

Neighbourhoods Matter: Examining Neighbourhood Significance through the Eyes of  
Women Who Live in Supportive Housing

Jocelyn Plane

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## **Abstract**

Over the past decade, there has been a surge of academic interest in the significance of neighbourhoods in relation to health and quality of life. Although there are many studies on the influence of neighbourhood on health, these studies are not usually qualitative in nature and do not tend to focus on the experiences of marginalized groups. The focus of this project is to examine the influence of the neighbourhood on quality of life and feelings of home from the perspectives of previously homeless women who now live in a supportive housing community. This study utilizes a feminist activist approach to explore these relationships through a photovoice project with women who live in an Ottawa supportive housing development. Through photographs and interviews, participants articulated relationships between their health and therapeutic places both inside the household and in the neighbourhood where they felt a sense of safety and belonging. Neighbourhood factors highlighted included: access to green space and amenities, the social environment and social stresses such as safety concerns.

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## Table of Contents

Abstract .....	ii
Acknowledgments .....	iii
Table of Contents .....	iv
List of Figures .....	vii
List of Appendices .....	viii
<b>CHAPTER 1: Introduction</b>	
Introduction .....	1
Research Questions.....	2
Chapter Outline .....	4
Background Information on Case Study .....	8
Framing Neighbourhood and “Home” .....	14
Policy Implications .....	16
<b>CHAPTER 2: Linking Literature on Health and Sense of Place</b>	
Introduction .....	19
Canadian Debates about Housing First vs. Continuum of Care Approaches.....	21
Examining Health from a Relational Perspective: Social Determinants of Health .....	26
Health & Place in Geography: Sense of Place & Therapeutic Landscapes .....	31
Feminist Perspectives of “Home” .....	37
Neighbourhood Effect & Health .....	41
The Use of Photovoice to Examine Neighbourhood Perceptions .....	44
Conclusions .....	46

### **CHAPTER 3: Methodology**

Introduction .....	48
Feminist Methodologies: Gender, Power and Positionality .....	48
Methods and Data Analysis .....	51
Ethical Issues & Limitations .....	71
Conclusions .....	80

### **CHAPTER 4: Meanings of “Home” and Neighbourhood**

Introduction .....	82
Perceptions of Neighbourhood & Links to Feelings of “Home” .....	83
Home as a Therapeutic Landscape .....	91
Home as Multi-Scalar .....	94
Home as Privacy and Safety .....	97
Conclusions .....	100

### **CHAPTER 5: Discussion of Photovoice Themes**

Introduction .....	102
Importance of Green Space .....	103
Social Environment: Importance of Respecting People and Private/Public Space .....	113
Social Stresses in the Neighbourhood: Safety, Neighbourhood and Health .....	119
Neighbourhood Resources/Amenities .....	123
Summary and Links to the Literature .....	129
Conclusions .....	139

### **CHAPTER 6: Conclusions – Moving Forward**

Introduction .....	141
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Do Neighbourhoods Matter?: Overview of Research Findings and Objectives.....	141
Photovoice Project Recommendations .....	145
Neighbourhood Level .....	145
Municipal, Provincial, Federal Levels .....	147
Suggestions for further research .....	152
Final Conclusions .....	153
Appendices .....	156
Bibliography .....	167

## List of Figures

Figure 1: Google Map of Centretown .....	12
Figure 2: Photos taken at the Exhibit .....	69
Figure 3: “A Neighbourhood Garden” .....	104
Figure 4: Christine on the rooftop patio .....	105
Figure 5: “A Chess Table in the park” .....	107
Figure 6: “A Neighbourhood Dog” .....	109
Figure 7: “The rib of a whale at the Museum of Nature” .....	111
Figure 8: A participant with a cat at the Parliament Hill Cat Sanctuary.....	111
Figure 9: “Liz’s Tree” .....	112
Figure 10: Photograph of Leaks in the Ceiling .....	113
Figure 11: “Jocelyn in a Neighbour’s Front Yard” .....	115
Figure 12: “Water Fountain – A Haiku” .....	116
Figure 13: “A Seagull standing in Litter” .....	117
Figure 14: Happy Graffiti .....	119
Figure 15: Bike Path .....	120
Figure 16: DunDonald Park .....	121
Figure 17: The Salvation Army Gladstone Community Church .....	122
Figure 18: Local Newspaper Boxes .....	124
Figure 19: Local Dollar Store .....	126
Figure 20: The Women’s Credit Union .....	127
Figure 21: Centretown Community Health Centre .....	128

## **List of Appendices**

Appendix A: House Manager’s Letter of Support .....	156
Appendix B: Letter of Introduction .....	158
Appendix C: Informed Consent Form .....	160
Appendix D: Research Instrument – Interview Guide .....	162
Appendix E: Cornerstone Photovoice Exhibit Speech .....	164
Appendix F: Photovoice Projects Results Summarized (provided to participants.....)	165
Appendix G: Letter Writing Campaign Template .....	166

## **CHAPTER 1: INTRODUCTION**

As a result of globalization over the past several decades, it is sometimes assumed that the 'local' is no longer a significant level of study (McDowell 1999). For many people, however, most of everyday life still takes place at the local level, making interactions within places such as neighbourhoods an important aspect of their lives. Over the past decade, there has been a surge of academic interest in studying the significance of neighbourhood in relation to health and quality of life, based on the underlying assumption that place matters (Ellaway et al. 2001; Canadian Institute for Health 2006). Research on the influence of place has extended beyond the physical characteristics of place to incorporate the cultural, social and political factors that may influence one's life in different ways (Romice 2005). The study of everyday geographies is important because social interactions at this level represent a microcosm of the larger community (Putnam 1993). The focus of this thesis is to better understand people's everyday experiences of the neighbourhood in greater detail.

My interest in neighbourhood level research began with an internet-based search on the term "not in my backyard" (NIMBY), with the idea that studying these sentiments in the context of an Ottawa neighbourhood might be an interesting focus for a thesis project. Through this search, I came across many studies that examined the attitudes of people who resist social or supportive housing developments and the relationship between these housing developments and decreasing property values, NIMBY sentiments and crime rates (Hill et al. 1994; de Wolff 2008; Takahashi 2008). Recognizing that qualitative studies at the neighbourhood level have tended to focus exclusively on residents who resist living near emergency shelters or supportive housing developments,

this project examines the perceptions of those individuals whose very presence has been resisted or stigmatized – those who have experienced homelessness.

Evidence suggests that neighbourhood-based social networks may have a significant impact on health outcomes and quality of life for people with low incomes, as the social networks of lower-income households tend to be more geographically limited and more tied to neighbourhood than those of middle and higher income households (Ellen et al. 2001). Local networks are particularly significant for people with lower incomes who may be limited in their ability to choose where to live, to afford material items such as a house or a car and to effectively access social and recreational services (Propper et al. 2007; Dawkins 2007). Although research suggests that one's living environment can strongly influence health (Sooman and Macintyre, 1995; Caughy, O'Campo & Muntaner 2003), little is known about neighbourhood-level influences on health for women who have experienced homelessness. There is also a lack of research that seeks to better understand the experiences of women who live in supportive housing (Klodawsky 2009). As a result, this thesis seeks to better understand the influence of the neighbourhood on health and feelings of "home" for previously homeless women who now live in a supportive housing community.

The central research question of this study asks: What is the perceived significance of the neighbourhood to the everyday lived realities of women who have experienced homelessness and have since moved into a supportive housing community? The purpose of this central question is to make connections between the participants' experiences in everyday places and their health and quality of life. The women whose experiences are explored in this thesis have dealt with a range of interconnected issues,

such as homelessness, mental illness, addictions, trauma and difficulty accessing and maintaining adequate, affordable and stable housing. The term “homelessness” in this context refers to the experience of living on the streets or at a homeless shelter. Housing is an important social determinant of health and studies have demonstrated the links between homelessness and health inequalities (Hwang 2001; Bryant 2003; Wilkinson and Marmot 2003). The women who were involved in this research have first-hand knowledge of the links between quality of life and place of residence, as a majority of the participants have experienced housing instability many times in their lives due to a range of complex economic, individual, social and health-related reasons.

Two sub-questions serve to further guide this research. Firstly, how do previously homeless women who live in supportive housing perceive their neighbourhood in relation to their sense of “home”? The purpose of this question is to recognize the importance of examining places in relation to one another, in addition to the relationship between the women’s feelings of “home” and perceptions of neighbourhood. This research considers the participants’ perceptions of neighbourhood and home because there is a lack of qualitative research that specifically focuses on women’s perceptions of both home and neighbourhood. Because of this lack of emphasis on gender as a factor influencing experiences of neighbourhood, this research focuses on the experiences of women. I have also chosen to examine women’s experiences of neighbourhood because there is a need for more research that does not confine women’s influences to the interior of the home. The second research question asks: what (if any) neighbourhood factors do such women perceive as influencing their health and quality of life? The purpose of this question is to tease out the different ways in which the neighbourhood can be seen as significant (or

insignificant) by the participants. The sub-questions demonstrate the goals of this research to understand the relationships between one's experiences of neighbourhood, quality of life and meanings of home and to determine how neighbourhoods can become more supportive and healthy places for women.

To explore these research questions, I conducted a case study with previously homeless women who now live in supportive housing in Ottawa, Ontario. As part of this case study, participants took part in a photovoice project in which they took photographs of places in the neighbourhood that they perceived to influence their health and quality of life. The intent of this project was to better understand which neighbourhood factors were most significant in influencing health and quality of life, and to involve the participants in the process of making neighbourhood spaces more healthy and inclusive. Making neighbourhoods more supportive and inclusive places to live for women who have experienced homelessness is important because it could improve quality of life and help to prevent future episodes of housing instability.

### **Thesis Chapter Outline**

The purpose of this introductory chapter is to provide an outline of this thesis and to discuss the research questions, objectives and background information related to the case study. Concepts such as 'neighbourhood,' 'home' and supportive housing are framed in addition to details about the research neighbourhood and the participants. At the end of this chapter, policy implications are discussed which highlight the value of neighbourhood-based policy that acknowledges places as dynamic, interconnected and experienced differently depending on factors such as gender and income level.

The purpose of chapter 2 is to outline the theoretical framework for this research. Using literature on health and place, I argue that places cannot be examined or understood as static or independent of one another. Instead, analysis must take into consideration that places are dynamic, interdependent and interconnected with one another. Perceptions and experiences of neighbourhood spaces are also contingent upon factors such as the time of day, the people who inhabit these spaces, one's identity and personal experiences. To discuss these points, chapter 2 is divided into four sections. The first section emphasizes the value of the flexible Continuum of Care approach as part of the solution to end homelessness because of the importance placed on creating a sense of community and "home" in this model. The second section argues that the social determinants of health is an effective framework for understanding health because of its recognition that health is a dynamic and relational concept that is influenced by one's experiences in different places and their identity. In the third section, I discuss geographical literature on health and place including: sense of place and therapeutic landscapes and feminist conceptions of "home." The final section of this chapter discusses the need for a more qualitative focus in neighbourhood effect research, and proposes the use of photovoice as a method to engage participants and to better understand the dynamic nature of the neighbourhood.

Chapter 3 outlines the methodological framework for this study, including details related to the photovoice project, photo-elicitation interviews and participant observation that took place over the summer of 2010. This chapter also includes a discussion of the ethical issues and limitations encountered through this research. This chapter highlights the importance of gaining the participants' trust and respect, in addition to the power of

research methods such as photovoice in engaging people in an inclusive and effective manner. The importance of being reflective and flexible throughout the research process was also crucial to the success of this project.

Chapter 4 engages in a discussion related to the first sub-question, which seeks to examine the relationships between neighbourhood and home for previously homeless women who now live in supportive housing. The purpose of this chapter is to outline findings that reveal the interconnected relationship between the participants' sense of "home" and health. I argue that the participants' feelings of safety, respect and belonging in everyday places in the neighbourhood and the household contributed to the maintenance of quality of life, health and sense of home. Participants' feelings of "home" and experiences in the neighbourhood were interconnected with one another, as their experiences within the household often influenced their ability to engage with others at the neighbourhood level and to extend their feelings of home into neighbourhood spaces.

Chapter 5 provides a further examination of the importance of neighbourhood by addressing the second research sub-question, outlining four key neighbourhood factors that participants deemed significant to their health and quality of life. These factors included: access to public green space and local amenities, the social environment, and social stresses such as safety concerns. These themes were revealed through the participants' photographs of everyday neighbourhood spaces. The participants identified everyday "therapeutic" environments in both the neighbourhood and their household that assisted them in coping with everyday stresses and mental illness, amongst other aspects of life such as traumatic memories from the past. In line with the understanding that places are dynamic, some places were considered both "therapeutic" and "untherapeutic"

depending on the time of day, the activities that occurred there and the people who inhabited these places.

In the concluding chapter of this thesis, a discussion about how the objectives of this study were met is followed by recommendations for change at different levels based on the photovoice project results. Because of the dynamic and interconnected nature of places, the recommendations reveal the need for many different levels of involvement from the community level to the federal level in order to make positive changes in the neighbourhood. The recommendations also reveal that it is important to involve different groups in these decision making processes because places are perceived differently depending on many different factors such as one's gender or their income level.

Overall, the results suggest that the participants' health was connected to their experiences in many places. The most significant aspect of these places that contributed to the participants' health was their ability to build social networks with others and to develop a sense of "home" through these positive experiences. While the participants saw their experiences at the neighbourhood level as important to their health and quality of life, these experiences were influenced by a variety of factors that were occurring at the household level as well at the municipal, regional, national and global levels. The findings of this research also suggest that social practices and interactions in a variety of places both influence and are influenced by our changing understandings of gender, reflecting how "place and gender are interconnected and mutually constituted" (McDowell 1999, 7). This research undoubtedly demonstrates the connection of women to these numerous places through their everyday experiences and actions.

In an effort to engage in a discussion about the women's experiences at the neighbourhood level that takes into consideration the complexity of places and the individuals who inhabit them, this thesis has four broad objectives:

1. To examine the significance of the neighbourhood for women who have experienced homelessness and now live in supportive housing, including aspects of the physical and social environment;
2. To develop an understanding of the relationship between neighbourhood and home for women who have been homeless and have since moved into supportive housing;
3. To identify the neighbourhood factors that these women perceive to significantly influence their quality of life (positively and negatively);
4. To raise awareness about ways in which neighbourhoods and cities can be made increasingly inclusive for these women by bringing attention to their concerns at larger political and social levels (local, regional, provincial)

The participatory photography (photovoice) project that was conducted during the summer of 2010 played a large role in meeting these objectives. This project, which involved 9 women who live in an Ottawa supportive housing development, provides an in-depth case study analysis of the participants' perceptions of neighbourhood and home including elements that meet the goals of this research to remain inclusive and activist in nature. Cornerstone, the non-profit organization that operates the supportive housing building, provides services to women in the Ottawa area who are homeless or in danger of becoming homeless again. In the following section, I provide some background information on supportive housing, Cornerstone, and the research participants.

### **Background Information on the Case Study: Cornerstone Supportive Housing**

The women who participated in this study reside in a single supportive housing development operated by a non-profit organization called Cornerstone which provides services and housing specifically for women. Cornerstone is funded by all three levels of government and the Anglican Diocese. Cornerstone was established in 1983 by a group

of people who recognized that there were homeless women in Ottawa with no place to sleep at night. As a temporary solution, cots were placed on the basement floor of a local church. Originally called the Women in Crisis Project, the organization has since changed its name to Cornerstone and has expanded to include an emergency shelter and three supportive housing buildings (Cornerstone 2010).

Supportive housing is defined by the Ottawa Supportive Housing Network (2009) as “a community-based, person-centred model of providing affordable, permanent accommodation. Housing support staff assist individual tenants in attaining their optimum quality of life and encourage the development of healthy communities.” Supportive housing is designed to reduce cycles of institutionalization, homelessness and poverty among people who require assistance in maintaining independent housing. Equipped with on-site supports and a communal atmosphere, living in supportive housing can reduce feelings of isolation and loneliness among people with mental illnesses, disabilities and other disadvantages. Tenants have access to a range of services depending on what the specific site offers, such as community referrals, assistance with life skills, peer support, assistance with maintaining housing, and opportunities for community involvement. For people who have lived in unstable living conditions such as emergency shelters, hospitals, or institutions, this housing option offers a supportive and healthy environment in which one can finally experience stable and permanent housing conditions. In Ottawa, there exists a coalition of supportive housing projects run by community-based non-profit agencies, housing a total of approximately 850 tenants. These supportive housing developments fall under the Continuum of Care approach to providing housing to chronically homeless individuals, which focuses on providing

specialized and often congregate housing options to people who have difficulty maintaining independent housing. This model is discussed in relation to the “Housing First” model in the following chapter.

Cornerstone hosts 68 of these tenants in their three supportive housing buildings. One of the supportive housing buildings (McPhail House) has six bedrooms and provides safe, affordable housing to residents who need minimal support to live independently. Cornerstone’s most recent development, located on Booth Street in Ottawa, provides housing to 42 women. Twenty units are designed specifically for low-income seniors and 22 are for younger women who require supports to live independently. Finally, Cornerstone’s twenty-unit supportive housing building, which was the site of my case study, is located in the downtown area of Ottawa, Ontario. This site offers services to twenty women who were formerly homeless or in danger of becoming homeless again. The women living in this building have access to a shared space in the basement for preparing and eating meals, recreation and support services, in addition to their own private suites on the upper floors of the building. The basement has a fully equipped kitchen where residents, staff and volunteers often prepare meals together, in addition to a dining area with tables and chairs, a library and a seating area with a shared television. On the ground floor, there is an office where residents can contact staff members as needed. A majority of the private bedrooms are located on the first, second and third floors, with one in the basement. Each of the bedrooms is equipped with basic furniture such as a dresser, a bed frame and mattress, a shelf and a vanity with a sink and cupboards for storage. Each resident is also provided with a mini-fridge, a ceiling fan and an air conditioner. All of the rooms were recently renovated with laminate flooring

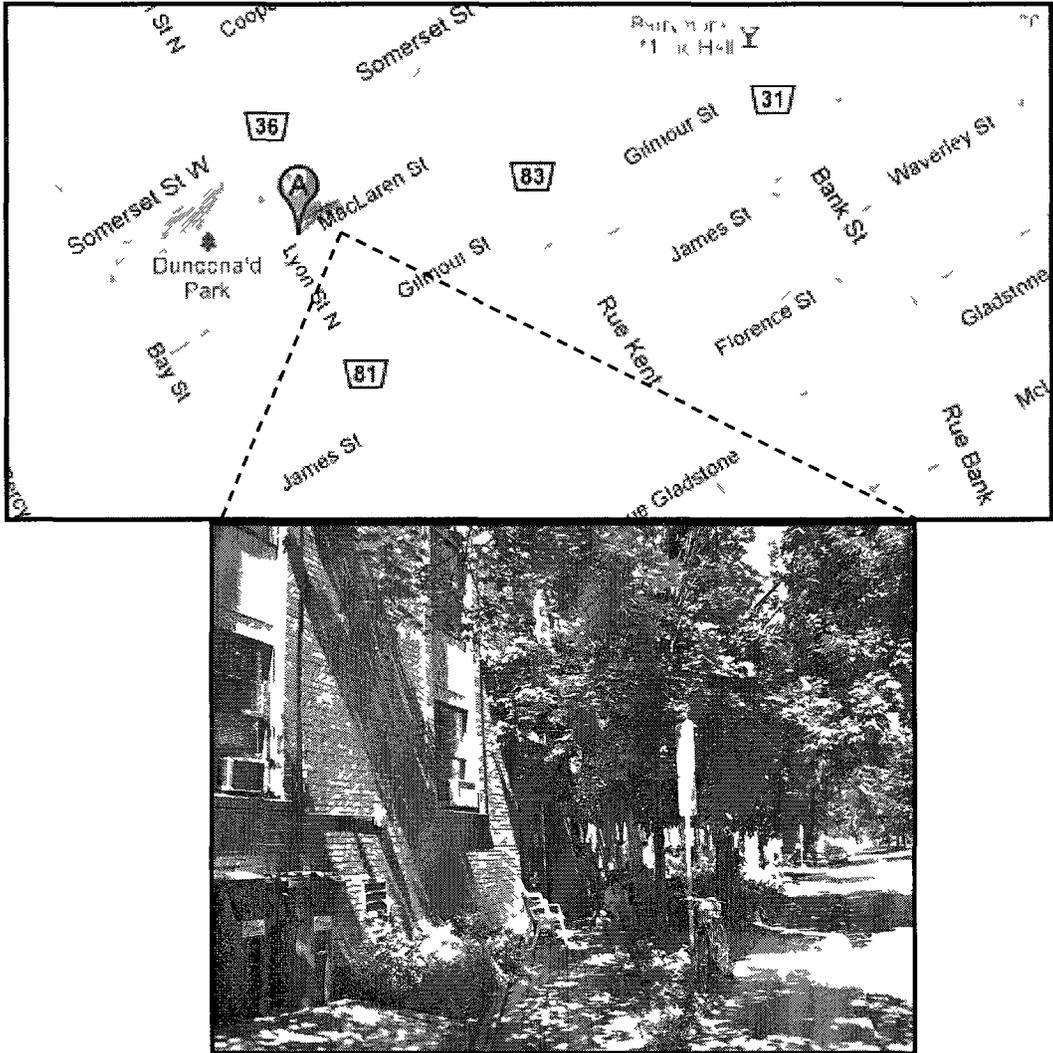
and the walls were freshly painted. On the top floor of the building there is also a recently renovated rooftop patio with gardens and a gazebo.

Services provided to the residents include personal goal and menu planning, life skills such as cooking and budgeting, addictions and mental health supports, crisis counselling, and recreational and spiritual supports (Cornerstone 2010). These services are provided by staff and volunteers, both in group settings and one-on-one, depending on each client's needs and circumstances. Staff members work in partnership with many different community agencies to ensure that residents feel safe and receive appropriate supports. Several volunteers come in throughout each day to assist with activities such as exercise programming, art therapy, community development, and meal preparation. While staff members at Cornerstone strive to maintain an environment that promotes dignity and a sense of hope within the supportive housing building, there have not been any programs before this project that placed emphasis on residents' experiences of the surrounding neighbourhood. This project provided an excellent opportunity for the women to develop a greater sense of awareness about their surroundings, and to be involved in a project that seeks to address this lack of attention to the supportiveness of the neighbourhood itself.

