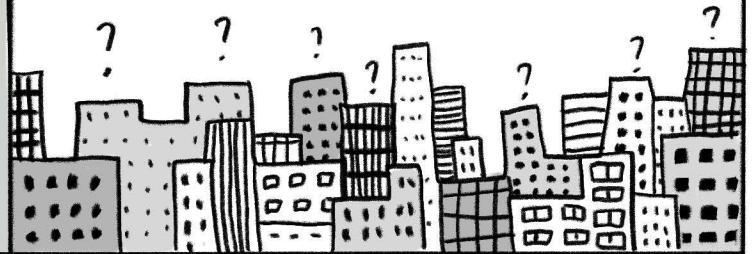
But there is no money...

We used all the provincial funding to buy 14 lots to develop over 1500 social housing units... there is nothing left...



The election is coming...we need to  
break ground on the library. The  
community has waited long enough!

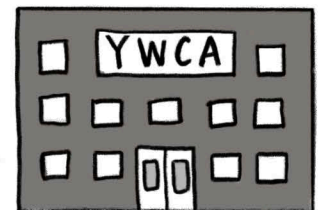
The City needs to quickly find a partner  
to build social housing without funding  
for construction and rent subsidies.



The city manager approaches Metro  
Vancouver YWCA.

That's perfect. We have the strategic  
priority of improving our services and  
housing in the neighbourhood.

But the land is overpriced... So we remain  
open and alert to opportunities like this!



The library project, which includes social housing administered  
by the YWCA, is approved!

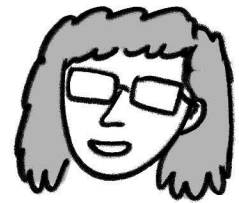
YWCA fundraises with the Cause We Care Foundation  
BC Housing adds funding to a few more units and maximizes space.



We can build and furnish  
without a mortgage!

This is an exceptional project with few constraints

These are large permanent units with storage,  
washer and dryer hookups...



We're building large hallways considering there will  
be strollers, bikes, and kids playing with parents  
not too far away.

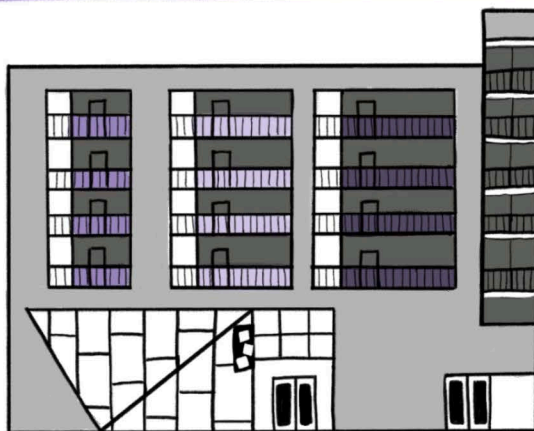
Beautiful common spaces: a shared kitchen,  
living room, playground, patio, not to mention  
access to YWCA services.



The partnership between the library and the City is simple and smooth.

Unlike other social housing projects,  
we don't have any opposition from the neighbourhood.

In April 2017, the project was ready. The *néca?mat\** Library opens



21 families have  
a brand new apartments.

Today, the Cause We Care House is  
a vibrant community with stable  
families who participate in events  
and activities.

Social housing above an institutional building = groundbreaking in Vancouver.  
Their success prompts the City to repeat the experience with the YWCA and a fire station.

\* means we are one in *hənqəmínəm* (Musqueam language)

## WHAT ARE THE CONNECTIONS BETWEEN HEALTHY CITIES AND THE CASES PRESENTED?

Nothing comes up in the interviews! Most don't even know about the Healthy Cities movement (although I heard about Mon Toit, mon Cartier at a Healthy Cities conference).



No need to panic.  
I dig through the documents,  
and connections appear.

My thesis is falling apart!

MTMC involves programs that the city sees as ways to create healthy neighbourhoods, such as IUR that lead partners to recognize housing needs and seek to address them together. Then, their project incorporates elements of the Neighborhood Roundtable action plan and the Neighborhood 21 program (also linked to the Healthy Cities movement).

The Young Parents with No Fixed Address network encourages and supports Massey Centre in creating a housing program. They were established while the Healthy City Office promoted cross-sectoral exchange spaces for health promotion.

In Vancouver, the request to use the space above the library aligns with the housing targets of the Healthy City Strategy. This is one of the reasons the City supported the activist's proposal.



Ultimately, means tied to municipal strategies create coalitions. Together they have the will, knowledge and capacity to develop initiatives that involve social housing in whole or in part.



There is a gap in how the health benefits of housing are viewed.

In municipal strategies, new social housing aims to:



Interviewees perceive less ambitious but essential benefits for tenants:

Leaving an environment that poses risks to their health (substandard, too expensive, too small, violence...) and accessing adequate housing.