This supportive housing building is located on MacLaren Street in the neighbourhood (as defined by the City of Ottawa) of Centretown (see Figure 1). Located within five minutes walking distance of a grocery store, financial services, a community health centre, specialty food stores, convenience stores, restaurants, fast food and retail outlets, the women have access to a variety of resources. The building is also located across the street from one of the neighbourhood's largest green spaces, DunDonald Park,

as depicted in Figure 1. While it may seem problematic to this relational approach to focus on statistics that describe the neighbourhood at one snapshot in time, I think it is important to provide some basic information about Centretown. Although I recognize that neighbourhoods are dynamic and constantly changing places, these statistics are provided to supply the reader with a sense of the nature of this neighbourhood.

According to Kristjansson’s (2010b) Ottawa Neighbourhood Study, Centretown had approximately 24,000 residents as of 2006, comprised mainly of young adults, middle aged adults and few children and youth.



**Figure 1: Google Map of the Supportive Housing Building location in Centretown, Ottawa**

This neighbourhood is also quite multi-cultural, with 21 % of the residents reporting that they represent a visible minority and 20.7 % reporting that they are recent immigrants, arriving in Canada within the last five years. The statistic for recent immigrants is higher than the Ottawa average of 16.6 %. According to the 2006 census, the average household income in Centretown is \$60, 468, which is below the Ottawa average of \$86, 848.

About one quarter of residents in this neighbourhood live below the Low-Income Cut-Off, which is higher than the Ottawa average of 11.1 %. The neighbourhood population, however, is quite well educated, with over 60 % of the residents with a college/CEGEP or bachelor's degree. About 74 % of Centretown residents are employed, with an unemployment rate similar to the Ottawa average of 5.8 %. The housing stock in this neighbourhood is relatively old, with 30 % of the homes built before 1946. A majority of the residents living in this neighbourhood are renters (78%), with over one third paying more than 30 % of their income on rent, a rate that is much higher than the city average of 12.9 %. The neighbourhood has its strengths, including the ability of residents to easily access goods and services within walking distance, and a well-educated population. Some concerns include the availability of fast food outlets, poverty rates that are above the city average and unaffordable housing stock (Kristjansson 2010b).

The research participants, who currently live in the supportive housing building located in this neighbourhood, ranged in age from their late twenties to their late fifties. The majority of those who participated were white women between the ages of 30 to 55, who spoke English as their first language. Each of the participants experienced homelessness at some point in her life due to a range of interconnected reasons, including but not limited to mental illness, trauma, being unable to afford adequate

housing, lack of social and financial support and addictions. More than half of the participants had lived at the supportive housing building for three years or more, while two of the participants had recently moved into this building directly from Cornerstone's homeless shelter. All of the participants would be considered low-income, receiving either Ontario Works or Ontario Disability Support Program benefits and none were involved in paid employment throughout the duration of this study. Education and literacy levels ranged greatly among the participants, with some participants taking courses to obtain their high school degree, while others were unable to read or write beyond an early elementary level. Through spending time with these women during the photovoice project and in my role as a volunteer, I found that despite their differences, the participants felt united in their identity as women who had experienced hardships in their lives.

### **Framing “Neighbourhood” and “Home”**

When this research was conducted, the term “neighbourhood” was left open to the interpretation of the participants for the purposes of producing results that reflected their own experiences and perceptions. Most participants defined their neighbourhood as the area around their housing that they could access by foot, and by its functions – a place where they carried out their everyday activities, interacted with others, utilized services and purchased necessary items. While most participants detailed fixed boundaries for their neighbourhood, these boundaries varied depending on the social activities and physical mobility of each individual. These variable definitions of neighbourhood reflect the diversity of the women involved in this research. For example, some of the women had less mobility than others due to their health status. It must also be noted that while

defining “neighbourhood” distinguishes the area territorially, this definition “does not imply that they are constituted by processes that operate at a single scale” (McDowell 1999, 4). Homes and neighbourhoods are geographically bounded, but their boundaries are also social and spatial, reflective of power relations both within and outside of particular localities (Massey 1991; Smith 1993; McDowell 1999). Massey (1994) argues that neighbourhoods cannot be understood as containers in which social interactions take place, but rather as sets of social networks that overlap one another. Social relations operate at a range of levels, and therefore, one’s sense of belonging or sense of “home” can be tied to their experiences in the neighbourhood as well as other places outside of the physical structure or building in which they live.

The inclusion of one’s experiences or feelings of home, therefore, must be examined in relation to one’s experiences within the surrounding neighbourhood. Easthope’s (2004, 135) discussion on “home” provides a framework for understanding the way in which this concept is theorized in this research:

While a person’s home is usually understood to be situated in space (and time), it is not the physical structure of a house, nor is it the natural and built environment of a neighbourhood or region that is understood to make a home...Rather, it is when such spaces are inscribed with meaning that they also become homes...In understanding a person’s connection with their home, then, we go some way towards understanding the social relations, their psychology and their emotions and we can begin to understand their ‘lived experiences.’

While it is understood that “home” and “neighbourhood” are two separate concepts that mean different things to different people, this study seeks to understand the relationships between notions of “home” and neighbourhood for previously homeless women who now live in a supportive housing community. While one cannot assume that the neighbourhood is significant to understandings of “home”, previous research has found

that the experience of “home” can be related to one’s experience of the surrounding neighbourhood. Kearns and Parkinson (2001, 2103), for example, assert that the neighbourhood, in terms of quality of environment and perceptions of co-residents, is an important element in the derivation of psycho-social benefits from the home. By examining how women’s sense of neighbourhood and home shapes their quality of life, this research makes connections between health and sense of place, with a particular focus on sense of belonging and safety.

### **Policy Implications**

Due to the focus of this study on women’s experiences of neighbourhood and feelings of “home”, the results of this research could be applied to policies and strategies to strengthen neighbourhoods and to encourage the building of safe, healthy and inclusive places for women. These findings encourage place-based policy that could be implemented not just by community groups and local governments, but also by provincial and federal governments. Some forms of place-based policy have already been implemented successfully in other countries. In Europe for example, recent initiatives at the national level emphasize the neighbourhood as the focus for policy, with the underlying assumption that residential-based networks are the building blocks for social cohesion (Romice 2005). In 2001, the British government announced a National Strategy for Neighbourhood Renewal (NSNR) as the centrepiece of its social agenda. This program was coordinated at both national and local levels, with substantial funds directed towards new policies to tackle issues such as unemployment, crime and poor delivery of services in addition to supporting and encouraging local strategic partnerships. Evidence suggests that neighbourhood-based programs can have a

significant impact if focus is placed on neighbourhoods as dynamic and interconnected with other places. Policies that focus on the neighbourhood alone rather than focusing on community capacity building measures, for example, tend to have poor outcomes (Freiler 2004).

While it is understood that strategies would have to be modified and adapted to reflect the nature of different types of neighbourhoods, evidence which suggests that women's experience of neighbourhoods influences their health, could encourage the application of place-based and gender-inclusive policy in Canada. This knowledge of what makes places healthy and unhealthy for different social groups is important for the application of effective public health policy. If the influence of "place" is considered in health discourses, we can use information about the everyday experiences of individuals in positive ways to promote healthier, inclusive environments (Milligan et al. 2004; Smyth 2005). Determining which aspects of neighbourhoods contribute to making these places supportive and healthy can also assist advocates, organizations and governments in deciding where to place affordable and supportive housing developments, in addition to the extent to which supportive housing should be promoted. There are also important urban planning implications of this research related to how public spaces can be designed and used to facilitate better health and quality of life for marginalized groups.

By analyzing and acting upon the results of this research, I take an activist-oriented approach to bring awareness to changes that could be made to strengthen access to resources, social cohesion and sense of safety at the local level. At the same time, I recognize that positive change cannot occur in the neighbourhood without the involvement of actors and decision makers from a multitude of different levels, including

but not limited to community members, non-profit groups and municipal, provincial and federal governments. I also recognize that involving participants in attempting to make positive changes to the neighbourhood has the power to affect their perceptions and experiences, such as their ability to enjoy access to public spaces and their level of civic engagement. These points recognize one of the main findings of this thesis – that the participants’ experiences of place are contingent on many different factors and interconnected with one another. The participants involved in this study experienced supportive and therapeutic environments that extended beyond the spaces of the household and into the neighbourhood, making the neighbourhood a significant place of social interaction. Changes to these neighbourhood spaces such as time of day and the different events that were held in public spaces influenced the participants’ perceptions of them. The participants were greatly influenced by the dynamic nature of the neighbourhood due to their frequent use of public spaces in their neighbourhood such as the local park. This finding points to the importance of ensuring access to safe, inclusive and healthy public spaces within the neighbourhood setting.

## **CHAPTER 2: Linking Literature of Health and Sense of Place**

### **Introduction**

While women's experiences of the home represent an important level of academic study, it is important to recognize that women influence and are influenced by a multitude of other places as well, such as neighbourhoods, cities, and the increasingly interconnected world in which we live. By drawing on literature on health and place, these connections and the importance of taking a relational approach to the study of place are revealed. The purpose of this chapter is to discuss literature related to neighbourhoods, home, and health within the framework of a relational approach. A relational approach refers to an understanding of places as interconnected nodes in networks rather than as bounded and static spatial units. The notion that places are bounded, fixed and separate neglects to recognize the dynamic and changing characteristics of places, and their interconnectedness to one another. This understanding of place as dynamic implies that individuals are not only affected by, for example, the neighbourhood in which they live, but by multiple places and the power relationships at play across these interconnected places and levels of government that have the power and responsibility to distribute economic and social resources (Cummins et al. 2007). Based on this understanding, it is recognized that neighbourhood-level processes are embedded in a series of micro and macro-level contexts.

Understanding the health-place relationship in terms of interrelated places can assist in determining the appropriate policy interventions required to improve quality of life (ibid.). To encourage a relational conception of place, it will be necessary to focus "on the processes and interactions occurring between people and places and over time"

which serve to complement and move beyond our understandings of compositional factors associated with place such as prevailing social norms and the built environment (ibid., 1828). There must be an understanding of the interrelationships between individuals and contexts, rather than simply the effect of the physical environment on health. Cummins et al. (2007, 1830) call for “more multi-dimensional research that combines multiple ways of characterizing and understanding places, including resident reports, systematic observation and objective measures on the location and spatial accessibility of resources.” To reflect this approach, the literature that is applied to this research is viewed with an understanding of the importance of this dynamic and relational approach to analysis. I argue that an understanding of the relationship between health and place must be founded upon the notion that experiences in one place are contextual and can influence one’s experiences and interactions in many different places.

The first section of this chapter involves a discussion about the current Canadian debates about Housing First versus Continuum of Care approaches in an effort to contextualize supportive housing and to argue for the important role of the flexible Continuum of Care model in ending homelessness. This model focuses not only on providing homeless individuals with a place to live, but also on the development of a sense of “home” and community. Much of this work is completed through the provision of congregate housing arrangement that promote an environment of social support and interaction. Congregate living arrangements, I argue, have the power to assist people who have been unable to maintain independent housing in developing a sense of “home” and stability in not only their physical dwelling, but also in their community. The literature points to the need for housing options which acknowledge the importance of

building social cohesion and a sense of belonging to place both within the household and in larger community settings such as the neighbourhood.

The second section contextualizes the study of housing and health by discussing how the study of health and place in geography has changed over time. This section includes a discussion of how the social determinants of health offers an effective framework for understanding health in this research because it recognizes the role of one's identity and the context in which they live as important factors in determining health. Following this discussion, I draw on geographical literature on "sense of place" and therapeutic landscapes to further emphasize the links between health and place. Further, I utilize feminist literature on "home" to argue that one's sense of belonging or "home" can have different meanings based on their identity and experiences. The final section of this chapter discusses the quantitative nature of neighbourhood effect research and asserts the need for more qualitative research to better understand the influence of the neighbourhood on health and quality of life. By drawing on the intersections between these different bodies of literature, I hope to contribute to a greater understanding of the interconnected relationships between neighbourhoods, home, and health for women who have experienced homelessness.

### **Canadian Debates on "Housing First" vs. "Continuum of Care" Approaches**

In the same way that there are multiple ways of understanding and characterizing experiences of place in research, there are also many different interpretations of how the housing needs of the homeless can be met. Ongoing debates in Canada surrounding "Housing First" and "Continuum of Care" housing approaches reveal that the needs of people who have experienced homelessness are complex in that there is not only a need

for resources to build affordable housing, but also the need to assist those individuals who have difficulty maintaining independent housing due to reasons such as mental illness. While recognizing the merits of the Housing First model, I argue that congregate living arrangements which operate under the flexible Continuum of Care model serve to better recognize the need for social interactions at a multitude of levels in order for one to develop a sense of belonging to place and feelings of “home” in their housing.

Advocates of the “Housing First” (HF) model argue that chronically homeless people have the right to regular housing, whether they need individualized support to stay housed or not (Klodawsky 2009). This model, also known as “rapid re-housing” often involves taking homeless individuals directly from the streets or shelters and moving them into their own apartments. The argument is that the primary need of these individuals is stable housing, and that other issues can be addressed once this need has been met.

In contrast, advocates of the Continuum of Care (CC) approach argue that individuals with several mental illness and addiction problems often require a continuum of specialized housing facilities to assist them in remaining stably housed. Specialized housing facilities often involve congregate living arrangements such as supportive housing or group homes where staff are present at all times to assist and support residents. The rigid interpretation of this model results in a tightly structured process through which individuals move “up” from emergency and specialized housing arrangements to “normal” or independent housing once they have reached a certain level of stability. This model has been critiqued by HF advocates who argue that the CC model often requires that individuals receive treatment before they receive independent

housing, making a statement that those who are mentally ill or that have addictions do not have the right to “normal” housing unless they seek treatment (Tsemberis, Gulcur & Nakae 2004).

Over the past several decades, however, many organizations that provide supportive housing have moved to a less-institutionalized and more flexible harm-reduction approach that focuses on client choice and empowerment. In Cornerstone supportive housing, for example, residents are considered tenants who pay rent and are not forced to move “up” to independent housing if it is their desire to remain in this supportive environment. While the staff offer supports and assistance to residents, the choice to seek treatment is placed on the individual rather than being a requirement for tenancy. As a result of these policies, many residents have chosen to remain at the MacLaren Street location indefinitely while seeking treatment in many different ways and at their own pace. Some residents have lived at this location for over ten years.

Despite these changes in the CC model, HF is often purported as a better option for housing homeless individuals because of its focus on providing normalized housing options as the first step (Atherton & McNaughton Nicholls 2008). Klodawsky (2009, 606), however, argues that an outcome of this critique may be that “specialized congregate spaces within the CC model such as supportive housing will be re-framed as part of the ‘problem’ of homelessness rather than part of the solution.” Further, Klodawsky argues (2009, 592) that the CC model, when interpreted in a flexible manner, has the power to offer considerable benefits to individuals who have had difficulty maintaining independent housing:

According to some homeless individuals and their advocates, however, the rush to jump on an HF bandwagon has been accompanied

by a worrisome disregard for the considerable benefits that some individuals reap from living in supportive, congregate, or group settings, especially when these environments are shaped by a flexible, harm reduction approach.

This type of flexible CC approach is taken by organizations under the Ottawa supportive housing coalition, including Cornerstone Housing for Women. Rather than focusing solely on encouraging independent housing through “bricks and mortar” and individualized support services, specialized housing arrangements such as those provided at Cornerstone emphasize the importance of creating community spaces of healing and a place to call “home.” While the model of providing independent or “normal” housing options for the homeless fits well with the market-driven, neoliberal structure of encouraging the private market to assume the responsibility of housing provision, this model does not take into consideration the importance of housing that promotes social integration and the development of a sense of belonging to place.

Congregate living spaces under the flexible CC model such as those provided by Cornerstone, I argue, are a crucial part of the solution for individuals who have had difficulty maintaining independent housing. I agree with Klodawsky (2009), in that the focus of the flexible CC model on creating a sense of “home” for those who have experienced feelings of isolation and loneliness throughout much of their lives is an important part of attaining housing stability. Although little research has been conducted on this topic from a gendered perspective, a study examining the gendered experience of these two approaches by Rich and Clark (2005) suggests that for women, especially those who have experienced trauma, congregate living arrangements have the potential to offer a more meaningful form of care than the HF alternative. This research on women’s experiences of HF suggested that the outcomes of this approach were more complex and

contradictory for women than they were for men. Further, Murray and Ferguson (2001, 52) argue that for more vulnerable women, “women-focused, peer-based, self-directed programs are most effective in moving women forward in their transformation.” In order to develop a greater understanding of the gendered experience of congregate housing, women’s experiences of supportive living arrangements requires more attention in Canadian research on homelessness, especially in relation to their construction of a sense of “home”.

The construction of a sense of “home” through social interactions both within and outside of the physical structure of where one lives should be an important consideration in determining housing options. Housing options that seek to build a sense of “home” can offer a place for one to develop the self-esteem and social support systems required to begin healing and to feel a sense of belonging to the community. Feeling “at home” may not only influence one’s ability to remain stably housed, but can also serve as a springboard to increase involvement in the larger community, establishing a “foundation for claiming rights to the city” (Mitchell 2003; Klodawsky 2009, 603). While an involvement in spaces beyond the “home” may not necessarily mean employment, other examples may involve one’s ability to connect socially with neighbours, volunteer in the community, or engage in other acts of active citizenship such as voting or involving themselves in local initiatives to make the community a better place.

Supportive housing offers a variety of opportunities to build these support systems through interactions with other residents, support staff, volunteers and neighbours. Without access to these congregate spaces of care, there is a fear that the loneliness and social exclusion that marginalized individuals often face may be

exacerbated by placing them in individualized units. The re-framing of the CC housing option as part of the problem of homelessness, therefore, may not only mean that those who benefit from supportive living arrangements will have their rights to these semi-private spaces taken away, but also that their ability to build the self-esteem and support systems needed to effectively access and engage in the “public” sphere of the city will be implemented. Feeling at “home,” after all, is not simply about having four walls and a roof above one’s head. Instead, a sense of “home” carries a social meaning that is tied to one’s social experiences and emotional attachments such as a sense of belonging to place. These experiences and attachments to place, which are not limited to the private sphere of one’s physical dwelling, are ultimately linked to health and quality of life. To argue that this relationship exists between one’s identity, sense of “home,” and health, I present a framework for understanding health that goes beyond the absence of illness to consider how the social aspects of one’s life influence their well-being and quality of life.

### **Examining Health from a Relational Perspective: Social Determinants of Health**

The social determinants of health provide an excellent framework for understanding the links between identities, health and place because this perspective acknowledges the influence of social aspects on health such as place and gender. While recognition that relationships exist between health and place dates back to Hippocrates, who distinguished between healthy and unhealthy places over 25 centuries ago, a focus on everyday “places” in the context of health research is relatively recent. Research on the geography of health has undergone a paradigm shift over the past two decades, from looking at health through a bio-medical perspective that understands health as the absence of disease or illness, to an interest in social models and a focus on “place” as a

framework for understanding health (Kearns and Moon 2002). An awareness of “place” as a socially constructed phenomenon is important to health geography, as research demonstrates that places and landscapes matter in relation to health and quality of life (ibid). In this study, the social determinants of health serve as a broad framework to define what is meant by health and quality of life because of its careful consideration of the dynamic and relational aspects of place and identity in understanding health and quality of life.

The social determinants of health is a model that grew out of research that relates most health problems to social and economic resources that people have access to, providing an alternative to traditional perspectives that focus on biomedical and behavioural risk factors as determinants of health (Paramonczk 2004; Irwin et al. 2006). Raphael (2004, 1) provides a definition that further explains this concept:

The social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole... Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment.

Understanding health in this way offers a holistic approach to examining the links between neighbourhoods, home, and quality of life for vulnerable populations because it allows for the opportunity to develop policies which aim towards diminishing the impact of negative structural factors that perpetuate poor health. This model recognizes that health is not only an individual issue, but also a result of policies at different levels of government which influence one’s life.

This perspective reveals strong links between social deprivation, poverty and illness, arguing that people suffer from adverse living conditions as a result of a number

of interconnected determinants of health. As a result of a number of different factors such as gender, low-income, Aboriginal status, and disability, some people are more likely to experience high levels of physiological and psychological stress (Mikkonen & Raphael 2010). When people live in stressful conditions, “everyday life often appears as unpredictable, uncontrollable, and meaningless... [making] it extremely hard to take up physical leisure activity or practice healthy eating habits because most of one’s energy is directed towards coping with day-to-day life” (ibid., 10). Therefore, the solution for problems such as poor health amongst individuals and communities must be drawn from an understanding of the underlying issues, such as the living conditions that are causing individuals to feel stressed.

Research on the social determinants of health suggests that the social, economic and physical conditions in which individuals live have a stronger influence on their health and quality of life than individual-level influences (Sooman & Macintyre 1995; Wilkinson and Marmot 2003; Mikkonen & Raphael 2010). Social determinants such as gender, Aboriginal status, race, disability, employment, early life and education, housing, income and social exclusion have a profound influence on health and quality of life. People experience the social determinants of health as an interconnected web of factors that often compound one another, further complicating one’s ability to achieve and maintain an optimal quality of life. This argument is important for this research as it recognizes that aspects of identity such as gender and access to social and economic resources at the neighbourhood level can influence well-being, in addition to a plethora of other compounding and complex factors such as ethnicity and income.

Raphael (2004, 1) explains that this approach “sees the mainsprings of health as being how a society organises and distributes economic and social resources, it directs attention to economic and social policies as means of improving it.” This means that the factors revealed at the neighbourhood level that influence health are influenced greatly by the distribution of economic and social resources by many different levels of decision making such as community groups and members of municipal, provincial and federal levels of government. Policies created by all levels of government are responsible for the distribution of resources such as income, quality and availability of affordable housing, access to local services and recreational opportunities (Mikkonen & Raphael 2010). These decisions have a trickle-down effect which has direct and indirect impacts on the everyday lives of individuals.

The health of the women who participated in this research, for example, is influenced by a wide range of factors. Many of these women have suffered from discrimination and limited opportunities because they have a disability, making it more difficult to find adequate employment. Because they are unable to afford transportation, many of the women depend on access to local public spaces for recreation and resources such as grocery stores and clinics within walking distance of their dwelling. If the women lived in a neighbourhood that did not have a grocery store, for example, this could mean that they would have difficulty accessing fresh fruits and vegetables. One example of a positive influence of intergovernmental decision-making is the women’s ability to access and benefit from a Community Health Centre in their neighbourhood. The women’s access to resources within walking distance of their neighbourhood is also a direct result of their ability to access adequate and affordable housing in a

neighbourhood with a multitude of resources. Their ability to access affordable housing with supports in a welcoming neighbourhood is important for feelings of social inclusion.

People who are homeless often report feeling isolated and excluded from society. Turnbull, Muckle and Masters (2007) bring attention to the fact that homeless people report increased violence and drug availability, reduced meaningful social interaction and hostile community treatment. The spatial separation from society associated with living in a shelter causes a lack of attachment to the community and the social order of life (Caragata 2006). Friendship, positive social relations and strong supportive networks are needed to prevent people from long or repeated periods of crisis that lead to homelessness. This research highlights the importance of social interactions with others at a variety of levels such as within the home and the neighbourhood for health and the development of a sense of belonging to the community.

Due to the lack of research on the influence of neighbourhood-level interactions on health for marginalized individuals, the importance of these connections has not been taken seriously enough in affordable housing and health policy (Haque, Rosas and Anderson 2008). Utilizing the social determinants of health as a foundation to better understand these connections helps to support the argument that housing options need to be provided that allow for the development of a sense of “home” or belonging to place. This sense of belonging is intricately tied to one’s identity, experiences, and development of positive social networks that benefit healing and health.

## **Health and Place in Geography – Sense of Place & Therapeutic Landscapes**

To this end, geographic literature on health and place provides the theoretical foundation for the interpretation of the study results. Literature on “sense of place” and therapeutic landscapes is examined because it is not only important to explore health-place relationships by looking at one’s health and the physical attributes of the environment, but also at one’s attitudes and feelings towards the place in which they live (Muhajarine et al. 2008; Wylie 2009). Sense of place is defined by the *The Dictionary of Human Geography* as “the attitudes and feelings that individuals and groups hold *vis-à-vis* the geographical areas in which they live” (Wylie 2009, 676). Places are important to people because they evoke certain emotions, meanings and feelings depending on the experiences and feelings that people attach to them.

Political geographer John Agnew’s (1987) work offers a useful framework for theorizing about sense of place in this context. Agnew outlines three fundamental aspects of place, including location, locale and sense of place. Location is defined as “the geographical area encompassing the settings for social interaction as defined by social and economic processes operating at a wider scale” (Agnew 1987, 28). An example of a location could be the city in which a neighbourhood, or locale, is situated. Locale refers to the actual material setting where social relations take place. These settings of interaction are smaller scale environments such as neighbourhoods in which individuals recognize and interact with one another. The purpose and functions of the “locale” level can involve the development of one’s identity and sense of belonging or attachment. This framework is useful for understanding the results of this research from a relational

perspective, as it examines places in relation to one another rather than viewing them as separate entities.

Sense of place refers to the meanings and emotional attachments that people ascribe to particular places. Looking at sense of place as having a number of different elements, Eyles (1985) describes a number of different “senses” of place. Examples of these different “senses of place” include a social sense of place that is felt through the social ties and interactions that one has in a place, and an instrumental sense of place, which looks at place in terms of what goods, services and opportunities are provided there. While “sense of place” is a widely discussed concept in Human Geography, this construct has had little application in the field of public health (ibid.). In his article reflecting this concern, Frumkin (2003) identifies four aspects of place that offer promising opportunities for public health research, including: contact with nature, buildings, access to public spaces, and urban form. While these aspects provide an important foundation for the creation of healthy environments, the most significant “place-based” factor, I argue, revolves around the social interactions that occur in different places that lead to the development of a sense of belonging to different places. In the following chapters, I make links between these factors associated with sense of place and health for the study participants, by examining their interactions with places in the neighbourhood and how these link to quality of life.

“Sense of place” is linked to geographical literature on therapeutic landscapes, as this term is often used in research on health and place to promote the links between one’s experience of place, health and well-being (Andrews 2004; Curtis 2004). Literature on therapeutic landscapes builds on the understanding that health is influenced by

individuals' identities and interactions with their complex social and physical environments. People develop attachments towards not only the physical appearance of place, but also to the meanings associated with place, establishing "place identities" (Relph 1976). Therapeutic landscapes literature suggests that these "place identities" can influence health and well-being.

Therapeutic landscapes, introduced by Gesler (1992), are a metaphor for understanding how societal and environmental factors can contribute to health and the healing process. Like the social determinants of health, the study of therapeutic landscapes emphasizes a holistic understanding of health as an interaction among physical, spiritual, mental, emotional and social elements (Gesler 2003). Williams (1999a, vii) points out that "exploring the positive, healing or therapeutic characteristics of place - an increasingly important determinant of health - is consistent with the development of health promotion through the world." While exploring the positive, therapeutic aspects of place is important, she argues that we must also seek to understand the negative health effects associated with place. As Wakefield and McMullan (2005) argue, it is possible for places to simultaneously hurt *and* heal, depending on how one's experience of place is socially constructed.

While literature on therapeutic landscapes began with the study of specific "extraordinary" places such as natural settings (Palka 1999; Brawley 2001) and religious sites (Gesler 1996; Williams 2010) that have a reputation for healing, the study of this concept has recently broadened to include everyday landscapes that contribute to the health and quality of life (Williams 1999a; Andrews 2004; Smyth 2005). Through an examination of sense of place amongst Northern Ontario home care workers, for

example, Williams (1999b) asserts that any environment can be therapeutic if a healthy relationship exists between personal identity and place. This definition extends to the experience of landscapes where one feels a strong sense of place, as these places can contribute to the maintenance of health and quality of life. Considering the relatively recent occurrence of this shift in thinking, there has been little exploration of “everyday geographies” in the therapeutic landscapes literature, leaving the concept of everyday places as health-affirming and health-denying under-examined (Wakefield and McMullan 2005). This research draws on the therapeutic landscapes literature to better understand the influence of the participants’ everyday geographies on their health and to argue that one’s experience of place is dependent on a number of contextual factors such as the time of day, the social interactions that take place there and the built environment.

Therapeutic landscapes is also applicable to this research because it recognizes the influence of identity on how place is experienced (Kearns and Gesler 1998). A landscape is understood as a dynamic place that is socially constructed by many factors, such as societal history, values and ideologies, as well as the experience of individuals in everyday life (ibid.). Interpretation of landscapes occurs on an individual basis, influenced by one’s experiences and position of power within society. Wilson’s (2003) work with a First Nations community, for example, suggests that culture influences one’s experience of health and place. Looking at how identity influences one’s experience of place has not been thoroughly explored in therapeutic landscapes literature. In-depth examinations of how gender (Wilson 2003) and housing status influence perceptions of place have not been explored in an in-depth manner.

Another under-explored area within the literature is the notion of therapeutic networks, which are described as “less formalized arrangements of support and care that often exist outside (or in parallel to) the traditions of biomedicine” (Smyth 2005, 492). These arrangements include networks of support that are provided outside of formal institutions such as hospitals, in places such as the home (Williams 2002) and community gardens (Milligan et al. 2004). Milligan et al. (2004), for example, studied the role of communal gardens for seniors in northern England, finding that these gardens were not only therapeutic due to their physical aspects that relieve stress and anxiety, but also because they provided places for seniors to build social networks that contribute positively to health and well-being. Research that examines therapeutic networks emphasizes the understanding that “like places, disease (and health) are not fixed realities but are situated and socially produced in particular historical, social, economic, cultural and political contexts” (Smyth 2005, 490). The study of therapeutic networks can be applied to this research because it understands that places are interconnected and that networks of healing and health can span from places within the household to places within the community whereby people establish social supports that are beneficial to their health and well-being. These relationships can be formed not only with the participants’ fellow residents, but also with members of the community. This point also emphasizes the importance of access to public spaces that facilitate the development of these therapeutic networks within community settings.

Applying the concept of therapeutic spaces and networks to everyday places provides the opportunity to contribute to a growing body of literature which asserts the links between everyday geographies and health. More specifically, applying this

literature to my research allows me to contribute to a better understanding of the everyday geographies of women who have experienced homelessness, a group whose experiences have not been explored within therapeutic landscapes literature (Sperling 2006). Just as gender is considered a social determinant of health, gender is also a lens through which individuals experience place. Places are gendered in that they are imbued with meaning, influenced largely by the socially constructed gender roles that exist within society. Due to the imposition of these gender roles, women are often indirectly excluded from public space through the threat or fear of assault. Feminist politics are ultimately spatial politics, resisting the confinement of women to spaces such as the private household, and striving for equal access to public spaces such as urban parks (McDowell 1999). Rarely are spaces, however, experienced the same by all women. As McDowell (1999, 150) argues, “men and women are divided and united by social characteristics – their race, age and sexuality, for example, and so they do not always line up clearly on one side of the gender divide.”

I argue that because of the influence of identity and the dynamic nature of spaces within the neighbourhood, places cannot be experienced as solely “therapeutic” or “untherapeutic.” Places cannot be reduced to a binary understanding of positive or negative experiences, as one’s interpretation of everyday places is so intrinsically rooted in identity and experience. Urban spaces can have different meanings for different groups, at different times of the day, week or year, and can be occupied by different social groups whose practices give spaces changing meanings (McDowell 1999). The home is another example of a place that is not simply “therapeutic” or “untherapeutic” depending on one’s lived experiences in this place. Experiences in urban spaces and the

“home”, therefore, serve as excellent examples of the complex relationship between health, identity and sense of place.

### **Feminist Perspectives of “Home”**

Home, as described by Peil in her entry in the International Encyclopedia of Human Geography, is “a material and an affective space, real or imagined, shaped by everyday practices, lived experiences, social relations, memories and emotions.” The relationship between the different meanings of “home” is examined in this research in relation to women’s experiences of the neighbourhood. While early studies on home focused primarily on the home as a fixed, private and feminine space, recent geographical literature has focused on the notion of home as more than a house or a household. Research that focuses solely on the physical space of the private household fails to recognize the “complex socio-spatial relations that constitute home...beyond those of the household” (Blunt and Dowling 2006, 3). Whereas humanists (Relph 1976) often focus on the notion of “home” as a haven and a locus of identity, feminist geographers have tended to disagree (Young 1997). Feminist approaches to understanding home point out the significance of gender in framing lived experiences and imaginaries of home. Feminist geographer Gillian Rose (1993) asserts that the humanist characterizations of home as a haven and the grounding of human identity depict a masculinist notion of home, reliant on experiences of men. While the home may be considered a haven or a sanctuary for some, the home can also represent a place of oppression and violence, especially for women and children (Blunt and Rowling 2006). Rose (1993, 53) argues that many women do not view home as a place that is “conflict-free, caring, [and] nurturing.” Not all feminists, however, share this view of home as

oppressive and violent. Black feminist bell hooks (1990) asserts that home is a place of resistance, a place of relative freedom from the oppression experienced by black people. To hooks, home and the processes through which one makes a home signify a place of resistance against forms of white oppression. Theorizations and understandings of “home”, therefore, cannot be simply broken down into categories such as gender or “race”. Home can signify a number of different emotions and meanings depending on the lived realities and complex identities of those who experience it. Feminists also contend that experiences of home cannot be confined to the interior of a house (Mallet 2001). Douglas (1991, 289) argues that while home is located in space, it is not necessarily a fixed or interior space.

Home is located in space, but it is not necessarily a fixed space. It does not need bricks and mortar, it can be a wagon, a caravan, a boat, or a tent. It need not be a large space, but space there must be, for home starts by bringing some space under control. Having shelter is not having a home, nor is having a house, nor is home the same as household.

Home, therefore, is understood and experienced through interactions with one’s environment and the meanings ascribed to space. Douglas’ argument that feeling “at home” begins by bringing some space under control is important, as it attests to the need for a person to feel that they have some level of control over their living environment. These environments, however, are not confined to private spaces. Experiences of public and private space are interdependent on one another, and result in an understanding of home as the intersection between our experiences and perceptions of public and private spheres (Easthope 2004). As Massey (1995, 48) argues, “we actively *make* places”; indeed, the “physical environment is an essential part of place, but it is always an *interpreted* element” (Massey and Jess 1995, 219). Feminist post-structural research on

the meaning of home has found that the different experiences and identities of individuals, such as racialized differences, have an influence on how one conceptualizes home, demonstrating “the fluidity of home as a concept, metaphor and lived experience” (Blunt and Dowling 2006, 21).

Blunt and Dowling (2006) identify home as simultaneously material and imaginative. Home is not simply a physical location, but also a set of feelings or emotions. As Easthope (2004, 136) states, “While homes may be located, it is not the location that is “home”. Home is the fusion of a feeling “at home”, sense of comfort, belonging, with a particular place.” Home is not simply a physical place fixed in time, but what one imagines home to be. People create home through their connections to people, and through their interactions with the physical environment around them, making home a spatial, multi-scalar and geographical concept (Blunt and Dowling 2006). One’s sense of belonging to a place “is constructed across diverse scales ranging from the body and the household, to the city, nation and globe” (ibid., 27).

Home places, therefore, do not have to be represented by a physical house. A sense of belonging is not limited to the private sphere of the home, but can involve one’s relationship with the neighbourhood, the nation or even across transnational levels (Blunt and Dowling 2006, 29). Rose (1995) notes that while one’s sense of place can be very personal, it is also shaped by the social, cultural and economic environments of individuals. While the space of the private “home” plays an important role in shaping our experiences, one must look outside of the home to truly understand it, since the home represents but one aspect of “networks of social relations” (Easthope 2004, 137). While it is understood that home and neighbourhood are two separate concepts, home places can

be represented on a wide variety of local, national and global levels. This study focuses on notions of home and how they relate to one's experiences of the neighbourhood, arguing that "home" can mean more than just one's physical dwelling, as its meaning is shaped through social interactions with others and the development of a connection to places such as the neighbourhood. Looking at home from a feminist perspective, this term can mean much more than simply one's physical dwelling. Home spaces can extend into the neighbourhood and beyond depending on one's interactions and experiences in different places.

The feeling of a sense of "home" is also directly related to one's health and quality of life. Studies on "home" have recently received considerable attention in their connections to health and wellbeing. Home is now considered by many as a place that can be a non-traditional health care setting that promotes healing and maintenance of health (Williams 1998). A strong sense of place in one's home is linked to a sense of rootedness and belonging in one's community, and the understanding of home as a therapeutic space (Relph 1976; Kearns and Gesler 1998). Home can also represent a place that is detrimental to health and well-being. While examining the influence of "home" on health, we must not forget that feminist understandings of home emphasize that experiences of place are influenced by multiple axes of identity, such as gender, race and age (Rose 1993). This application of sense of place and therapeutic landscapes literature to examine interconnections between home, neighbourhood and health, therefore, contributes to research on health and place while taking into consideration that identities and everyday experiences are socially constructed and complex.

## **Neighbourhood Effect & Health**

In addition to understanding neighbourhood significance through examining sense of home in relation to perceptions of neighbourhood, this research also seeks to examine the perceived influence of the neighbourhood on health and quality of life. Studies on neighbourhood effect seek to assess how one's immediate spatial surroundings impact well-being and overall quality of life. Kearns and Parkinson (2001) argue that the neighbourhood conveys social information that is visible; depending on the type of neighbourhood that one inhabits and creates, the neighbourhood can represent spaces of opportunities and/or constraints. Their work adapts Suttles' (1972) scheme to suggest that the neighbourhood exists at three interconnected scales: the home area, the locality, and the urban district or region. The home area, which is typically defined as the area within five to ten minutes walk from one's home, serves psycho-social purposes such as fostering a sense of belonging that is tied to one's experiences and interactions with others. The "locality" involves functions such as residential activities and demonstrates social status and position through planning, service provision and the housing market. The urban district provides the greater landscape for social and economic opportunities, to which some residents are more connected than others through their employment, leisure interests and social networks. Neighbourhoods also have attributes of choicefulness. "The crucial aspects of choice which affect the fortunes of a neighbourhood are, first, that the residents feel that they have some choice of location – they opted into the neighbourhood and can opt to remain or depart, rather than simply ending up there, and secondly, that the residents perceive that others might also choose to live in their neighbourhood" (Ibid., 2105). Each of these aspects of neighbourhood

influence how one perceives and experiences the place in which they live.

A Canadian Institute for Health Information (CIHI) report (2006, 21) titled *“Improving the Health of Canadians: An Introduction to Health in Urban Places”* outlines specific neighbourhood factors that influence health and quality of life including: social characteristics (for example, social support networks and cohesion); socio-economic influences such as neighbourhood income-level; physical environment characteristics such as neighbourhood conditions and perceived safety; access to services such as food outlets and health services, and transportation specific issues related to movement between and within neighbourhoods. Similarly, Ellen et al. (2001) summarize a range of models about the effect of the neighbourhood on quality of life into four main factors. These categories include: neighbourhood institutions and resources (access to health care services, commercial facilities, employment, and recreation); stresses in the physical environment (age of housing, maintained infrastructure such as sidewalks, access to parks); stresses in the social environment (crime, sense of safety), and neighbourhood-based networks and norms (social supports in community, density or mixed-housing settings).

While these studies demonstrate a link between health and place, they tend to be focused on the use of quantitative measures such as regression analysis to make a case for the significance of neighbourhoods in influencing social and physical well-being (Atkinson and Kintrea 2001; Buck 2001; Ioannides 2002; Collins et al. 2009). Molinari, Ahern and Hendryx (1998), for example, employ regression analysis to examine men and women’s perceptions of the social and physical quality of a rural community in the United States, finding that women’s perceptions of the social and physical quality of their

community were associated with their self-assessed health. In contrast, men placed more significance on the physical aspects of their neighbourhoods. Stafford et al. (2005) investigate gender differences in the associations between self-rated health and neighbourhood environment in the United Kingdom using multi-level regression analysis. Their findings suggest that the residential environment may be more important for women's health due to the expectation that women in the UK stay at home and look after the family. Statistically significant relationships between gender and residential environment were found for factors including: trust towards others in the neighbourhood; integration into wider society; political climate; physical quality of the residential environment, and unemployment rates. Young et al. (2004) examined sense of belonging to a neighbourhood among elderly women in Australia, finding that a greater sense of neighbourhood was associated with better physical and mental health, social support and lower stress.

In comparison to the wide range of research conducted on neighbourhood effect in other countries, little research has been conducted on this topic in Canada. Studies that have been completed focus heavily on quantitative measures to determine their results. Dunn and Hayes (2000), for example, compare health outcomes between two neighbourhoods in Vancouver using logistic regression, finding a positive correlation between satisfaction of one's neighbourhood and high self-reported health. Also looking at neighbourhoods in Vancouver, Collins et al. (2009) found relationships between self-rated health and neighbourhood satisfaction and perceptions of neighbourhood safety. Pampalon et al. (2007) examine perception of place and health in two socially contrasting neighbourhoods in the Quebec City region, with findings that suggest, while accounting

for individual attributes, that perceptions of place are significant indicators of health. Interaction with neighbours was found to be a key indicator of one's sense of place and self-rated health. This study also found that people who lived alone or in lone-parent families as well as those who were low income, female, young, and/or poorly educated more commonly declared high levels of neighbourhood problems or a low level of social cohesion. Health outcomes, namely low self-rated health, were also more common among women and these scores increased with age. Wilson et al. (2004) tested for the effects of perceived neighbourhood quality on self-reported health and emotional stress in Hamilton using a phone survey, finding a relationship between ratings of health and people who reported that they liked the physical characteristics of their neighbourhood.

While these studies demonstrate the relationship between neighbourhood and health, they consider the experience of neighbourhood at only a single point in time instead of viewing the neighbourhood as a fluid and dynamic space. These studies also neglect to pinpoint specific aspects of the neighbourhood that are significant factors in determining health. By developing a more thorough understanding of the complex ways in which individuals experience their immediate environments, Wilson et al. (2004) assert that better insights into the creation and promotion of healthier places to live can be developed. The focus of my research on qualitative measures of understanding neighbourhood significance seeks to fill these gaps in knowledge by conducting an in-depth and relational analysis of participants' experiences of the neighbourhood.

### **The Use of Photovoice to Examine Neighbourhood Perceptions**

In looking for qualitative research on people's experiences and perceptions of the neighbourhood, I have found some interesting and fairly recent research that focuses on

the use of photography to understand people's perceptions of the neighbourhood. An investigation by Nowell et al. (2006) on the relationship between neighbourhood characteristics and the meanings that individuals place on them utilized photovoice as its primary method. Nowell et al. (2006) found that photovoice was an effective and appropriate methodology to develop a better understanding of how neighbourhoods influence health, as this method engages those who have the most intimate knowledge of the area in question, and those who will be affected by the changes that take place as a result of these projects. The St. James Town Initiative, facilitated by Haque and Rosas (2009) with the Wellesley Institute, utilized an integration of photovoice and concept mapping to better understand immigrant perceptions of neighbourhood influences on health in Toronto. The results of this project, which involved St. James Town residents, revealed that newcomers to Canada are experiencing a range of neighbourhood-related factors that affect their physical, mental and emotional health, such as the lack of access to parks and poor quality park facilities, in addition to a fear of walking outside at night which negatively influenced their ability to be physically and socially active in their neighbourhood (Haque, Rosas & Anderson 2008). This initiative found that engaging participants in the research process by allowing their interests and goals to drive the process provided a meaningful way in which to produce research and action.

In Ottawa, Kristjansson (2010a) headed a photovoice project engaging a diversity of citizens from different areas of Ottawa to take pictures of what was important to them about their neighbourhood, and what they felt needed to change. While an analysis of the results is still ongoing, this project revealed that citizens take great pride in their communities, and perceive the physical and social elements of their neighbourhood to

greatly influence their quality of life. This project served as a complement to Kristjansson's Ottawa neighbourhood study, which involves collection of information "to better understand the physical and social pathways through which neighbourhoods in Ottawa affect health" (Kristjansson 2010b). While the Ottawa neighbourhood study collected valuable information, the photovoice project presented an opportunity to consider the residents' views and to conduct a less traditional "needs assessment" that incorporated the community's lived experiences. In addition to this endeavour, there is an additional photovoice project that was recently completed in Ottawa as part of a University of Ottawa doctoral student's research on the meaning of "home" for those living in supportive housing in Ottawa. I attended the photovoice exhibit for this project, entitled "Open Windows" in April 2010. The pictures revealed that many of the participants felt that home was more than just the interior area of where they live, and that home is interconnected with one's health and sense of belonging to different places. As evidenced by the existing projects identified, the majority of research using photovoice as a method tends to examine the experiences of home *or* the experience of neighbourhood for different groups. I have not found any qualitative research that specifically focuses on women's perceptions of both home and neighbourhood.