(Re)gain control of their health: medical follow-ups and improved lifestyle habits (stress, sleep, nutrition).



Develop their autonomy to help move away from a logic of survival and start life-changing projects (education, employment...)



However, these benefits are not intentional (many had never thought of them as health benefits).

Developing a healthy city is certainly not an idea that has encouraged them to expand their services, volunteer or fundraise...





# PROJECTS ARE ABOUT CARE

Initiatives emerge from a recognition of care deficits in:

FAMILIES experiencing food insecurity, violence, precarity, stress, unsanitary conditions... Mothers struggle to meet their needs and those of their children.

ORGANIZATIONS cannot correctly support these families with their current services.

Programs aim to provide conditions that help build tenants' care capacities:



Access a home, a time-out, and support to plan for a better future where they can care for themselves, their children, and even others through a new job.

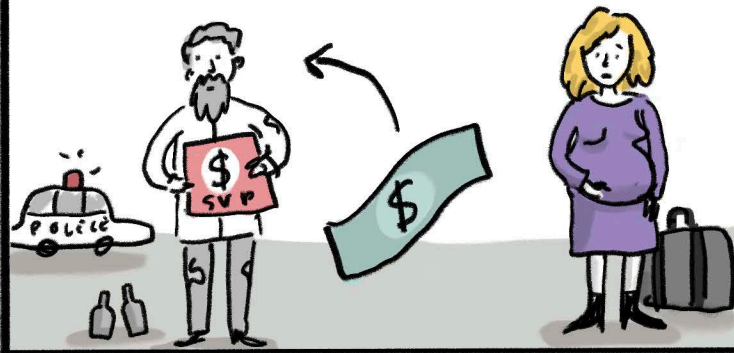
Organizations use the programs to build their caring capacity for these women:



# IS IT THAT EASY TO IMPACT THE HOUSING SYSTEM AND SOLVE CARE DEFICITS?

Oh no! Organizations face a neoliberal context that constrains and directs housing assistance.

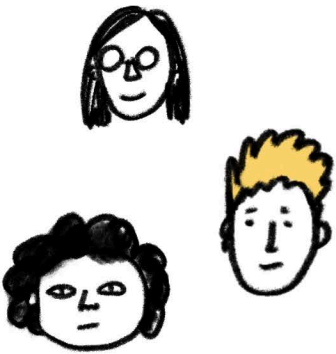
Politicians are interested in cost-effective investments like addressing chronic homelessness, which is more expensive (police, shelters, health care...).



Building social housing complexes is difficult because cities do not want to concentrate on poverty. This could impact their image and attractiveness.



However, their initiatives stem from sensitivity to very concrete local needs. Their care ethic allows them to overcome certain obstacles!



The YWCA focuses on mothers who often experience hidden homelessness.



MTMC overcomes this rhetoric by demonstrating that its project meets the needs of local families while caring for the current tenants, the building, the area, etc.

## SOME CARING IDEAS

that sometimes reject neoliberal orientations:

Rent is geared to income (not market price)

~~1500\$~~ 800\$

Have large units (even if less profitable)



Offer more than a roof, with services and common areas



A safe living environment for women

However, offering temporary housing to support economic independence = consistent with neoliberal expectations.



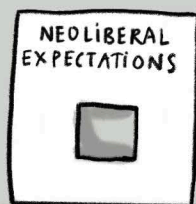
We came up with the program with Massey Centre users'. They want to be able to study!

We see the need for long-term support, especially with the housing crisis. This has pushed the YWCA to offer permanent housing.



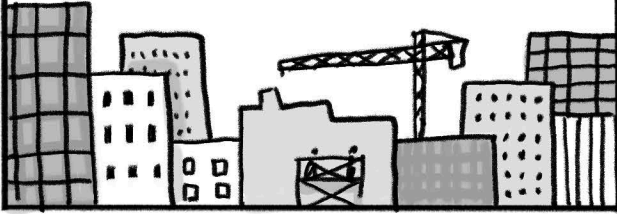
Our housing is not appropriate for all women: safety rules limits freedoms for some, and the support offered is insufficient for others.

Other programs are needed to adequately address the varied needs.



But developing this supply doesn't happen by snapping your fingers.

The lack of stable public funding hinders development in Toronto and Vancouver.



Public programs facilitate development in Montreal



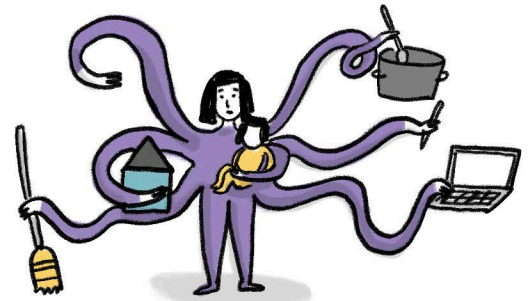
These programs are rigid and underfunded: MTMC had to rethink its ambitions, find other funding and do a lot of volunteer work!