## **Conclusions**

In this chapter, I argue that the everyday geographies in the household and the neighbourhood are intricately linked to one another and to decisions made at micro and macro levels. Experience of place and its influence on health are also influenced by one's identity and personal experience. More research is needed, however, to better understand the significance of neighbourhood for health and feelings of home for previously

homeless women who now live in supportive housing. This chapter demonstrates the value of a qualitative and relational approach to research on the links between health and sense of place. In order to conduct this type of research, however, participants need to be engaged in a way that allows them to have their voices heard in inclusive and constructive ways. The following chapter describes the research methodology and process, which takes into consideration the complexities and dynamic nature of the participants' everyday lived realities.

## **CHAPTER 3: Methodology**

### **Introduction**

The previous chapters served to introduce the study and the importance of relational analysis when studying the relationships between health and place. This chapter outlines the methodology utilized in this research, highlighting the value of establishing relationships of trust and respect with individuals prior to conducting participatory research. This chapter also discusses the value of using multiple methods when analyzing experiences of place. I begin by outlining the goals of feminist methodologies and feminist action research and my rationale for choosing this methodology. This discussion is followed by an examination of my positionality, and the existence of power relations within the research process. Further, the methods used to collect data and the data analysis procedures are explored, including steps involved in conducting the photovoice project. I have also used this chapter as a place to delve into my personal experiences related to “doing” participatory research with the participants, and how I dealt with limitations and ethical issues related to this project.

### **Feminist Methodologies: Gender, Positionality and Power**

A feminist activist approach is used in this research to examine women’s experiences of social, economic and cultural life at the neighbourhood level. Feminist methodologies advocate the use of inclusive and innovative ways to define and derive knowledge, including an acknowledgement of the power relationships present in the research process. Moreover, feminist methodologies emphasize the importance of research as a reflexive, political process where categories are rethought, knowledge remains understood as partial and situated, and intersecting categories of difference are

recognized. While taking into consideration multiple axes of difference such as ethnicity and class, this study places significant focus on gender as a lens for understanding spatial experiences and realities. Reflecting the feminist understanding that gender is a social relation, this project cannot speak to the experiences of men and how they differ from women (McDowell 1999). Instead, the results speak to the experiences of the women involved in the photovoice project.

A feminist methodology is also useful to this study because feminist geography places focus on the study of topics such as the home which were previously ignored and considered unworthy of study. At the same time, feminist geographers understand that women's experiences and influences go beyond the "private" physical dwelling that some call "home". This research seeks to better understand women's perceptions of "home", in addition to their perceptions and experiences of places such as the neighbourhood. The way in which this research is conducted is also in line with feminist methodologies as it emphasizes the inclusion of participants as part of the research process. Participants are valued as experts of their own experiences and are seen as partners in an endeavour to provoke positive social change rather than as "subjects" whose words and actions are analyzed and used solely for the purposes of obtaining academic research results. Treating participants as research "partners" rather than as research "subjects" is an important aspect of doing participatory research because of the emphasis placed on valuing local knowledge and working together towards change.

The use of a participatory photovoice project in this case study is a reflection of feminist principles as this tool is used not only to engage marginalized populations in research, but also to provide them with an opportunity to document and illustrate issues

and experiences that they encounter in their everyday lives. Since those who live in a specific neighbourhood are most knowledgeable about the daily struggles and issues that occur in this place, being part of a photovoice project provides them with the role of educating others about how their lives can be improved. In this sense, this research seeks to not only gather information, but to utilize this technique in a way that highlights participants' perspectives of the community to foster positive social change.

While acknowledging that this project was collaborative in the sense that it was directed by both the participants and me, fieldwork was carried out with an understanding that power relations can never be completely diminished in the research process. The focus on action or activist research and the methods used in this project was an active attempt to minimize some of the power relationships involved, allowing the participants and myself to work collaboratively towards positive social change. While I struggled with the idea of whether or not to call this approach "participatory action research", I have decided to avoid making this claim as the participants were not actively involved in defining the research problem or questions posed. Choosing to work with women living in one building run by a single organization allowed me to "give back" to the people by helping to develop awareness of the key issues associated with the neighbourhood, and to work collaboratively with Cornerstone staff and residents towards improving their surroundings.

Kobayashi's definition of action research would best define the work that I was involved in with the participants. She suggests that action research involves making a commitment to work towards positive social change for the participants who took part in the research, and making "no claim to neutrality or non-intervention" (Kobayashi 2002,

56). That being said, I was continually reminded of the power that my research had to influence the lives of the participants in both positive and negative ways. Recognizing that these power relations existed allowed me to be careful in designing the project in ways that were inclusive and that empowered the participants.

The inspiration for this activist component of the research is Ruth Lister's (2003) conception of citizenship as human agency. Lister's conception of human agency acknowledges forms of citizenship that involve more than just formal employment and politics, such as involvement in one's community. Lister (2003, 39) asserts that self-development is both an individual and a collective process directed towards collective and individual ends, arguing that "citizenship as the expression of agency can contribute to the recasting of women as political actors." Raising awareness about their issues at the neighbourhood level can build self-esteem for women who have experienced homelessness and lead to greater civic engagement. Forms of civic involvement related to identifying neighbourhood problems and raising awareness about them should be recognized as citizenship because they involve taking action to make places increasingly safe and inclusive.

### **Methods and Data Analysis**

The use of multiple methods served to minimize methodological questions regarding unequal power relationships, and the desire to attain meaningful results that lead to positive changes in the participants' lives. Several methods of data collection were used, including a photovoice project that involved interviews and engaging in participant observation as a volunteer at the supportive housing development. My approach to these methods are reviewed in the following paragraphs, making note of how these methods

met the objectives of this research, and how each method was carried out during field work. These methods are organized into sub-headings, including the photovoice component of the research, interviews, participant observation, the photovoice exhibit and the follow-up process.

### **Photovoice Project**

The primary method of investigation for my thesis involved the Cornerstone photovoice project which utilized picture-taking, photo-elicitation interviews and participant observation as methods to collect data related to the women's perceptions of home and neighbourhood. Photovoice is a method developed by Caroline Wang and Mary Ann Burris (1999). This technique involves the participants of a research project taking photographs of aspects of their lives that are meaningful to them within the framework of a specific research project or goal. The three goals of photovoice involve enabling people to record and reflect on their community's strengths and concerns, promoting a critical dialogue and knowledge of their individual and collective issues and thirdly, ensuring that these concerns reach policymakers. As discussed previously, photovoice works within a feminist methodological framework as its underlying goals reflect an appreciation of women's subjective experiences and knowledge as part of the research process, and builds on an approach that focuses on researching "with" rather than "on" participants.

Photovoice research also involves a commitment to positive change, which contrasts with the notion of scholarship that is "objective" and "disinterested" in nature (Wang 1999; 185-6). Photovoice as a technique is increasingly used in research related to health, as it allows the participants to provide insights into their perceptions of not only

the health care system and health care issues, but also of their living environment and its implications on wellbeing and quality of life (Wang 1999; Wang, Anderson & Stern 2004). As Wang (1999, 186) notes, “this technique is grounded in the understanding that policies derived from the integration of local knowledge, skills and resources within affected populations will more effectively contribute to healthful public policy.” This technique has also been used extensively with marginalized individuals and communities, as it enables people who would not otherwise have a voice to reflect upon and generate a dialogue about their needs and concerns in a creative and inclusive manner (Wang et al. 2000).

Some studies that utilize this technique have evaluated the effectiveness of photovoice in reaching its objectives, finding that this methodology provided a unique opportunity to diminish power relationships inherent in the research process, to build trust and engage vulnerable and marginalized individuals who might otherwise resist formal research methods in sharing their ideas (Wang, Burris & Ping 1996; Castleden, Garvin & Nation 2008). Participatory research initiatives have also been found to increase community capacity by encouraging interactions between different groups to solve collective problems (Chaskin 2001). As a result of individuals and groups working together towards common goals, many participants involved feel an increased sense of community (ibid.). The use of photovoice in this context as a method facilitated an opportunity for the women living in Cornerstone supportive housing to actively portray how the neighbourhood is significant from their own perspectives, in a way that speech or writing could not (Rose 2001). By using interviews as a photo-elicitation tool, the photovoice activity was an excellent technique to understand the photographs from the

participants' perspectives, allowing them to clearly explain how the neighbourhood influences their everyday lives using pictorial aids.

The process of conducting the photovoice project was carried out over the course of the summer months, involving several stages that were modified from Wang's (1999) photovoice procedures. The first step of the photovoice process involved gaining permission to carry out the project from Cornerstone management. My supervisor, Dr. Fran Klodawsky, and I began the process of gaining permission by meeting with the supportive housing manager to explain the project in May 2010. At this time, I had already begun volunteering with residents at this building for a month, assisting with social activities and meal preparation in the kitchen. We sat down and explained to the house manager what the project would involve, including the commitment that would be required by staff and possible participants. We also described what the outcomes of the project could mean for the participants, and the different steps involved. Although the manager was initially sceptical, expecting only a very small number of residents to become involved, she agreed to allow the project to go forward. Once I received permission from the supportive housing manager, I applied for ethics approval with the Research Ethics Board at Carleton. The process of attaining ethics involved obtaining a letter from the house manager describing the potential therapeutic and healing benefits of this project to the residents, despite the recent fire at the house (see Appendix A). I also consulted the house manager on different aspects of the project such as the informed consent forms and the letter of information (see Appendices B and C).

My supervisor, Fran Klodawsky, and I also secured funding for this project at this time through a CIHR grant from the Research Alliance for Canadian Housing,

Homelessness and Health (REACH3). This grant provided me with the opportunity not only to be compensated for conducting the photovoice project, but also to give back to the participants in many different ways throughout the process. The privilege of being paid to complete this project provided me with the ability to focus a majority of my time on the project because I did not have to search for or spend time working at a separate place of employment. As I will explain below, the time that I was able to spend with participants before and during the project cemented a solid foundation for the success of this initiative and the number of participants I was able to engage. The ability to access funding was also crucial to the success of this project because it allowed me to give back to the participants by compensating them for their time, supplying them with disposable cameras, and providing food and refreshments during events such as the photovoice exhibit. This funding also allowed me to develop, enlarge and frame participants' photographs, allowing for another aspect of giving back by providing them with free copies of their work. If I had not received this funding, the photovoice project would have been much smaller in scope, and I probably would not have had the luxury of going out with each participant individually to take photographs. These concrete examples of how the funding assisted in the success of the photovoice project are highlighted in greater detail in the following paragraphs.

Shortly after hearing of the funding approval for this project, I received approval from the ethics board at Carleton in July 2010. At this time, I began promoting the project to the residents at 515 MacLaren Street. Despite my concerns that the women would be upset that I did not tell them about the project earlier, they seemed to understand that I could not tell them until I was certain that it would go forward. Throughout the remainder

of the summer months, I described the photovoice project idea to residents while I was volunteering each week in an attempt to garner interest in the project. Considering that the Cornerstone supportive housing building on MacLaren Street has only 20 residents, I attempted to recruit as many residents who were interested in the project as possible. Over the course of the next few weeks, I worked with Cornerstone staff to determine an appropriate method of spreading awareness about the project to all residents, which involved the use of a photography skills and photovoice information workshop, posters around the building, and continuing to spread the word about this initiative through word of mouth.

The photography workshop, which took place in the common area of the supportive housing building in mid-July, was facilitated by Sarah Rennie, a doctoral student in Geography with a background in photography, and me. Eight residents attended the workshop, in addition to Cornerstone's volunteer coordinator. Some of these residents ended up taking part in the photovoice project, while others simply wanted to learn about photography. Through the REACH3 grant funding we were able to provide a pizza lunch during the workshop, which was highly appreciated and enjoyed by the participants. We were also able to provide a small honorarium to Sarah for her assistance with the workshop. The workshop began with Sarah providing information about how to take photographs effectively, using a PowerPoint presentation to demonstrate examples of problems to avoid, such as overexposure and motion blur, in addition to tips on doing special techniques, such as accenting certain features in a photograph and composition. Sarah also devoted some time to teach the workshop participants how to effectively take photographs with disposable cameras, including tips on how far to stand away from the

subject and how to attain the best lighting when using a disposable camera. During the workshop, the participants and I asked many questions about how to get different effects and about the differences between different types of cameras. Some of the women had their own cameras, and asked specific questions about how to use them. Sarah was excellent in explaining the “pros” and “cons” of digital cameras in relation to 35 mm cameras. Overall, the participants were very engaged by her presentation and had many questions to ask about photography along the way. Her presentation provided an excellent forum for inclusive and interactive learning and discussion.

After Sarah completed the photography skills aspect of the workshop, I introduced the idea of the photovoice project to the crowd. I used a poster board mounted on the wall to explain each individual step that the project would entail, outlined the photovoice methodology, the goals, the risks and expectations of the project. I explained that anyone who was interested in the project could meet with me after the workshop, set up an appointment, or approach me during my regular volunteer shifts (once a week for two hours) to go over the letter of introduction and consent form together (see Appendices B and C). I also informed the participants that they would receive a copy of each photograph they took to express my appreciation and respect for their participation. Each participant had control over how their photographs were used and displayed, including a caveat that I must ask permission to use any of their photographs and to have a copy of their photographs for research purposes. At this time, I also informed the participants that they would receive a 20 dollar honorarium for the interviews to compensate them for their time. This funding was also provided through the REACH3

grant. Handouts were provided for both Sarah's presentation and the photovoice project details so that participants were able to take away information presented in the workshop.

After I was done discussing the photovoice project, the photography workshop was opened up to allow the audience to ask further questions and to approach me if they were interested in the photovoice project. A couple of the women sat with Sarah individually and received assistance with changing their digital camera settings. Two women approached me immediately to go over the consent form for the project.

Surprisingly, both of these women wanted me to come along with them to take photographs. In the weeks and months after the workshop, seven more women signed consent forms to participate in the project, for a final total of nine participants.

Considering that the supportive housing manager predicted that we would only be able to engage two participants, nine participants was considered a great success. This success is largely attributed to my volunteer role at the supportive housing building prior to the introducing the project. I do not think I would have been able to recruit nine participants without first building relationships of trust with the residents. The funding that I received also allowed me to spend over 100 hours at the house over the course of the summer, not including the 2 hours each week that I spent volunteering in the kitchen. In total, I spent almost 200 hours between the months of April and September 2010 at this house. Prior to April 2010, I volunteered at Cornerstone's shelter beginning in November 2009, which assisted me in getting to know the organizational structure of Cornerstone in addition to the staff and management. I was not able to begin volunteering at the supportive housing building until April 2010 due to renovations as a result of a fire which is explained later in this chapter. Despite being unable to begin earlier, my ability to spend time with the

residents over the course of the summer was extremely important to the process of building mutual relationships of trust and respect with the residents. While it was apparent that some of the women who took until the end of the summer to become involved required a bit more time to build that kind of relationship with me, my patience and flexibility paid off in that residents felt free to join the project in their own time.

Once a participant was fully informed and agreed to sign up for the project, the next step involved providing time for the participants to take pictures. I offered to come along with any participants who wanted someone to accompany them while they took pictures. Surprisingly, seven out of nine participants asked me to come along with them to take pictures. These outings provided me with an excellent opportunity for participant observation and bonding with the women. During these outings, I was given the opportunity to hear more about how the participants perceived their environments, which allowed me to develop a deeper understanding of their rationale for the photographs that they took. One participant, for example, took a photograph of a person riding their bicycle on the sidewalk, explaining that her sister had been seriously injured by someone who was bicycling on the sidewalk. Another participant explained her positive experiences going to workshops at the Centretown Community Health Centre as we walked by, a comment that she did not elaborate on as thoroughly at the interview stage. I was also able to encourage participants to try the techniques that we learned in the photography workshop and to comment positively on their photography skills which made for a self-esteem building and fun activity for both the participants and me. The participants who wanted to take pictures alone set up a date to return their cameras. Most participants, including those who went out alone, went out several different times to take

photographs between the months of July and September. I made a point not to rush participants to complete their disposable camera film, which gave them the freedom to really think about the photographs that they took rather than feeling pressured to take 27 photographs in one outing. Instead, I simply asked them how their photo-taking process was coming along each time I saw them and asked them to personally decide on a date to return their cameras.

Photographs were taken at different times throughout the summer depending on when participants signed up for the project. Once the photographs were taken, I either developed the photographs on my own or the participants came along with me and took part in this process. We developed all of the photographs at the local grocery store called Hartmann's. Although developing the photographs at Hartmann's meant that the costs were slightly higher than if I had developed the photos at another store, using this location allowed for the women to support a business that they appreciate having in their neighbourhood, and to be a part of the photo developing and editing process due to its close proximity to their housing. Many of the participants came with me, and those who had digital cameras were able to edit and touch-up their pictures on the digital screen before printing them out.

### **Photo-elicitation Interviews**

Once the pictures were developed, the women were provided with a copy of the pictures that they took prior to setting up an interview to discuss them. Providing time for the women to look over their photographs allowed them to think about their photographs in privacy and to decide what to say about their individual meanings and purposes. Due to the smaller number of participants involved, I allowed each participant to discuss every

picture taken and to choose two of these photos to be enlarged for the purposes of a photo exhibit in September. Altogether, participants took a total of 301 photographs. While a majority of the participants were limited to the 27 photographs in the disposable camera, others were able to take more photographs because they owned digital cameras. The grant funding allowed me to develop 27 photographs for each individual participant.

Further, individual interviews were conducted with each participant as a photo-elicitation tool. Photo-elicitation is a technique where photographs are included in a research interview to prompt a conversation that provides different and possibly more intimate details about a topic than what an ordinary interview can elicit (Rose 2001). The women were able to elaborate upon and discuss the meaning behind each picture that they took in private, semi-structured interviews. During these interviews I was able to provide a special snack for the person involved, which made this aspect of the project feel more like a conversation than a formal meeting. Due to the sensitive nature of some of the photographs and the challenges faced by some of the participants surrounding anxiety, competitiveness over photographs, and sensitivity towards the women's relationships with one another, focus groups were not conducted. The plan was for the discussion of the photographs to revolve around Wang's (1999, 188) acronym SHOWED, which is broken down into five main branches of inquiry:

1. What do you **See** here?
2. What is really **H**appening here?
3. How does this relate to **O**ur lives?
4. **W**hy does this situation, concern or strength **E**xist?
5. What can we **D**o about it?

The process of asking these questions, however, seemed to take the women away from what they really wanted to say about the photographs, and was not effective in eliciting meaningful responses. Instead, I simply asked the women to discuss the content of the photographs taken, and the meaning behind each place, person or object depicted. For many of the participants, the conversation consisted of an explanation of why they took a photograph, and why the people, places or objects were important to their health and quality of life. In addition to these questions, I asked the women what “home” and “neighbourhood” meant to them in an attempt to explore whether or not they saw a relationship between their neighbourhood and sense of home. The interviews spanned between 10 and 60 minutes depending on the amount that each participant was willing to expand on their ideas and discuss each photograph. The shortest interview was only 10 minutes because the participant only wished to discuss two of the photographs that they had taken as part of the photovoice project. Each interview was recorded with an audio tape recorder.

While I intended the interview process to be a dialogue in which the women would express the majority of their concerns about the neighbourhood and discuss their experiences, I found that most of them expressed feelings of anxiety about the interview. More specifically, they were concerned that they would “sound stupid” or say the wrong thing on the recording, despite the fact that most of the women had spent a fair amount of time with me prior to the interview. While each participant was reminded that they could stop the interview at any time or refuse to take part for any reason, all were willing to complete the interview despite their feelings of anxiety. After much assurance that the recording was only meant for the purposes of remembering what was said in this

conversation, some of the women felt more comfortable during the interview process. Others were still nervous about being recorded and reluctant to elaborate on their points. This experience led me to think of my outings with them while taking the photographs as precious gems of information because the participants tended to feel more comfortable discussing the importance of certain people and places to their lives while out in the street taking photographs.

Data collected through the interviews and participant observation (discussed below) was analyzed using NVivo qualitative analysis software. Each interview, including the answers to the questions and the discussion about the participants' photographs, was transcribed and uploaded into NVivo. To examine how the participants perceived their neighbourhood in relation to their sense of "home", the first section of the interview questions about the participants' "home" and "neighbourhood" was coded. Although it is acknowledged that "neighbourhood" and "home" are complex and vague terms, questions about what "home" and "neighbourhood" meant to the participants were asked to gain a better understanding of what these words meant to participants. When participants stated that home meant a safe place, for example, this response was coded as "home as a safe place" under the tree node called "meanings of home".

The second sub-question, which asked what neighbourhood factors participants deemed to influence their health and quality of life, was addressed through the data collected from the photo-elicitation part of the interview. This section of the interview involved a discussion with the participants about the photographs that they took. The photos taken and their accompanying explanations were coded into nodes or themes based on common places and aspects of the neighbourhood photographed by participants.

Several participants, for example, photographed public green spaces that they perceived as significant to their health and quality of life. When I coded further, however, I noted that participants appreciated different aspects of public green spaces, which led me to create sub-nodes under the tree node such as access to natural light and a social environment. While coding the photographs, I began to note a theme of the women taking photographs of places that they felt were therapeutic and beneficial to their mental health. This connection led me to draw upon and critique literature on therapeutic landscapes literature to reflect the everyday lived realities of the participants.

The research questions were also addressed using the participant observation data collected while walking around the neighbourhood with the participants as they took photographs and during my time spent as a volunteer in the supportive housing building. Data collected through participant observation (discussed in further detail below) assisted me in conducting what Burawoy (1999) terms the 'extended case method', which involves using participant observation to better understand the participants' everyday experiences and to use data collected to reconstruct existing theory about therapeutic landscapes. I also compared the results within the framework of research conducted on neighbourhood effect, such as the Canadian Institute of Health study and the neighbourhood influences on quality of life outlined in different academic studies.

### **Participant Observation**

The participant observation aspect of data collection, I argue, was a significant source of data collected in this research. Throughout each step of the photovoice project and the activist group that has since been formed (discussed below), I actively observed and reflected upon the process and the women's experiences. This process of participant

observation began when I started volunteering at the supportive housing building at the beginning of April 2010 (after renovations due to a fire were completed), up until the final stages of the project. Personal observations about the women's experiences of the neighbourhood and interactions were recorded in a journal to further identify the informal ways in which women deemed certain factors in their neighbourhood as influencing quality of life. Observation of the neighbourhood itself also allowed me to gain a personal understanding of the public space surrounding the supportive housing development, including the services offered, shops, people, physical appearance and other aspects of the general area. These data were analyzed to complement and further describe the themes and issues found through the photovoice project.

### **Photovoice Exhibit**

In the final stage of the photovoice project, I worked in collaboration with Cornerstone staff and residents to host an exhibit which showcased images that represented some of the positive aspects and concerns about the neighbourhood to members of the community, including politicians. The REACH3 grant funding allowed me to give participants a choice of two photographs each to frame and showcase at the exhibit. The photovoice exhibit was held in the basement common area of the supportive housing community on MacLaren Street on September 24<sup>th</sup> and 25<sup>th</sup>, 2010. The location and the intended audience were discussed and decided upon with the participants and Cornerstone staff to ensure that they were comfortable with how and where their photographs were displayed. The decision was unanimous that the participants and staff wanted to host the exhibit at the supportive housing building, and that it would be invitation-only in an effort to minimize the number of strangers entering the building.

This decision was made with much sensitivity, as not all of the women living in the supportive housing building were involved in the project, and many residents did not like the idea of inviting people that they did not know into their home.

Several of the participants were actively involved in a photovoice exhibit committee which decided what types of food would be served, and how to display and set up the room and photographs. Prior to the exhibit, I gathered together with four of the participants to create posters for the event and to discuss the layout of the room. The photovoice committee also helped to make a shopping list for the event and prepared the messages that each participant wrote to accompany their individual photographs. The photovoice committee helped to make the project feel more participatory, as the participants themselves were in charge of working together to make decisions about how their creative work would be presented.

When deciding how to showcase the photographs, some of the participants went out with me to pick out their frames from local businesses, while others simply expressed what colour or style they were looking for in a frame. This was a challenging, yet unforgettable aspect of the project, because through the process of spending more time with the participants I learned more about their everyday geographies, and how these experiences linked to their selection of the photographs to be framed. The use of individualized frames allowed for us to further demonstrate the unique personalities and creativity of each person involved. Many of the women also expressed an interest in putting their photographs into a PowerPoint slideshow so that guests could view all of the photographs taken. Sitting down with individual participants and working on the slideshow together provided an opportunity to impart knowledge and skills related using

photo-editing and PowerPoint software, especially for those who could not edit their pictures at the printing stage because they had used disposable cameras. Some of the women chose to divide their photographs into themes for the slideshow, while others decided to leave their photographs up to the interpretation of the viewer. The slideshow was set up at the exhibit on my lap top beside a guest book for those who attended to sign and leave comments.

On the first day of the exhibit, several of the participants spent the day with me, helping to prepare the vegetables and fruit for the guests and to arrange the room and the tables to create an environment that resembled an art gallery. Over the course of the two day exhibit, we had approximately 40 people stop by to view the photographs. The participants and I were pleased with the number that attended; we had enough guests to make the exhibit both a meaningful and empowering experience for all, but not so few that the participants felt that the photovoice project was not of interest or importance to the wider public. Some of the women who had a phobia of crowds actually ended up spending their evening downstairs eating food and even providing tours of the exhibit, providing further insights into their personal experiences to the guests. On the opening night of the exhibit, I presented a short speech to the guests (see Appendix E), thanking all of those involved, including the participants, in making such a wonderful event come to fruition. Guests ranged from Cornerstone staff, volunteers and residents, the local councillor Diane Holmes, my supervisor Dr. Fran Klodawsky, to friends and family members of the women involved. While I attempted to get the participants involved in the speech to emphasize their participation and equal role in the project, none of the participants felt comfortable enough to speak in front of the visitors. As I spoke in front

of the room, however, I looked around to see all of the participants beaming with pride over the success of the event. Several of the participants later commented that despite their initial anxiety surrounding this event, the exhibition of their photographs made all of their hard work worthwhile. Two of the women and I had our pictures taken with Diane Holmes, who was very impressed with the calibre of the photographs and stayed for over an hour (see Figure 2).

On the second day of the exhibit, visitor traffic was a bit slower, but what occurred on that day was something that I could not have imagined before the photovoice project began. Over the course of a few hours, about eight women who live in the house slowly ventured downstairs to eat some of the food, look at the photographs and chat with one another. To my surprise, we ended up sitting together around a few tables, laughing with one another and reflecting on how this project brought the residents of this house a little closer together. As we laughed and reminisced together, I realized the power of such an inclusive, artistic project to bring people together, and to build community and pride amongst individuals who often feel alone and isolated.



**Figure 2: Photos taken during the Exhibit, including (from top left to bottom right): 2 participants with Diane Holmes (Councillor) and me; A poster created by the participant committee; The slideshow display and guestbook table; The food & refreshments table, and an example of one of the photographs displayed.**

After the photovoice exhibit was over, several of the women went to the housing manager and asked if the photographs could remain up on the walls. The women told her that with their personal photographs and captions up on the walls, it made the space feel warm and more like “home.” The housing manager did not only allow the pictures to stay on the walls in the common area, but also mentioned that she would have suggested this idea herself if the residents had not asked her first.

### **Follow-up Process**

Since the photovoice exhibit, I have continued volunteering at the supportive housing community once a week on Mondays, assisting with dinner preparation. A few of the participants of the photovoice project have joined me in an effort to take action on some of the issues identified through the photovoice project. Firstly, we have published

some of the photographs in the Ottawa Alliance to End Homelessness' annual report card, which is used as a political tool to urge decision makers to make affordable housing a priority. This page in the report card highlights the photovoice project using photographs and quotes from the participants, as well as a message about the project goals. Secondly, the participants and I are engaged in a long-term process to continue informing local decision makers and authorities about the things in their neighbourhood that required change, such as the drug use that occurs in the park. As part of this initiative, we have worked together to write letters to policy makers and organizations in the Ottawa area that have the power to make a difference such as their landlord (Centretown Citizens of Ottawa Corporation or CCOC), the mayor, the Ottawa police, the local councillor and Member of Parliament, and the Mayor (see Appendix G for a template of our letter). Many residents who did not partake in the photovoice project have since become engaged in the letter writing process by agreeing with our concerns and signing their name. In this sense, this aspect of the project has been a great way to further engage residents in community activism.

As a result of these actions, participants have noted that they now feel empowered to speak up about these issues, especially since they now realize that they are not alone in feeling unsafe in certain places in their neighbourhood. One participant was particularly interested in advocating for making cities safer places for women. This participant and I attended the annual "Take Back the Night" event in Ottawa, where we marched in protest of violence against women, especially in public places. Several other participants wanted to join us, but articulated that they still did not feel comfortable being out after dark. Our participation in this event was a very empowering experience. As we marched through

downtown Ottawa chanting “whose street? OUR street!” I felt that in our own way, we were part of a collective act of citizenship to break the silence about the issue of sexual and physical violence faced by women.

Overall, the decision to take an activist stance against the issues identified in the photovoice project allowed for feminist principles such as collaboration, empowerment and positive change to become an integral part of the research process. Reflexivity was also an important element of the research process, as I was constantly reminding myself to be aware of how my positionality influenced the participants and results, and that my research had the powerful potential to trigger negative emotions by awaking memories and thoughts that may be difficult to deal with for participants. I address the concepts of reflexivity further in the following section.

### **Ethical Issues and Limitations of Research**

Due to the sensitive nature of this research, several ethical issues were encountered throughout the duration of my Master’s thesis project. Working with marginalized individuals requires an understanding and sensitivity towards the issues faced by the participants involved. Vulnerabilities which can arise from a number of factors such as family conflict, relationship breakdowns, domestic violence, mental illness and addictions, must be taken into consideration in the research process (Runnels et al. 2009). While my volunteer role with the women at Cornerstone in April prior to the onset of the research allowed me to gain insights into the issues that the women face, I understand that I will never fully understand their experiences.

My positionality as a white, middle-class female researcher inevitably created an unequal power relationship between myself and the participants. I attempted to minimize

these power relationships by allowing the women to take control of the pictures that they took and decided to showcase in the photovoice exhibit. I also involved participants in the decision-making processes surrounding the photovoice exhibit and how their photographs would be used. I practiced reflexivity through the research process, constantly reminding myself to be flexible with the research schedule to accommodate any concerns or issues that the women or Cornerstone staff had throughout the process. For example, some women faced periods of depression where their interest and passion for the project decreased for small periods of time, so I had to be patient and wait for them to re-commit to the project once they were feeling better and more motivated to work on it. One of the participants in particular, who experienced low-self esteem, decided to quit the project several times, and then rejoined once she heard of the fun that the other women were having and received counselling support from Cornerstone staff. During these times, I could not force her to take part in this research, and had to just wait and hope that she would change her mind. I did not want her to think that she would disappoint me by quitting the project and re-commit to taking part only because she did not want me to be upset with her. In the end, she decided to continue with the project, and stated several times that she was extremely proud of herself for seeing the task through to the end.

Another issue that came up was the feeling among some participants that their photographs were not “good enough” or that they were not talented enough in photography. Some of the participants compared their photos to one another, and decided that their photos were no longer of value to the project. This issue required positive reinforcement regarding the uniqueness and importance of each individual contribution,

and reminders about the importance of the project as a collaborative effort to make the community a better place rather than a competition. In the end, many of the women who initially felt insecure about their photographs came to appreciate their unique contributions to the project, especially once they were able to select the two photographs that they were most proud of, to showcase to an audience. When they were given the task to pick just two out of 27 photos, participants realized that they were proud of many of their pictures – so proud that it was difficult to choose just two to display.

I also confronted some ethical dilemmas with the use of interviews as a method in this research. While it may be argued that one-on-one interviews with the participants could exacerbate the power relationship, the individual interviews were more appropriate than group interviews in this context. Interviews were deemed most appropriate due to the sense of competition between some participants, and the emotional attachment that some of the women held toward their photos. Some of the women, for example, did not feel comfortable sharing their photos with a group. There was a possibility that taking photographs of areas in the neighbourhood could trigger memories of traumatic experiences that the women would not feel comfortable discussing in front of a group. As far as I am aware, however, this issue did not arise in the interview process. This ethical consideration was especially important because of a recent fire at the building. In November 2009, a fire occurred which caused the death of one of the building's residents and forced the women out of the building while the damage was repaired. Some of the women lived in an alternate housing arrangement provided by Cornerstone while the renovations were completed, while others found other temporary housing arrangements. The residents moved back into the supportive housing building in March and April 2010.

Due to this tragic event and the nature of this research, the possibility that this project could lead to emotional harm or distress for the participants was kept in consideration at all times. The possibility of emotional harm or distress was mitigated by informing the participants that they could opt out of any aspect of the project that made them feel uncomfortable. I also worked with the staff at Cornerstone to ensure that emotional, social and counselling supports were in place for women who required them. As far as I understand, the photovoice project was a largely positive experience for all who participated, and many of the women ended up simply talking with the staff about how much they enjoyed the process.

Additional ethical issues associated with this project involved the relatively small number of women living at the study site, and whether or not I would be able to ensure confidentiality and anonymity for the participants. While I was unable to promise that other staff or residents would not become aware of their involvement in the research, I took the necessary steps to ensure confidentiality and anonymity when discussing the research outside the realm of the supportive housing building. While a majority of the participants involved wanted their real names to be included in this thesis and in presentations about the project, I decided to maintain the anonymity of all participants due to the possibility that those who wanted to maintain anonymous might feel pressured to reveal their identity or that those who wanted their real names included might change their minds in the future. Composite characters have been created and given pseudonyms based on the characteristics of the real participants. I also gained permission from the staff and participants to use the name of the organization in my thesis. Collaboration with Cornerstone management and the research participants assisted in ensuring ethical

research practices by involving them as active informants and decision-makers during the research process (Rose 2001). Collaboration involved the participants having some control over the content of their pictures, the audience that was permitted to view these images, and what happened to their photographs once they were taken.

Being involved in such an in-depth research process also inevitably resulted in the development of friendships between me and the participants. While establishing relationships of trust, care, and concern for the well-being of the participants was of utmost importance during the research process, I also placed importance on engaging with the participants in a professional manner. For example, many of the participants began to think of me as a friend, especially near the end of the process – asking me to take part in activities outside of the project such as going shopping and spending time at my home. Although I will not say that it was easy, I maintained my role within the house as a “volunteer” who must abide by Cornerstone policies which ask that volunteers not spend time with residents outside of their specific roles. To better understand what is acceptable of me in this role of both volunteer and researcher, I spoke with the Cornerstone management, volunteer coordinator, and participants about their expectations of me and the level of commitment that I was willing to make to them. I discussed my willingness to continue volunteering while writing my thesis and possibly beyond, and to engage with Cornerstone staff and residents when acting upon the project results. Continuing in my volunteer role in the kitchen and common area on Monday evenings is partly due to my desire to maintain relationships with the incredible individuals who participated in the photovoice project (and also those who did not), and partly to avoid negatively affecting their lives. Many of the participants had become so

close to me due to the participatory nature of this research that immediately disengaging myself from their lives could have been harmful to their emotional well-being (Muzvidziwa 2004).

The process of taking photographs in a research project also has its own set of ethical concerns. As a researcher, I had to be aware of what I said to participants about their photographs, and what the possible consequences of my actions and statements could be to participants as well as to the research results. Some participants asked me to take photographs along with them on our outings, which could have resulted in a power relationship whereby the pictures became more reflective of my interests and ideas than their own. In these cases, I only took pictures of the places or objects that the participants photographed, focusing on trying to find a unique angle or special effect rather than choosing what would be photographed.

The necessity of gaining truly voluntary and informed consent, free from coercion in recruitment was also of utmost importance (Runnels et al. 2009). I attempted to be as open and transparent as possible about the aims of my research to ensure that the participants felt properly informed and respected throughout the process. When the time came for the exhibit, only those women who felt comfortable participating in such a public event presented their photographs. One of the participants did not wish to display her photographs at the exhibit due to the personal nature of her ideas and photos. I reassured her that it was completely fine for her project to remain a private, personal activity rather than something that would be displayed to others. Those who chose to take part in the exhibit only showcased photographs that they felt comfortable displaying to a larger audience.

My use of the photographs was also dictated by the participants. If I wanted to move or reproduce the photographs at any time, permission was requested from the participants. In accordance with ethical guidelines when taking photographs in research, I also provided copies of the participants' pictures to them as a sign of gratitude and respect (Rose 2001). Another aspect of showing respect and appreciation for the participants' involvement was compensating them for their time. Compensation is a contentious subject tied to the concern that for people with limited incomes, compensation for being interviewed may be the prime reason for participation (Runnels et al. 2009). I attempted to avoid individuals participating for this reason by not indicating on the recruitment posters that monetary compensation would be provided, and not mentioning the compensation until a resident displayed interest in the project. I offered the participants twenty dollars for their involvement in the interview, which is considered reasonable by most community workers given the length of the interview of about 60 to 90 minutes. Although some community workers view this amount of compensation as insufficient (ibid.), this amount was feasible within the context of my Master's research and the funding provided.

Limitations of this project arose out of my inability to physically follow-up on all issues presented by the women through the photovoice project. Although I am committed to remaining a volunteer at Cornerstone for as long as I live in the Ottawa area, I could not make any promises to the participants in regards to the changes that this research will promote or issues that it would resolve. To work on some areas where we could promote change, some of the residents and I started a neighbourhood action group where we worked together to write letters to local politicians and to report issues like graffiti and

violence in the park to the appropriate authorities. While these changes may seem insignificant to some, the involvement of the women in these efforts added to their sense of belonging within the neighbourhood. Despite the existence of this group, there is an understanding and recognition that all of the issues encountered in the project will not be acted upon, and that those issues acted upon may still not be resolved.

Another limitation that I encountered during my field work was building relationships of trust with the participants in such a short period of time. Many of the residents have experienced hardship and situations where their trust has been betrayed, especially when dealing with mental health-related care. Some of the women discussed experiences of signing forms that resulted in them being committed to a hospital against their will, or having their children removed by authorities. These experiences caused them to become wary and unsure about signing documents. In contrast, other residents were able to build a trusting relationship with me quite quickly, and did not have a problem providing their consent as long as the form was read aloud and explained to them in great detail.

I slowly gained new participants and relationships of trust over the course of the summer in my role as a Monday night volunteer in the kitchen. In this role, I engaged in daily activities such as cooking and cleaning with the residents, and tried my best to meet each individual living at the building and talk with them one-on-one. I was able to find something in common with all of the women with whom I spoke, with topics ranging from a love of animals, an interest in photography, cooking, or nature. Once I got to know different individuals living in the home, I brought up the photovoice project and invited them to join. If there was an interest, I tried to ensure that their involvement in the

project was built upon a positive relationship of trust by being explicit and clear about why I was there, what my research is trying to uncover, and what level of commitment I was willing to make. I also made it clear that the participants were part of the research process rather than being the research subjects. These techniques worked rather well, as the supportive housing manager was only sure that two out of the twenty residents would participate and I managed to involve nine individuals. As mentioned previously, some of the participants who had greater issues with trust took until the end of the summer to become involved, but when they became involved their insights were well worth the time and patience that it took to make them feel comfortable around me and with this project.

An additional limitation is related to the nature of neighbourhood effect research – that neighbourhoods and their effects on individuals cannot be studied in isolation. Neighbourhoods are embedded within a larger social framework that can influence one's quality of life and experiences, and this must be understood while undertaking this type of research. This limitation is taken into consideration through the understanding that neighbourhoods are interconnected with other levels, and that the influence of the neighbourhood on one's health represents only one factor that contributes to overall quality of life, in addition to many others, such as individual characteristics (Lupton 2003). The small size and specific geographical location of this case study also presents limits for the generalization of this research to the experiences of all women who have experienced homelessness. It should be noted, therefore, that the results of this research apply only to the experiences of the participants involved and should not be viewed as representative of the experiences of all women who have experienced homelessness.

The women involved in this case study are fortunate to live in a supportive housing development in a relatively wealthy neighbourhood, with access to a variety of different resources and amenities. The results, therefore, could be very different if this research was conducted in a socially contrasting neighbourhood. The results of this project would also have been very different if conducted in a different climate, or at a different time during the year. For many of the participants, for example, public spaces such as the park are utilized only during the warmer months. During the wintertime, their experiences within the home become much more significant in influencing their health and quality of life, as they spend much more time indoors. The results of this project, therefore, would be very different if it were to be conducted during the winter months.

### **Conclusions**

The success of the photovoice project and my ability to gain participants in this research was largely due to my involvement as a volunteer with the participants prior to the research, which provided a solid foundation for this research to build upon. Once the project was underway, going out with the participants to take the photographs and listening to their rationales for taking pictures of certain places helped me to gain a better understanding of their life experiences. In addition, the interview questions and discussion of the photographs at a later date allowed for a more thorough way of engaging the participants and gaining an understanding of their relationships to different places. The use of photovoice also provided the opportunity for engaging the participants in an inclusive and constructive manner.

Participants were not only involved in a process of collecting data for my thesis, but also in a project whereby the goal was to provoke positive social change in the

neighbourhood. Many of the participants left this process feeling empowered and interested in being more involved in making positive changes in their community. The process of taking photographs also provided some of the participants with an opportunity to meet members of their community and to develop a greater sense of belonging to their neighbourhood. Further, my continued volunteer role with the women once the project was over allowed me to assist the women in following up with their concerns about the neighbourhood and to continually gain a better understanding of how participants perceived their everyday lived realities to influence their health and quality of life. The following chapters outline the results that were revealed through the process of conducting this photovoice project.

## **CHAPTER 4: Meanings of Home & Neighbourhood**

### **Introduction**

The discussion chapters for this project have been broken up into two sections to address the two research sub-questions. The overall goal of this research is to better understand the perceived significance of the neighbourhood for women who have experienced homelessness and now live in a supportive housing. To provide a more in-depth and focused answer to this research question in relation to the experiences of women in this case study, two sub-questions were created. This chapter addresses the first research sub-question, which asks how previously homeless women who now live in supportive housing perceive their neighbourhood in relation to their sense of home. While this chapter does touch on elements of the second question which seeks to understand which neighbourhood factors participants perceived to influence their health and quality of life, chapter 5 addresses the second sub-question in greater depth.

This chapter begins with a description of the photovoice participants' understandings of neighbourhood and home, followed by a reflection of how participants perceived these places to influence their health and quality of life. As mentioned in the previous section, participants have been given pseudonyms and composite identities to protect their confidentiality. The research results demonstrate that experiences within the "home" and "neighbourhood" that are associated with feelings of safety and belonging are interconnected with one another and perceived by participants as an important influence on health and quality of life. Understandings of home are directly linked to complex socio-spatial experiences that occur in their neighbourhood and are tied to their sense of belonging to the community. These experiences in the home and neighbourhood

seem to be especially important in influencing participants' health and quality of life because these are places where the women spend the majority of their everyday lives, a finding that aligns with existing literature on the significance of neighbourhood-level experiences for low-income individuals (Ellen et al. 2001; Propper et al. 2007; Dawkins 2007).

### **Perceptions of Neighbourhood & Links to Meanings of “Home”**

To many of the participants, the “neighbourhood” in which they live was perceived as a place of familiarity that, for a majority of the time, felt healthy and safe. When asked to define what area they considered part of their neighbourhood, most participants described an area within walking distance of their dwelling and a place in which they carry out the majority of their daily lives. Others felt that they have an intimate neighbourhood space that is just their street, and a greater neighbourhood space where they visit less often:

**Jocelyn:** *What area do you consider part of your neighbourhood?*

**Janet:** *Anywhere that's within walking distance...up to the Parliaments... including the Rideau Centre too. So it's a huge area, but I consider that whole thing my neighbourhood...but my intimate neighbourhood is just MacLaren Street.*

When asked to define what neighbourhood meant to them, however, participants often reflected on the neighbourhood as a place where they felt a sense of belonging and familiarity. Some Cornerstone residents had lived in this area for ten years or more, which made them feel a strong sense of place within this neighbourhood. Sense of place was derived from both physical and social attributes of the neighbourhood. For some, physical appearance and natural elements helped make the neighbourhood a friendly and comfortable place to live. In discussing her neighbourhood, for example, one participant explained that her neighbourhood “feels very ‘homey’” due to the multitude of trees that

extend over the sidewalk, providing shade, privacy and a great place for people to spend time and socialize outside. This participant was specifically referring to her view from the front porch area which is shaded by trees, a space where residents sit outside on benches in the warmer months for long periods of time to relax and socialize with their neighbours.