In contrast, private funding in Vancouver gives more freedom for development and allows for permanent housing.



Creating social housing requires organizations to go beyond their mandates and financial capacities in all three cases. This overstepping is motivated by care for these women and their families.

Care allows them to resist the neoliberal shift. It also leads organizations to embody the figure of the community capable of stepping up when governments rollback.



But, not all organizations have

a building available to retrofit

income from for-profit activities (e.g. hotel, gym)

a network to fundraise

a reputation to access development opportunities

Without these assets, organizations are dependent on insufficient public resources guided by neoliberal ideas. They must work on a volunteer basis (which falls on women's shoulders since they are in the majority in the community sector). They may also orient their programs to ensure acceptability (temporary and promoting economic independence...).



Community-based social housing development is sometimes associated with privatization. But it is more complex. It's part of a general trend where governments no longer intervene alone.



This is what is happening in all 3 cases. Social housing is part of a context where there are collective efforts to:



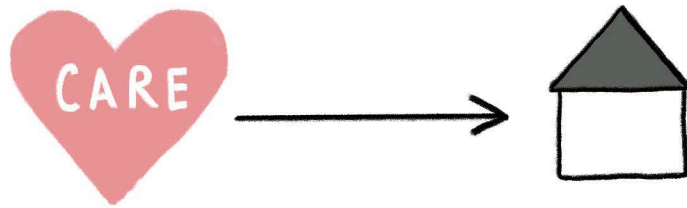
OK, these few dozen units are far from solving these vast problems: they are a drop in the ocean. Yet they are community contributions to address the housing needs of female single parents through collective efforts: a drop in a lake.



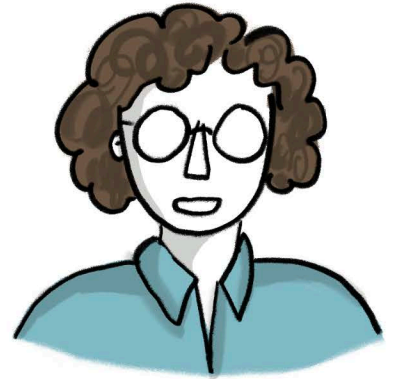
Then, organizations do not act alone but with institutions and elected officials' ongoing or ad hoc involvement.

It has already been said, but let's remember that this support is not enough, which is why they turn to volunteering and private sector

The initiatives seek to have families (re)connecting care with their apartments so that they can rely on their homes to care for themselves and their children.



But do these initiatives assign care to private places and relationships?



It's not just housing.

Common spaces (terrace, community room...) where tenants can socialize.



Community organization spaces, a green alley, a daycare, and a library are other spaces of care accessible to the neighbourhood.

In these spaces, the agency and partners offer formal support.

The programs host a few dozen families to create a warmer, friendlier atmosphere. Common areas and activities aim to develop supportive relationships (or even friendships).



Care is far from being privatized!

In the end, the cases reveal that...

Social housing development is motivated by care. This ethic encourages communities to simultaneously resist and conform to the neoliberal context.



Connections to the Healthy Cities movement are weak and indirect. Organizations are unknowingly participating in developing Healthy Cities.



This care drives the development of Healthier Cities.

HEALTHY CITIES

I've noticed that the Healthy Cities movement is losing momentum. Cities have other priorities:

Boom, the COVID-19 pandemic!  
Health is on every government's lips

Housing is widely used as a determinant of health. But, not everyone has an adequate home that allows them to stay healthy and safe.

Increase in domestic violence and lack of shelter space

The digital divide that hinders access to telemedicine

Confinement in apartments that are too small, unsanitary, etc

Isolation among single people

Exhaustion among families

These housing conditions are one of the causes of the inequalities deepened by the pandemic. Let us hope that municipalities (and other levels of government) will take the necessary means to support communities wishing to improve the supply of social housing.

This way, more households will have a caring home. We will collectively be a little better prepared for future variants and pandemics!



# ABSTRACT

During a housing crisis, finding an adequate place to live is difficult. It can be a real struggle for a single-parent family to get by with one income while experiencing discrimination. One of the solutions often proposed is to build more social housing. This graphic novel takes us on a journey of a research, exploring the creation of housing programs for female-led single-parent families in Montreal, Toronto and Vancouver.

These stories illustrate that well-intentioned municipal strategies do not build social housing. Instead, care motivates communities to step up to meet local housing needs. Together, these caring builders find the resources to deal with construction hiccups and a neoliberal context that poses many obstacles.

This graphic novel is for those who know little about the invisible work behind these buildings and people who want to say they read a thesis, and I get it!