Understandings of neighbourhood were also described in terms of the people and activities that occur within the area surrounding their home. Thoughts on what neighbourhood meant often involved references to a gathering of people who respect one another and work together towards the goal of making the neighbourhood a happy and healthy place to live.

**Sarah:** *a group of people who are sharing the common task of organizing and nurturing their own lives and a group of people together that have common goals and needs.*

**Janet:** *a gathering of souls together in a spot that have similar interests or a similar take on life.*

**Lori:** *Well, it means people, first of all. It means coming together with diverse people and getting to know them and their ways and, their likes and their dislikes. Getting to know them, and their differences, you know, and respecting their differences as well as coming together with their similarities too...Second of all it means comfort because a home has to be comfortable.*

Feeling part of the community in the neighbourhood was related to the notion that participants' visions of how they wanted the neighbourhood to look and feel were similar to that of their neighbours. Participants felt that they contributed to making the neighbourhood a safe and healthy place, which led them to feel more a part of their community. One participant articulated this link between sense of belonging and contributing to the neighbourhood by explaining her role in keeping the neighbourhood clean. This participant in particular felt part of her community because of her contribution

to maintaining the neighbourhood's cleanliness and appearance. She also linked feeling part of her dwelling to feeling part of her neighbourhood:

**Jocelyn:** *Do you feel that you are part of the community in your neighbourhood?*

**Joan:** *Well, I take the garbage out, and I do the recycling bins, and I rake leaves sometimes. So, I feel part of my own stationary dwelling. So, my dwelling is important to me, so I feel a part of my neighbourhood that way. We share a common goal.*

While several participants exclaimed that they felt part of the community because they strived towards the same goals as their neighbours, many participants did not feel this way until they moved back to their neighbourhood after the fire. Before the fire occurred, many of the women did not think that their presence in the neighbourhood was welcomed or acknowledged by neighbours. As mentioned in Chapter 3, some of the women temporarily relocated to another location for four months while the building was renovated and cleaned, while others found their own housing arrangements, sometimes with friends and family. When they returned, they were surprised to see neighbours come over and welcome them "home." Several different neighbours also told the women that they had been missed while they were away. Not a single participant who had lived through the experience of the fire neglected to mention how great it felt that their neighbours welcomed them back. This finding speaks to the importance of the residents' neighbours acknowledging their presence in an overt manner, and also the notion that sense of place can be cultivated through such acts of social solidarity. These interactions helped the residents to feel a greater sense of belonging and connectedness to the community in their neighbourhood. To apply Agnew's (1987) framework for understanding sense of place, the neighbourhood 'locale' provided the material setting within which meaningful social relations took place between the women and their

neighbours. A “social sense of place” was also constructed through residents’ interactions with neighbours in certain places such as in the park and in front of the supportive housing building (Eyles 1985).

Simple acts such as the neighbours saying “hello” to the women as they walked by the supportive housing building were also deemed important by participants. Many of the supportive housing residents took great joy from sitting in front of their building and having brief conversations with neighbours and people walking by throughout the day. Several participants articulated these points very clearly when describing what neighbourhood meant to them:

**Joan:** *It means neighbours, the people that live near you...we sit out on the steps smoking and all of the neighbours say hello to us when they come home from work or church or wherever they go...and they all said “welcome back”, they welcomed us back and I thought that was amazing...Yeah, they were all glad to see us and welcomed us...most neighbours are really kind and it makes us feel good.*

**Lori:** *When we were gone to Queen Street last year for 6 months, people were saying they missed us when we got back, you know. That it was so nice to see us again, and they still talk to us on the street. Yeah, I feel more a part of the neighbourhood because I didn’t realize that people would miss us. Because we’re so within our own little community almost...you know? I think it really made you think that home is so important.*

These comments suggest that interactions with neighbours formed a part of what “home” meant to some of the participants. Meanings of “home” in this instance were linked to socio-spatial relations that occurred beyond the household level (Blunt and Dowling 2006). Feeling welcomed by the community also assisted some of the women in building their own self-esteem and pride in themselves. Being accepted by neighbours is something that many participants did not foresee or feel worthy of, causing residents to perceive this experience of being welcomed back as an interaction that contributed

positively to their mental health. While this interaction may not seem significant to someone with access to extensive social support networks of family and friends, these interactions were deemed very important for participants because many of these women did not have access to an extended network of supportive people in their lives. Since the participants' social networks were more geographically limited due to factors such as their inability to afford a car and their lack of involvement in paid employment, neighbourhood-based social networks were especially significant to health and feelings of belonging at the neighbourhood level (Ellen et al. 2001; Propper et al. 2007; Dawkins 2007). The few participants who expressed that they did not feel part of the community explained that they did not feel this way because they did not interact enough with their neighbours.

All of the photovoice participants, however, felt a sense of belonging within the supportive housing community due to their interactions with other residents, volunteers and staff in the common areas. This sense of having their "own" community of women was also deemed important by several participants. Residents frequently expressed their appreciation for this "women" centered environment that has been established at Cornerstone.

**Christine:** *We have like, cooking lessons, and gardening lessons...and craft groups, young, and old volunteers come in, it's a mixture...and they're all women.*

**Joan:** *There are a lot of ways in which the community helps and intervenes with the people here.*

**Lori:** *Home means coming together with the television, sharing it, and listening to diverse programs, you know, like news and coming together and discussing the news programs and what it means to us within our own community, our home.*

Getting to know the other residents living there and building community from within gave some residents the confidence to confront life's daily challenges. Many participants expressed that the volunteer and staff run activities such as cooking lessons, craft groups and art therapy encouraged a predictable and healthy environment for them, as opposed to their previous living arrangements. One participant expressed her journey of becoming part of the community:

**Christine:** *Mmm... slowly. Slowly I feel like I'm becoming part of the community. I don't completely feel like it right now. But I'm slowly feeling that...*

**Jocelyn:** *So what do you think is happening that is helping you feel a part of it slowly?*

**Christine:** *Well, I'm becoming more in touch with what's going on around me. As I'm coming into touch with what's around me, I'm becoming more a part of the community. Before, when I was in the shelter, I didn't really feel part of the community because I wasn't really anywhere. And now that I feel that I'm living in a place that's my home, I feel that I'm becoming more and more part of my community.*

She explained one night over dinner that the best moments while living at the shelter occurred when there was an activity going on, such as Bingo. When activities were taking place, every one got along and talked to one another. In contrast, when there were no activities going on, the air was filled with tension and every one separated into groups. To encourage this kind of "togetherness" at the supportive housing building, she asked the volunteer coordinator if the women could have a "diva night" where they could get pampered for an evening. The diva night involved having a volunteer esthetician who came in to do pedicures and manicures for the women while they chatted with one another and ate some special treats. These activities have helped to bring the residents closer together and to build community and social cohesion from within. While establishing a sense of home, the women were also actively involved in developing a sense of belonging to their community. Whether the women felt a sense of belonging

towards the community of women in their building, the greater neighbourhood, or both, these feelings contributed to their sense of home and greater mental health. These results attest to the women's experiences as interconnected and influenced by interactions in a number of places, not just at the household level (Blunt and Dowling 2006; Cummins et al. 2007).

These interconnections between feeling part of the community and "home" often emerged in the conversations and interviews with photovoice participants. Feeling "at home" was not just about what happens inside of "private" areas such as their bedrooms. There was a relationship between feeling part of the community in the neighbourhood and feeling "at home" amongst photovoice participants. In understandings of both "home" and descriptions of neighbourhood, the common thread was the importance of those people that surround and support them. Interactions with people were deemed the most significant factor in developing a sense of place. While the aesthetics of the physical environment are important, the physical aspects of place are interpreted based on our experiences, lived realities and the ways in which we actively "make places" (Massey 1995). The home is created through one's experiences in place and the emotions attached to it, such as a sense of comfort and belonging. For the participants in this study, "home" was considered a place where people care about you, where you feel a sense of belonging due to interactions with others, whether they be family, friends or neighbours. People coming together and socializing with one another was what made residents feel a sense of inclusion both within the supportive housing community and in their neighbourhood. Their everyday lived experiences within the supportive housing building represented one

aspect of their network of social relations that enabled them to feel a sense of belonging to their community.

To many, this sense of belonging to the community also extended to the neighbourhood, making both their physical dwelling and their neighbourhood their “home.” This sense of belonging was cultivated through positive experiences both inside and outside of the supportive housing building, such as the social activities in the common area of the building and the participants’ neighbours welcoming them back after the fire. These experiences speak to the importance of understanding social networks and experiences in places as relational, complex and interconnected with one another, as many of the participants had developed social networks in many different places that were interdependent of one another (Cummins et al. 2007). For many of the women, for example, their positive social interactions with others inside the supportive housing building gave them the skills and strength to extend their social networks beyond the realm of their private dwelling and into the neighbourhood area. Through these social ties and sense of belonging that the participants began to associate with places within the supportive housing building and their neighbourhood, they developed what Eyles (1985) would term a “social sense of place” and an understanding of “home” that went beyond the private area of their dwelling.

The women also demonstrated acts of social citizenship through interacting with their neighbours and working on the photovoice project, thereby contributing to processes of social cohesion in their neighbourhood and using this project as a platform to speak out about the aspects of their environment that could be changed to make it a healthier place to live (Lister 2003). While the participants involved themselves in a process of

improving their *individual* lived experiences, they also saw this project as an opportunity to voice collective issues faced by the supportive housing residents and women in their neighbourhood. Through this process, participants also began to think about the factors that make places healthful and therapeutic, such as having friendly neighbours and access to green space.

### **Home as a Therapeutic Landscape**

To many participants, home was considered a therapeutic space – a place that enabled them to maintain or improve their mental health. The supportive housing building represented a non-traditional health care setting that promoted healing and the maintenance of health (Williams 2002). The support staff, volunteers, other residents, communal activities and access to private space within this building created an atmosphere where many participants felt “at home.” The importance of social supports that helped one to develop a sense of “home” and community in dealing with trauma and mental illness was highlighted during a volunteer training session by Nicola, the supportive housing manager. When the women moved back to the building after the fire, she said, volunteers could not return immediately to their previous roles as many had been reassigned to assist at Cornerstone’s emergency shelter.

At first, Nicola could not figure out what could be done differently in the house to bring it back to the way it was before the fire. Residents were having more breakdowns and escalations that required more staff intervention than ever before. These occurrences made it extremely difficult for staff to carry out their duties and for residents to re-integrate themselves back into the house. When volunteers finally returned and started running activities again such as cooking classes, yoga and art therapy, Nicola noticed that

the emotional state of many residents improved and the number of breakdowns and incidents decreased dramatically. Nicola attributed this change to the volunteers and their role in supporting the residents, providing an outlet for stress and anxiety in a way that the staff could not. I found that her description of this process really spoke to the significance of social networks and support within the home for greater mental health. The therapeutic support networks that staff, volunteers and members of the community formed were extremely important for the women's wellbeing, especially due to the trauma caused by the loss of a fellow resident in the fire and their temporary relocation of residence. The different layers of therapeutic support, assistance and activities provided by different groups were not only crucial for stabilizing the women, but also for developing new experiences and memories that allowed the women to feel "at home" once again. Nicola's discussion also spoke to the importance of seeing "home" as an active space that one "makes" or creates through their socio-spatial relations in places rather than a container with fixed boundaries (Massey 1995). While having a material place or dwelling to call one's own is a very important step for previously homeless individuals to begin actively creating "home," Nicola's conversation and the findings of this research reveal that creating "home" is an inherently social process that is interconnected with and influenced by interactions in both the private and public spheres of one's life.

Participants' understandings of home included many different aspects of feeling a sense of safety and belonging, including not feeling lonely, feeling comfortable, having access to both private and communal space, living in a predictable environment and being surrounded by people who care and make them feel safe. One of the most prominent

understandings of home amongst participants was the feeling of not being alone anymore. Avoiding loneliness was the one of the many benefits of living at the supportive housing building. As discussed in Klodawsky's (2009) work highlighting the benefits of congregate living developments that operate under a flexible Continuum of Care model, social supports provided by staff, neighbours, volunteers and other residents contributed to their feelings of home by helping residents to no longer feel lonely, isolated and unsafe. Avoiding loneliness, for some of the participants, was a way to maintain and improve their mental health.

**Joan:** *Home means to me, where I have a safe place to be and I also have a common area because I can't stay completely alone....Having people around me doesn't mean to be friends with every body. It's like when you go down and you see people, it's encouraging. It's very encouraging to live in community housing...because loneliness can kill you eh? I really appreciate living in a place where there's people. When I went to [address of apartment during fire], I went downhill because I was totally living on my own. When you're on your own you don't have motivation to do anything... you know, you're just so lonely.*

**Lori:** *I don't think I could ever live on my own because I get lonely. I don't have a large community of people in my life so it's within here that my community of people is and it means a lot to me. That's what home means to me too, not being lonely.*

Participants felt that the other women living in the supportive housing community provided support to one another. Whether this meant listening to others when they were upset, taking part in daily activities such as cooking and cleaning together, or simply just sitting silently amongst one another in the same room, importance was placed on the supportive housing community that existed within their larger neighbourhood community. Access to social support and networks provided a therapeutic environment for many of the residents, assisting them in coping with their mental illness and working towards improving their health and quality of life.

Home was also considered a therapeutic space for some because it was a place for self-care and self-improvement. One participant, for example, referred to home as “*a place where I can take a shower and put on clean clothes and go out.*” Another explained that “*home is where you hang your hat...it’s where you keep your stuff, it’s where you sleep most of the time ...and you have a comfy bed.*” Reflecting on the importance of home as a place of self-development, one participant discussed her ability to engage in educational activities, such as reading books in both her private bedroom and the common room:

**Sarah:** *Home means, you know, means being able to read and have a desk of my own...and I have down where I can come down here and be amongst people while doing some reading if I want to be if I don’t want to isolate so much in my room and do it.*

Having access to spaces that allow for comfort and self-care were perceived as important elements of what it meant to be “at home.” Due to their experiences of being homeless and the feelings of social exclusion associated with living in a shelter or in inadequate housing, participants placed particular emphasis on their appreciation for having a place where they can engage in self-care and in social activities that contribute to their mental and physical well-being.

### **Home as Multi-Scalar**

In addition to the women’s experiences of “home” within the supportive housing building, home was perceived as a multi-scalar concept. To some, home was composed solely of their bedroom or of both their bedroom and the common area in the basement. Participants who only considered areas within the building to be home, however, had not lived in the neighbourhood for an extensive period of time. To a majority of the participants, notions of home involved their physical dwelling, the friendly and

welcoming neighbours, and the neighbourhood space itself. A quote from one participant who had lived in this location for the past ten years best illustrates the interconnections made between neighbourhood and home.

**Lori:** *I love my neighbourhood. I don't think I'd ever want to move out of it. There's a possibility of me moving into a new place next year on Booth Street...and, it's almost a whole new neighbourhood, you know. I'll make do and I'll make it my home but I'll regret moving out of this neighbourhood. I don't want to move out of this neighbourhood.*

This notion of “making” the neighbourhood into a home involved a reflection of participants’ lived experiences within their dwelling and the surrounding neighbourhood. Learning how to navigate the services and stores in this area, having access to social support, and feeling a sense of pride and belonging in one’s community were all factors that contribute to making a neighbourhood into a “home.” This process, of course, occurred over time as the women experienced different spaces within the neighbourhood and attached feelings and emotions to them. For some women who had recently moved into the building, the photovoice project itself was their first chance to fully explore the neighbourhood and become more familiar with it. To those who had lived in this neighbourhood for many years, an emotional attachment had already been formed with places in the neighbourhood through their extensive experiences and knowledge of the community’s physical and social characteristics. Participants who had lived in the community for more than three years tended to have a clear idea of what to photograph, and felt comfortable showing me around and navigating the streets. To them, both the neighbourhood and their physical dwelling often evoked a sense of home. This finding attests to the notion that for the participants, “home” was not a fixed or bounded place, but a process through which one goes through over time. For many, their feelings of

“home” were developed first from within the supportive housing building, and then branched out into different neighbourhood spaces as they began to feel more comfortable and “included” in these places. Without access to the supportive and communal environment of the supportive housing building, many of the participants may have never reached this level of engagement with people in public spaces, thereby influencing their rights to the city (Klodawsky 2009).

Factors that contributed to feelings of home were also present at multiple places outside of the neighbourhood, reflecting the women’s experiences and influences in many different places. Some participants, for example, included their time spent with family members in their respective homes as part of their conception of home.

**Janet:** *Home can be more than one place...I consider my sister’s and fathers’ houses...they’re not my home, but they’re part of home. Without them, home would be less meaningful.*

Feelings of home were also tied to the women’s experiences in their various “homes,” such as the place in which they grew up or other places in which they had lived. One participant, for example, saw her previous neighbourhood of Riverdale<sup>1</sup> to also be her “home”. Since she had just moved to Centretown, she still perceived Riverdale as her home and travelled there often using transit to visit the mall and other places where she had friends and felt a sense of familiarity. While some had many places that were part of what home meant and that were considered home, others had never experienced “home” prior to their move to the supportive housing building due to lack of privacy, stability and violence and abuse in their previous housing situations. The experiences of these participants will be discussed in the following section.

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<sup>1</sup> Name of neighbourhood changed to protect anonymity.

## Home as Privacy and Safety

In line with Douglas's (1991) findings that one needs to bring a space under control to start feeling "at home," most photovoice participants felt that their dwelling would not be considered a home without access to private space. To many participants, having their own private room was essential to having a sense of home.

**Samantha:** *I never had my own room in my entire life so this is the first time I have my own room. It's like my heaven. I can create whatever I want in it.*

**Sarah:** *I have my own space. I have my own space and a shared space. Because I have my own space I'm getting back up on my feet. Today I went for a walk and I kept saying that we're almost home. I know then that I consider this my home.*

**Jocelyn:** *What makes it a home to you?*

**Jessica:** *Umm...having my own room...all my personal things on the walls.*

Participants described their private bedrooms as a space where they could be completely themselves - a place where they could express themselves because they had control over their surroundings. Their bedrooms were a place where they could decorate the way they wanted to, keep clean and organized, and a place where they could relax, lock the door and express themselves without the fear of being judged. What was different for these participants, however, was that participants benefited from having their own private space *and* shared space where they could interact and socialize with others.

In addition to the need for privacy, participants expressed the need to be comfortable and safe in their surroundings to feel "at home." This notion of home involved the ability to control certain aspects of life such as access to nutritious food and being surrounded by "family" and friends in a safe and predictable environment.

"Family" was referred to as meaning something different than just blood relations- it referred to people who care about you and support you in times of need, whether they are

related to you or not. In situations where women had negative experiences within their “homes” in the past, this understanding of family was very important. Some responses about meanings of home were representative of feminist arguments that home is not always a haven or a place on which to build one’s identity (Rose 1993). To women who have experienced abuse within the home setting, the word “home” does not always conjure up positive thoughts. While some participants understood home as a “heaven”, this word represented a feeling of oppression and violence to others.

While out taking photographs, one participant talked about her past experiences living with family members. She told me that she did not feel safe or physically healthy while living with family because she did not have control over many aspects of her life there, such as the food that she ate. When I asked what home meant to her during her interview, she stated:

**Janet:** *Home is gardening, watering the flowers, you cook in a home, make dinner, like “home” is a routine, and a structural building too. It has to ... there are building codes that you have to keep, and there are certain standards.*

When I heard her discuss the need for the home to be a place of predictability, safety and stability, I made connections between her response to this question and our previous conversation, noting the importance that she placed on her ability to control her life at the supportive housing building, to do things that she enjoyed like gardening, and the routine that she appreciated. Christine’s feelings of being unsafe in her previous residence also formed her feelings of what a good home should look and feel like. Another participant reflected on her experiences living in a different place in the past when asked what home meant to her:

**Jocelyn:** *What does home mean to you?*

**Sheila:** *Well, I never really.... I had abuse growing up in my home so this became my home when I moved here. So, it doesn't ...it's the people around you that care about you that makes a house a home, not necessarily blood relations.*

**Jocelyn:** *Why do you consider this place to be a home?*

**Sheila:** *Well, my family lives here. All the ladies are my family. And I feel safe living here.*

As suggested in this quote, feelings of home are not always connected to positive experiences or memories. Feeling safe in both the physical dwelling and the surrounding neighbourhood was a necessary factor for feeling “at home.” Feelings of home were associated with having a predictable place to return to when you go out and a place where you feel safe from violence and abuse. Other participants who had experienced abuse in their pasts described their feelings of home in a similar way:

**Samantha:** *I can lock the door and not let anybody in. And I have my little pets and no one can harm them...I find my room very safe... my room is safe enough to be who I want to be.*

**Joan:** *I know what I'm coming back to...whereas when I was living at the shelter I'd never know what I was going to be coming into everyday.*

Although home had once been a place that contributed negatively to their health and quality of life, the supportive housing building and the surrounding neighbourhood became a place to create new memories and understandings of home for these women. In this sense, their home within the supportive housing building became a therapeutic space. The less formalized networks of support and care that exist within the supportive housing community assisted the women in coping with their mental illness, making this a place with therapeutic networks as well. I argue, however, that this notion of home as solely a therapeutic place is far too simplistic. As discussed previously in this chapter, participants' understandings of what home meant were not only related to their current

situation, but also to their past experiences. “Home” was not only a material reality for participants, but also the memories attached to the places in which they had lived in the past (Blunt and Dowling 2006). Participants who had experienced abuse in the home, for example, discussed how their experiences within the home were not associated with feelings of support and safety. Experiences of homelessness also intensified their appreciation for finally feeling “at home” in the supportive housing community and in their neighbourhood. Home, therefore, as a physical and imagined space, should be understood as a place that can be simultaneously therapeutic and un-therapeutic. This notion of “home” as a therapeutic landscape will be discussed further in relation to the significance of neighbourhood in the latter part of chapter 5.

## **Conclusions**

The results of this analysis reveal that “home” is a very complex concept that does not always simply mean a physical household or dwelling. Participants’ notions of what home meant expanded beyond their private bedrooms into the common area of the supportive housing building, the neighbourhood and beyond. Social experiences within the supportive housing building and in public spaces such as the neighbourhood influenced and were included in the women’s feelings of what home meant. Feeling at “home” was also connected with health and quality of life, as positive aspects of life such as the development of positive social networks in the household and in the neighbourhood, access to therapeutic spaces and networks, privacy and safety. The women attributed all of these factors associated with “home” to their process of healing and ability to cope with mental illness.

The supportive and therapeutic environments in both the supportive housing building and in the surrounding neighbourhood made this development of a place to call

“home” possible for the participants. Feeling part of the community within their housing development and in the neighbourhood was one of the greatest factors associated with feeling at home and greater quality of life for participants. This finding points to the value of the supportive housing model because of its focus on fostering a sense of “home” and ties to the community for residents. Instead of simply being placed in their own individualized apartments, residents are provided with a built in support network of staff and other residents, many of whom are going through similar experiences. Once the women were able to build this sense of community from within, it gave them the power and the confidence to venture out into the neighbourhood and to take part in community events and meet their neighbours. The value of this sense of community should not be ignored when looking at different housing options that seek to end homelessness and create inclusive places for people to live.

## **CHAPTER 5: Discussion of Photovoice Themes**

### **Introduction**

Building on participants' notions of "home" and neighbourhood, this chapter addresses the second sub-question by discussing the neighbourhood factors that photovoice participants perceived to influence their health and quality of life. Through this process, participants identified both positive and negative features of their social and physical environment that influenced their ability to achieve good health and wellbeing. Similar to the findings in the St. James Town photovoice project which examined the influence of neighbourhoods on health for newcomers (Haque et al. 2008), the Cornerstone participants perceived mental and emotional health to be the most sensitive aspect of their health and quality of life influenced by neighbourhood characteristics and change. Participants articulated four main neighbourhood factors that influenced their health and quality of life, including: access to public and green spaces; the importance of a respectful social environment; social stresses such as fear and safety concerns associated with public spaces and the accessibility of neighbourhood resources and institutions.

Experiences in specific neighbourhood spaces at different times influenced participants' development of a sense of place and quality of life in both negative and positive ways. To illustrate these points, I have selected photographs from the photovoice project that are paired with contextual information and quotes from the participants. In cases where faces are visible in the photographs, I have blurred these images to protect the identity of participants and other individuals. As evidenced by the photographs shown in this chapter, all of the neighbourhood factors presented are interconnected and related to one another in many ways. Some photos that I have chosen to place in one section

could easily be placed under other sections, demonstrating the complex nature of the relationships between health, place and characteristics of identity such as gender.

Through the “voices” of the photovoice participants, this section demonstrates how participants took the power into their own hands to articulate how physical and social aspects of their neighbourhood influence their health. The results indicate that in any given neighbourhood, there are many micro and macro-level processes at work that influence participants’ lives in both negative and positive ways. The results also reveal how different aspects of the participants’ identity influenced how they perceived places in their neighbourhood. While gender was one element that influenced neighbourhood perceptions, other factors such as the women’s income, housing status and past experiences of homelessness had an impact on how they perceived public spaces.

### **Importance of Green/Public Space for Well-being/Quality of Life**

The first and most prominent theme identified by participants was the importance of having access to public green space for the maintenance and improvement of physical and mental health. These natural spaces included gardens in neighbours’ yards, Cornerstone’s rooftop garden, a nearby park and the beautiful trees and greenery in their neighbourhood. Residents did not only appreciate the beauty that gardens added to the neighbourhood, but also the amount of work that went into the planting and maintenance of them. Many of the participants took photographs of the beautiful gardens located in their intimate neighbourhood area, and reflected upon how their presence improved one’s sense of place in the neighbourhood (see Figures 3 and 4).



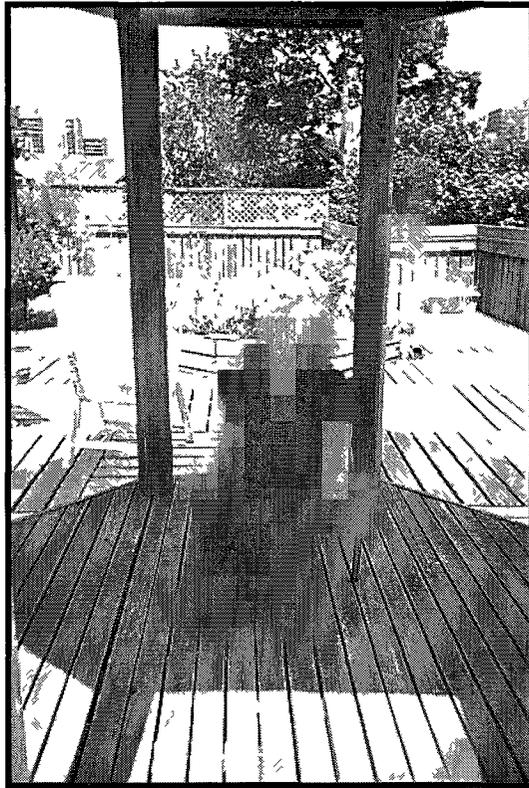
**Figure 3**

*“A Neighbourhood Garden”*

*This picture is of a garden down the street from where I live. It is tended to all year long and is a great sight from the park and beyond.*

*Photographed by Sarah*

In addition to admiring their neighbours’ gardens, several residents took part in planting and tending to vegetables such as tomatoes, peppers and lettuce, on Cornerstone’s rooftop garden. One participant was particularly proud of her involvement in this activity alongside Cornerstone staff and volunteers, stating that she planted many of them from seedlings and tended to them often. She took many pictures on the rooftop deck of the gardens and distant buildings, referring to the deck as her “safe place” (Figure 4). Some participants also mentioned while taking their photographs that although they may not venture into the neighbourhood often, the rooftop garden offers a safe place from which to view the world. As a place that contributes to the health and well-being of many of the residents at Cornerstone, the rooftop garden can be seen as an everyday therapeutic landscape which allows residents to engage in a positive, social and physical activity that contributes to the development of self-esteem, respect, and a healthy lifestyle.



**Figure 4**

*A Participant on the rooftop patio surrounded by the box gardens that she helped to plant.*

*Photographed by Jocelyn Plane*

Similar to results from the study by Milligan et al. (2004) involving seniors and community gardening, the supportive housing community's rooftop garden offers a place that contributes positively to the maintenance of health for women living at this location. Adding to these results, the rooftop garden was also an everyday space of healing for participants through both their interactions with others in the garden and their involvement in planting vegetables and flowers. The rooftop garden provided a safe and inclusive space for developing therapeutic networks through instilling those who worked with others to create the garden with a sense of pride in their accomplishments and a healthy social activity to get to know one another better.

The importance of a neighbourhood that reflected their love and respect for nature was deemed important by several participants. Participants often discussed the importance of having access to parks as "coming together places" in their neighbourhood.

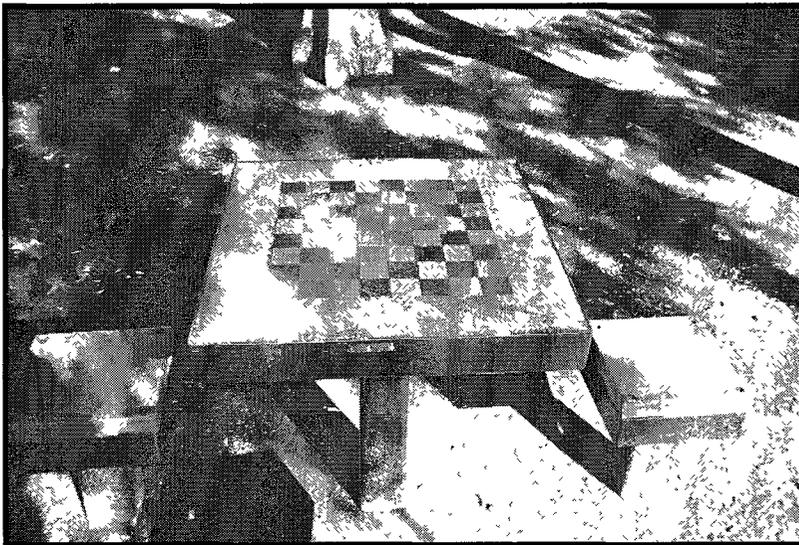
**Lori:** *I never would have maybe thought of that before moving here where there is a park right at the corner...I can't imagine living without one now that we live really close to one. It would really have changed the neighbourhood without having one. Yeah, it would have made it really sterile and concrete and very...well it wouldn't be a get together for people and their dogs, for instance. You know, where would they go...I guess they would just walk up and down the streets in the neighbourhood, but it wouldn't be a coming together – It's very much a coming together place.*

To many, public green spaces were viewed as therapeutic landscapes, places that contributed positively to their mental and physical well-being. In particular, public parks were viewed as important places for people to gather together for leisure activities or to socialize with their neighbours. Community events such as free movies or yoga sessions held in the park created an atmosphere that the women saw as contributing to health and the development of a sense of belonging to the community. Several of the women mentioned a community movie night that takes place at DunDonald Park in the summer on the weekend. One participant commented on how the movie night contributed to her feelings of social and community cohesion.

**Samantha:** *I felt like the whole neighbourhood was together, celebrating. And it's nice to see the whole neighbourhood come to watch a movie together... because you don't see all your neighbours...but that first night I went to a movie, it was beautiful.*

The existence of public space in the park made the free movie night possible, gathering people of all ages and demographics together in a welcoming environment. Without access to the park, these events may not be possible or affordable. The park was something that all participants appreciated having in their neighbourhood. One of the women described that having a park close to her home is important because “*it is a nice place to be by yourself or be close to nature.*” To another, the chess table in the park offered a place that brings people together to meet and socialize (see Figure 5).

Especially during the warmer months, the park became a place for the women to gather with other members of the community and to relax. While the park did not represent a therapeutic environment at all times, which will be discussed later in this chapter, most women appreciated having access to this public space within walking distance of their home. In comparison to other places in the community such as local coffee shops or the grocery store, the park was a place where the women could spend time in a place that benefited their well-being without spending money. This finding has important implications for planning urban environments that are inclusive to low-income individuals and families as it highlights the need for more public and green spaces that are free for every one in the community to enjoy.



**Figure 5**

*“A Chess Table in the Park”*

*I took this photo of the chess table in the park because it symbolizes people communicating together, or congregating to one spot.*

*Chess is like, you’re moving different spaces in your life too. So it’s nice ....it looks like a little meeting place.*

*Photographed by Joan*

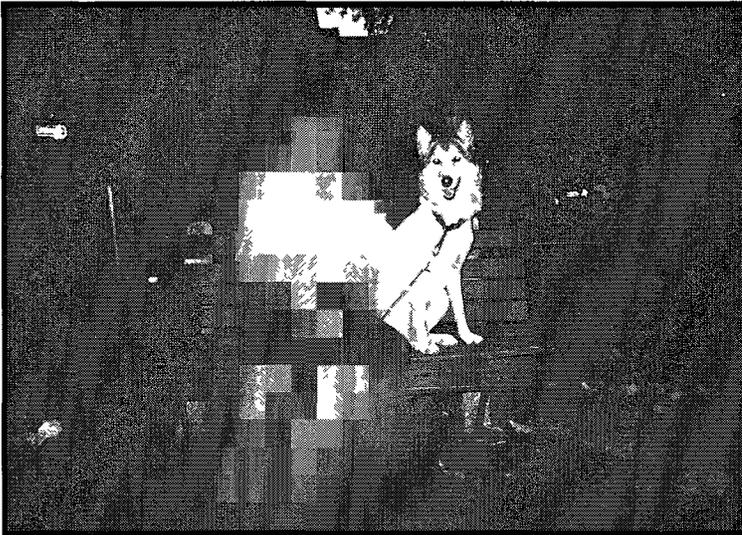
Participants saw green spaces as areas where people interacted with not only one another, but also with animals such as their neighbours’ pet dogs as well as wild birds. The ability to go to the park and interact with people through talking about their pets assisted some of the women in making friends and acquaintances in their neighbourhood. One resident’s experience with interacting with neighbours over their common love of animals was particularly remarkable. When asked about her neighbourhood, she said:

**Serena:** *I love parks, and when people have animals they walk them by...  
I find that if you're not allowed or if you can't afford a pet, at  
least you have pets that go by, and you can pet them and everything.  
And it's daily therapy.*

This resident broke the ice with one of her neighbours by asking about her two cats, and they have since developed a friendship. This friendship with a neighbour, built upon a mutual love of animals, has since provided this woman with a sense of belonging in her neighbourhood and an opportunity to break off her friendships with past friends who were “users” as she attempts to recover from an addiction to alcohol. Similarly, another participant who had recently moved to the building met some neighbours by asking them to take a photograph with their dog in the park for the photovoice project. She had an interesting story to accompany her experience, which is described in her own words under Figure 6.

Interactions with animals and people in the park and in front of the supportive housing building assisted residents in their daily struggle against mental illnesses such as depression and anxiety. This theme relates to Eyle's (1985) discussion of different senses of place, most specifically the “social sense of place” that is composed of one's social ties and interactions with others in a place. Participants who met other members of their community in the park attached certain meanings to this space based on their interactions and experiences there. It can be argued that the women's interactions with community members contributed to the creation of therapeutic networks, or networks of support that exist outside of the supportive housing community and traditional health care settings such as counselling groups (Williams 2002). The development of therapeutic networks in the neighbourhood and in the supportive housing building was perceived as a crucial part of the healing process.

**Figure 6**



*“A Neighbourhood Dog”*

*I chose this picture because I love animals. A lady was walking her dog in the park and I noticed that he had been shaved. He looked really cute and I asked her if I could take a picture of the dog. She let me take a picture of the dog and then she asked if I would like a picture of me with the dog. That’s when I said “sure, I would love one!”*

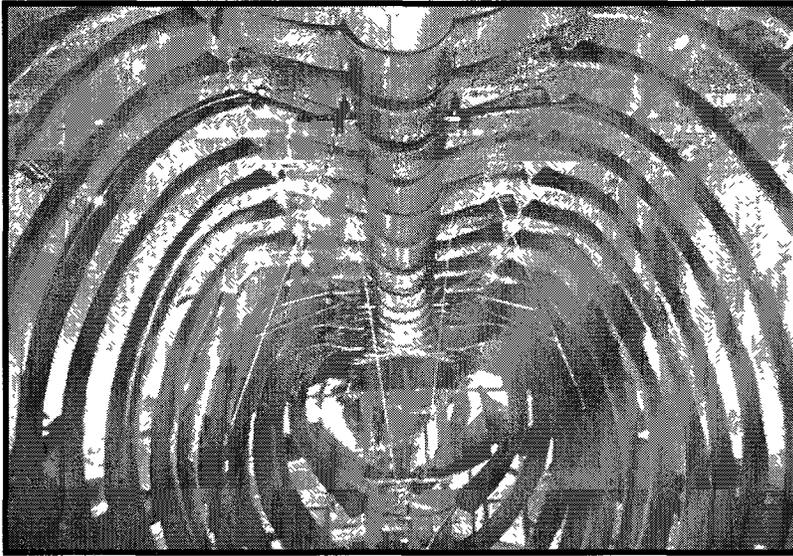
*Photographed by Neighbour of Tracey*

The presence of animals at the park, for many, contributed to their perception of the park as a therapeutic space. Since many of the women could not afford a pet and Cornerstone does not allow residents to have a cat or a dog, visiting animals at the park served as a way to receive the benefits associated with having a pet without actually having one of their own. Many of the participants compared animals with humans, discussing that in contrast to their relationships with people, animals provide “unconditional love”. To demonstrate the importance of animals in her life, one participant went out of her way to take a majority of her photographs at the Parliament Hill Cat Sanctuary and the Museum of Nature (see Figures 7 and 8). As a person who self-identifies as Aboriginal, she explained, she felt very connected with the earth and could not imagine a life without being surrounded by animals or elements of the “natural” environment.

This participant made specific connections between the ways in which we treat animals in urban spaces and how we treat the environment overall. While discussing these environmental issues, she connected the lack of respect for animals and the environment in her neighbourhood to greater attitudes of neglect towards the

environment and climate change. This sentiment was present in several interviews, with participants connecting what they saw in their neighbourhood to greater processes of urbanization and destruction of green space. One participant, for example, took a picture of a run-down building on Bank Street and explained while taking the photograph that she feels this building should be repurposed for condos to prevent the destruction of more green space for housing in other areas. Another took a photograph of the “Please Don’t Feed the Pigeons” sign in the park and commented that this sign is unfair because the pigeons have nowhere else to go in the city to find food and shelter.

Figure 7 was taken by a participant to remind people of the need to respect living creatures among us on the planet. The presence of animals in the neighbourhood contributed to participants’ perceptions of places as therapeutic, but also as a reminder that these creatures need to be respected and protected from harm. Without these natural elements of place such as animals and the green spaces required to support their existence, the place would not evoke the same feelings and emotions. The implications of this result of the photovoice project reveal the importance of situating supportive and social housing developments in neighbourhoods where residents have access to amenities such as public green spaces and museums that have the power to positively influence mental health and physical health. These findings are linked to understanding health through the social determinants of health framework, which looks beyond individual factors that influence health to understand well-being from a holistic perspective that takes into account social and economic factors in one’s environment, as well as the resources that one has to cope with their environment (Raphael 2004).



**Figure 7**

*“The ribs of a whale at the Museum of Nature”*

*This photo was taken to demonstrate that many animals will only exist in museums and in our memories if we do not care for the planet.*

*Photographed by Samantha*



**Figure 8**

A participant spending time with a cat at the Parliament Hill Cat Sanctuary.

*Photographed by Jocelyn Plane*

Another significant factor that contributed to the therapeutic atmosphere of some public spaces was the presence of trees and greenery. Trees were extremely important to many of the participants for their role in providing beauty to the neighbourhood, shade, bringing people together, and for making the neighbourhood feel like a “home.” Some attributed the beauty and appeal of their neighbourhood to the presence of trees, while others described the tree-lined streets as “lovely” and “home-y.” One of the women took a majority of her photographs of trees in the intimate neighbourhood space surrounding her home. An older tree with many grooves and knots was especially significant to her, as

it reminded her of a Cornerstone staff member who pointed out this tree during an outing in the park (see Figure 9). Many participants viewed the presence of trees as an integral aspect of the neighbourhood, as they represent feelings of respect towards natural elements of the community.



**Figure 9**

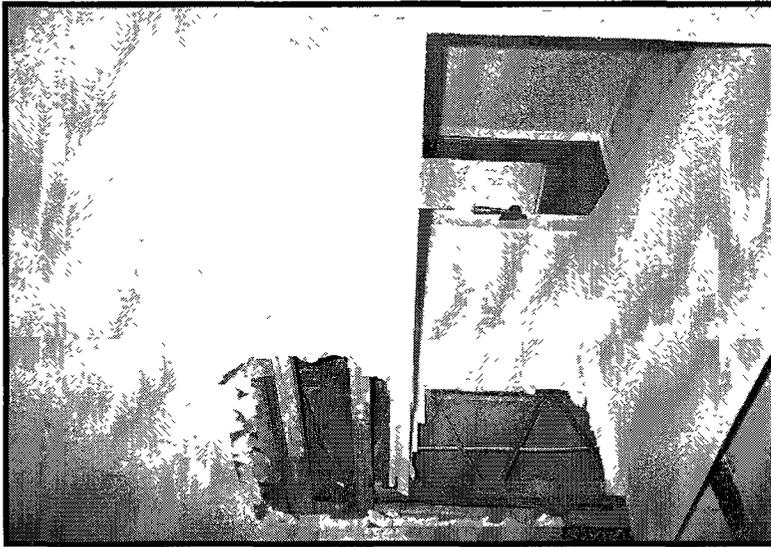
"Liz's Tree"

This tree reminded participant Tracey of a staff member who pointed out this unique aspect of the park to her while on an outing.

*Photographed by Tracey*

An additional element was the need for exposure to natural light, both indoors and outdoors, to maintain mental health and well-being. This need for natural light was captured by a participant in Figure 10. This photograph of a hole in the ceiling of the supportive housing building basement demonstrated Lori's desire to have repairs completed and to have access to more natural light down there. The skylight shown above the hole is one of the only sources of natural light entering the common area of the building. Her decision to display this photograph in the exhibit reflects the importance placed on access to natural light, and the interconnections between indoor and outdoor factors that make a home a healthy place to live. While I was volunteering, many other

residents also commented on the lack of natural light in the common area as a concern that influences their mental health.



**Figure 10**

*For years we have had leaks in our ceiling. The ceiling is torn apart and looks atrocious. We still have leaks. The rain pours in and floods our basement and has on many occasions. What a mess cleaning it up. We hope to have it fixed very soon. I'd also like to see expansion of the size of windows in our basement for the purposes of sunlight coming in. We have no sunlight coming in. It would add to the basement's beauty and to both residents and staff's greater mental health.*

*Photographed by Lori*

Whether it was the aesthetics of neighbourhood gardens, access to public spaces such as the park, the presence of animals, trees or natural light, natural elements of the community emerged as important in every interview with the photovoice participants as influencing their mental well-being in a positive manner.

### **Social Environment: Importance of Respecting People & Public/Private Spaces**

Another theme that is linked to the experience of the neighbourhood was the importance that participants placed on behaviours and attitudes toward place. The theme of respect towards people and public places was a common thread throughout many of the pictures. Whether the images depicted an appreciation for living in a neighbourhood with friendly people and well-maintained homes and yards, or the need for respect towards people and places such as the park, the women used their photographs to link behaviours and attitudes towards place with their feelings of belonging and safety.

Without evidence that others also cared about the neighbourhood, participants did not

feel that the people surrounding them were working together to make the neighbourhood a welcoming and safe place for all. Visual cues of how others treated the community contributed to participants' sense of place, as the aesthetics of the neighbourhood were felt to reflect the attitudes that residents held towards the area in which they reside (Wylie 2009). Evidence of disrespect towards the neighbourhood evoked emotions such as anger and sadness, making them feel that other community members were not working towards similar goals of treating the area with respect. Yards, buildings and parks that were perceived as well-maintained evoked emotions of pride and a sense of belonging to the community. These areas and the friendly people that inhabited them made participants feel that the community was working together towards the goal of making the neighbourhood a healthy and happy place to live.

Despite being unsure of how to capture this idea in a photograph, a majority of the participants mentioned how much they appreciate having friendly and respectful neighbours. In her interview, one participant named Joan noted that when neighbours *“welcome us, talk to us, and people come in to work with us – volunteers....that makes us feel part of the community.”* Many residents were surprised that they were welcomed in what they perceived as an “elite” community, as discussed in Chapter 4. Many connected the way that people treat one another and their physical possessions to describe their feelings about the neighbourhood as a whole. When discussing her neighbourhood, for example, participant Sarah said:

**Sarah:** *The neighbours are just wonderful people...and the pets are lovely. Most people take good care of their houses here...and I think we kind of live in an elite community. It's got a lot of potential for older homes to be fixed up to look attractive. So I think the neighbours all strive toward that end to make their homes look attractive. They care what they look like.*

In addition to respect for others, the aesthetics of one's community was also deemed significant. Photovoice participants saw the project as an opportunity to show their appreciation for the beautiful century-old homes situated in Centretown. Several participants captured the beauty of the architecture and curb appeal of these homes in their photographs, emphasizing the importance of neighbourhood aesthetics to one's sense of place. The sight of a well-kept property or beautiful architecture was seen as important to many of the participants. Figure 11 is one picture chosen by Donna to display in the photovoice exhibit. Donna took this photograph to pay homage to community members who place importance on neighbourhood aesthetics.



**Figure 11**

*“Jocelyn in a neighbour’s front yard”*

*People in the community take really good care of their property. I appreciate the fact that they clean their property up and maintain it. Our neighbourhood is so beautiful that I like to stop and appreciate the beauty of a lot of the properties.*

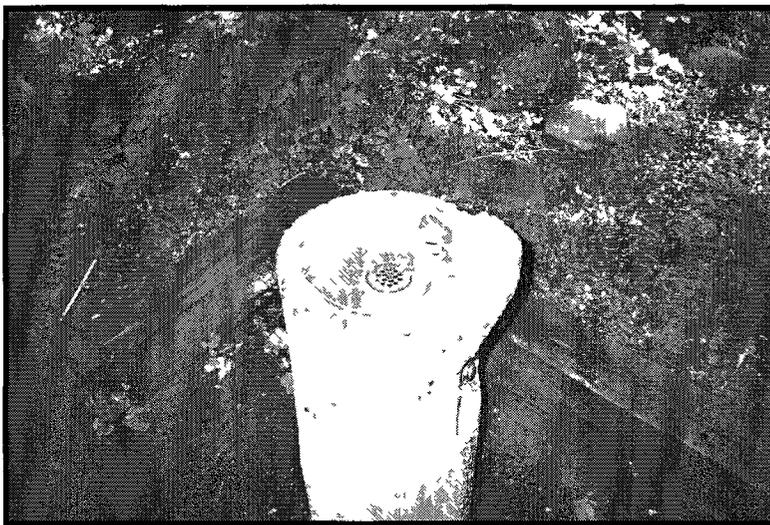
*Photographed by Donna*

In addition to neighbourhood properties, participants discussed and photographed the uses and abuses of public spaces such as the local park. One participant took a picture of a water fountain in the park to show appreciation for her ability to access resources such as fresh water. She got especially creative and wrote a Haiku about her photograph (see Figure 12). The water fountain is important, she explained because:

**Serena:** *Whenever I'm down by the Canal I'm just blessed to live in a country where I have water at my fingertips...I don't think that*

*people realize how lucky we are...Especially since I'm in a state of transition from coming to the shelter to here and you just realize a lot of things that you're lucky about when you go through such an amount of change.*

Her reflection on the importance of the simple things in life, such as access to fresh water and air, was a common feeling amongst photovoice participants. This finding highlights the importance of providing the resources that make public spaces inclusive to all, such as access to public water fountains and washrooms. These amenities are often removed from public spaces and parks due to the “undesirable” people that they are perceived to attract, stripping those who are resisted such as the homeless and marginalized of the ability to fully enjoy and utilize these spaces. While public amenities such as water fountains and washrooms may be difficult to monitor and maintain, they should not be removed from public spaces simply for the purpose of “getting rid of the homeless” or undesirable groups from these spaces (Mitchell and Staeheli 2006).



**Figure 12**

*“Water Fountain - A Haiku”*

*After a long walk  
Feels great to refresh  
yourself  
cold crisp cool water*

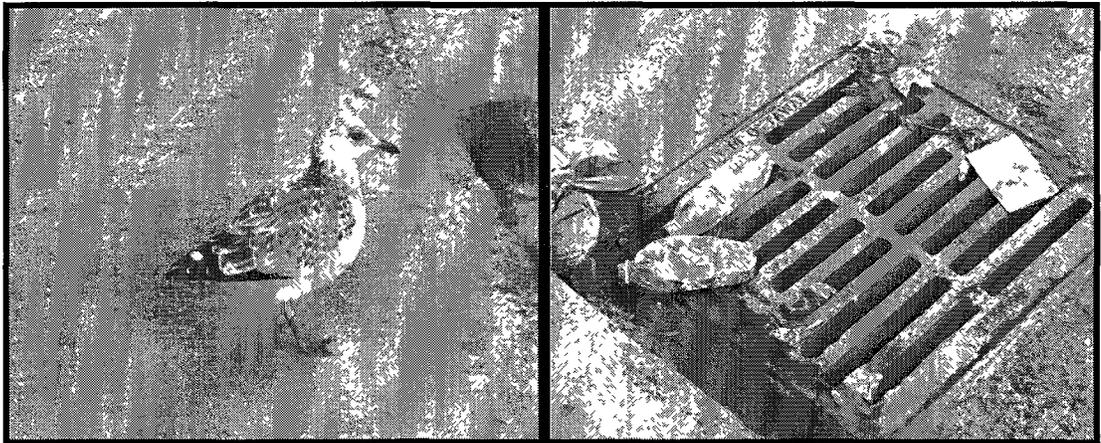
*Photographed by Serena*

Appreciation of certain aspects of the park such as water fountains and the chess table were highlighted amongst photovoice participants, in addition to the park for its important function within the community. The role of the park as a place for leisure and

relaxation was tied to the role of other green spaces in Ottawa, such as the Ottawa River. In her interview, one participant related the existence of littering and misuse of the park space to misuse of other natural elements in the city such as pollution in the Ottawa River and its impact on animals. Conversations and concerns with the park often stemmed from the greater need for community members to keep track of pollution and to protect our environment. Littering, in particular, was something that indicated disrespectful attitudes towards the neighbourhood. Sheila described her emotions attached to a certain experience while out taking photographs:

*One thing that really bothered me when I walked by somebody's premises and there were stairs going down and a crushed plastic bottle lying in the grass. The property would look very nice and neat and then somebody decides to drop their garbage there and not care how it affects people. You don't want to see litter all over the ground because it's disrespectful.*

To express the importance of her concern, she took a photograph of a seagull standing in litter, describing littering as “a disrespect to the city” (see Figure 13).

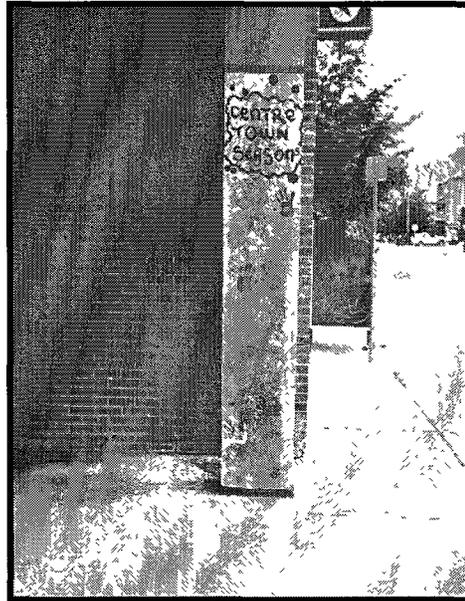


**Figure 13**

*I had a picture of the sewer down on Gladstone in a side street that has crushed pop bottles, some other stuff, and paper...just a whole bunch of garbage and a plastic bag. And I took a picture of a little seagull...I got a picture of him because prior to me taking a picture of the sewer he was standing amongst the litter and I think that is really bad. That disrespects the city, littering like that.*

*Photographed by Sheila*

Participants perceived evidence of others' disrespect towards the community, such as litter and graffiti, as a signal of disrespect for neighbourhood residents. A graffiti image of a woman with the word "Unwanted" written underneath it was seen as particularly hurtful to photovoice participants, as residents perceived the message of this image to be that women are not wanted in the community. This image was located in two places: one was about two blocks away from the supportive housing building on Bank Street, and the second on a Canada Post box directly outside of Cornerstone's women's shelter. A participant who had recently moved from the shelter mentioned that she wanted to take a picture of this graffiti and unfortunately forgot, but thought it was really important to mention. She commented that many of the women living at the shelter had noticed this graffiti stamp, which made them feel uncomfortable and unwelcomed in the neighbourhood. Graffiti made her feel "on guard" about what's going on around her. She took a photo of what she coined as "happy graffiti" which could be part of the solution to ending graffiti with negative messages (see Figure 14).



**Figure 14**

*"I would like to see more murals downtown to balance out the graffiti found. This picture has a Yin/Yang aspect – Graffiti on one side and a “helping hands” mural on the other. It takes many helping hands to stamp out or clean up graffiti.*

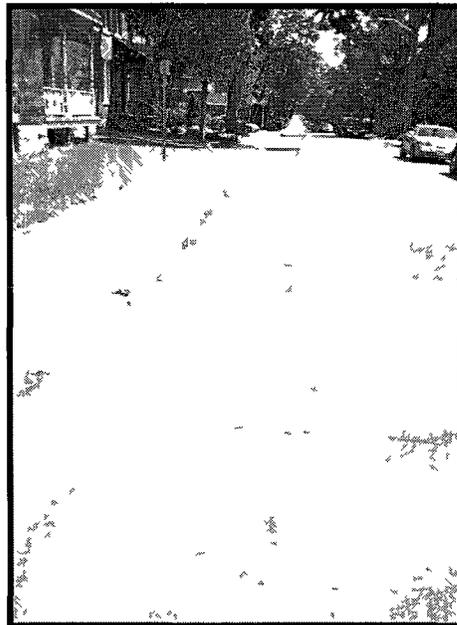
*Photographed by Janet*

Another photovoice participant also took many pictures of graffiti in her community. She explained that she took these photos because graffiti “shows disrespect to the community that we live in...that people don’t care.” These thoughts surrounding the appearance of the physical environment reveal that people’s imprint on the landscape has subjective meanings that are interpreted based on one’s identity and experiences. The happy graffiti, in this case, evoked a positive sense of place, while the image of the girl with “unwanted” written below made the participants feel a lack of belonging and respect in the community.

### **Social Stresses in the Neighbourhood: Safety, Neighbourhoods and Health**

In addition to the importance of living in a respectful environment, photovoice participants reflected on the social stresses present in their neighbourhood. Discussions of social stresses in the neighbourhood connected one’s experience with the physical and social environment to feelings of safety and well-being. One physical aspect of the neighbourhood that participants agreed would improve health was the creation of more bicycle paths. This aspect of the photovoice project results reveals the influence of one’s

lived experiences on their everyday geographies and understandings of place. One of the participants, for example, had an experience where she was struck by someone riding their bike on a sidewalk. She felt that if there were safe bicycle lanes, this incident would not have occurred. Another resident took a photograph of a bike lane near the supportive housing building, stating that if there were more bike paths that the community would feel more people-oriented rather than car-oriented (see Figure 15).



**Figure 15**

*I like the bike paths because they are safe. Bike lanes draw attention to people-oriented activities. It draws attention to the beauty of individual people. It makes healthy the people who do these pedestrian activities. I'd like to see bike paths on every street. It is a joy to see them and watch people participate on them. I think it would be safer for all involved, having more bike paths."*

*Photographed by Lori*

Bike paths were also seen as a way to make the neighbourhood a safer and healthier place to live. This link between health and safety was found across many aspects of the photovoice project. Participants expressed the need for places to feel safe and secure in order to be therapeutic and beneficial to their overall health.

The neighbourhood park represented a place that evoked safety concerns for different reasons. Participants perceived the park as a place with both therapeutic and untherapeutic qualities due to concerns for their safety in this place after dark. The park, which is situated across the street from the supportive housing building, demonstrates the

notion that places are not inherently therapeutic or untherapeutic. Depending on the time of day, time of year, and people who frequented the park, the women felt differently about this place. During the day, participants noted that the park was often a safe, therapeutic place in which they could cope with their mental illness through relaxation, access to natural light and fresh air, and interactions with members of the community. After dark, however, the park became a place to avoid due to the people who frequented it and the illegal activities that occurred. Residents explained that there is a beer store and a methadone clinic within view of the park, which attracts people into the neighbourhood that makes them feel unsafe. One resident took a photograph of the park and wrote an accompanying message to represent her feelings related to this issue:



**Figure 16**

*I took this picture of the park because it shows the beauty of the park without all of the use of drugs and alcohol that takes place there. This picture shows what the park was intended to be used for – walking, enjoying the scenery, dog-walking, and children playing in the park. A lot of that can't be done at times because there is a lot of fighting, arguing and police in the park.*

*Photographed by Sheila*

When discussing this photograph, photovoice participant Sheila explained:

*You find needles over at the park, drinking at the park. We have a community police centre there, so things need to be changed to make the park safer... to be able to sit in it, whenever anybody wants to, no matter what time of day or night...After dark I don't go out...because you've got all of the people drinking and yelling and screaming..*

There was an understanding amongst both staff and residents at the supportive housing building to avoid the park at nighttime. For many of the women, this avoidance was associated with a fear of verbal, physical and sexual assault by those who frequented the park after dark. I would argue that the perception of feeling unsafe after dark was one of the most pertinent issues recognized through the photovoice project, a point which raises an important temporal dimension to understanding the everyday geographies of women.

In addition to their safety concerns, participants commented on the public spaces where they feel a sense of safety. For the photovoice participants, these “safe places” were considered beneficial to the women’s mental health and coping strategies. One participant’s description of her sense of place within the Gladstone Salvation Army Community Church provides an excellent illustration of the importance of access to safe places at the neighbourhood level (see Figure 17).



**Figure 17**

*I took this picture of the Salvation Army Gladstone Community Church because I go there and I worship with them and I go to the coffeehouse every Saturday night. Every one’s welcome whether you’re a doctor, a lawyer, a rabbi or whatever. Whether you’re poor or rich or whatever... Every one’s welcome and it’s a place to be safe...and there’s no racism, name-calling, no swearing, and all that...it’s a place to feel respected and safe in the community.*

*Photographed by Serena*

While this was a “safe place” to one photovoice participant, places closer to home were considered safe to others. For some it was the rooftop garden, or simply the front stoop of the supportive housing building where the residents sit outside to smoke and socialize with one another. These safe places within the neighbourhood, while few and far

between, represented spaces where the women could relax, be themselves, and engage in health promoting behaviours such as socializing with others and engaging in an activity that they enjoy. Safe places played a key role in making the women feel “at home” in their neighbourhood, through encouraging a sense of belonging to the community.

### **Access to Neighbourhood Amenities and Services**

Access to neighbourhood amenities and services is the final theme that was important to photovoice participants. Participants reflected extensively on the significance of having access to services and stores within walking distance of their home. This theme can effectively be broken down into two sub-themes. The first sub-theme that emerged involved having access to affordable activities and information, while the second sub-theme included access to services and stores within walking distance of their home. Together, these sub-themes represent the importance of being able to access and afford the services and everyday items that were important to participants’ overall health and quality of life. These themes reveal the importance of understanding the health-place relationship in terms of complex and interrelated levels of women’s everyday experiences. While participants’ everyday geographies were influenced by intimate aspects of the neighbourhood such as their interactions with neighbours in the park, their everyday experiences and health were also influenced by the mixed-use urban form and character that is distinctive to this downtown Ottawa neighbourhood (Frumkin 2003). Participants’ everyday geographies and interactions, therefore, were influenced by processes that go beyond the “home” and neighbourhood level.

*Access to affordable activities and information in the neighbourhood represented one aspect of the photovoice project results. Figure 18 shows how one participant focused*

on newsstands with a specific focus on newspapers that do not cost money, as these papers provided an affordable way for them to stay in touch with news and events in the Ottawa community and beyond:



**Figure 18**

*Here's some local news boxes, which I like to see. Some people might say that they're an eyesore but I like them. I like them because some of the papers are free and you can see displayed whether you can afford the newspaper or not...You can see the front page and see what is going on in the world. I like that – you don't get to see that everywhere, you know?*

*Photographed by Lori*

Photovoice participants also commented on the importance of posters for free events in their community, such as posters for a Free Yoga Class in DunDonald Park. Participants felt that having events such as free Yoga classes in the park were beneficial to their health, and wanted to see more of these types of events in parks. In addition to posters about local events, some participants felt that advertisements for local agencies such as The United Way helped them to feel connected to the community in their neighbourhood:

**Sheila:** *I like how the advertising goes on around the city here in Centretown... If we don't have advertising then we don't know what's going on in our community...besides the CTV, the news stations and that. Some people don't get the paper, don't have TVs or radios and they depend on advertising within the city.*

One of the most important factors that influenced experiences of neighbourhood was access to services and stores within walking distance of one's home. A number of photographs taken presented elements of the participants' community that they

appreciated being able to walk to because of their inability to afford a car or other forms of transit. The participants were fortunate in that the supportive housing building is located in downtown Ottawa, providing residents with access to a variety of services and stores within blocks of their dwelling. The density and mixed-use urban form that exists in this neighbourhood provides an atmosphere where residents can walk to their medical appointments, clothing stores, the grocery store, banks and also to urban green spaces – an aspect of the neighbourhood that many participants viewed as crucial to their health and quality of life. This finding reinforces the importance of mixed-use urban form, especially for marginalized groups who may have limited mobility, in addition to the important role of urban planning in creating supportive and healthy neighbourhood environments.

Stores that participants appreciated included the local grocery store and more affordable places to obtain food. Participants also reflected on their appreciation for access to services such as banks including the Women’s Credit Union, the Centretown Community Health Centre and a local church. Easy access to these stores and services enabled the women to access proper health care supports, to manage their finances, and to purchase everyday items with ease. Throughout the process of taking photographs and doing the interviews, several participants commented that just “knowing” that they can access these services and supports so easily helped to relieve the stresses associated with everyday life. The location of the neighbourhood was one aspect that many participants considered beneficial to their health and quality of life.

Some of the places highlighted as important to participants in their neighbourhood included the local grocery store and affordable stores such as the local dollar store. One

participant appreciated her access to the dollar store so much that she chose this photo to display in the exhibit:



**Figure 19**

*I chose this picture because I like the dollar store. I like the dollar store because there are a lot of different things to buy there. You can get a lot for your money at the dollar store. The dollar store is close by. I can walk there or take the bus.*

*Photographed by Jessica*

The dollar store represented a place that was inclusive to all residents of the neighbourhood, in that it offered affordable, everyday items. Groups of women from the supportive housing building often went to the dollar store together in search of materials for activities such as drawing, colouring and crafts.

Another element of the neighbourhood that participants deemed significant was the existence of places to rest and relax. Coffee shops were described as places within the community where the women could relax, read, and talk to members of their community. Establishments such as the local “Second Cup” were seen as friendly places where the women could “*get out of the house.*” The local grocery store was also described by participants as a “*community-based place.*” One participant’s explanation of her photograph of the grocery store illustrates this point well:

**Sheila:** *There’s our local grocery store, “Hartmann’s, your neighbours” – I like how that’s written, you know? They mean it too. It’s very much a community based place. There’s a lot of food and a lot of people come and go within there.*

Almost every participant in the photovoice project took a photograph of the local grocery store as a place in the community that contributed positively to their health. While many would argue that this grocery store is very expensive, especially for low-income people, I do not think that the women saw the store in this way because their main groceries are provided through Cornerstone. Participants focused more on the people-friendly environment within the grocery store than their purchase of food items there.

When looking at services that were perceived as important by participants, access to a Women's Credit Union was one aspect of the community that many considered beneficial to their health and quality of life. One participant, Lori, took a photograph of this place to represent its significance to her life:

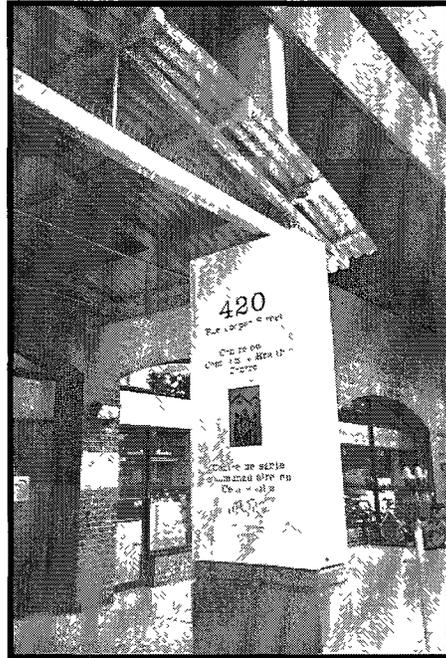


**Figure 20**

*“The Women’s Credit Union is important to me because it’s a women’s thing, it’s for women only...and they give loans to women who want to go into business for the first time...and they are very pro-women.”*

*Photographed by Lori*

The common theme amongst services that were appreciated in the community was that they were “women-friendly” and people-oriented. The people within these places made the women feel a sense of inclusion in the community. These places were also located within walking distance of the supportive housing building, making them easily accessible. Another service that was seen as particularly significant was the Centretown Community Health Centre:



**Figure 21**

*“Here’s our community health centre. I like this place. I go to it, and I have a doctor there, and I’ve been in therapy there. I sometimes go to their workshops there, their groups there. And it’s just a great place...they’re very friendly and people-oriented. They’re very pro-people here. It’s a great asset. Before there were community health centres, it was always the hospitals or the doctor’s office which is really sterile and very unfriendly places, you know.”*

*Photographed by Lori*

Through her photograph, Lori reflects on the importance of more social models of health care reflected through the community health centre model. She perceives the CCHC as a positive, people-friendly place to access health care in comparison to the bio-medical model of receiving health care from a hospital or at a doctor’s office. Having access to a welcoming and friendly place to access health care clearly benefitted her health in a way that she was using the proactive resources offered to maintain and improve her mental health. Another participant took solace in knowing that if she became ill, that she could effectively access healthcare in her neighbourhood. This aspect of her environment helped to reduce stress related to accessing healthcare services:

**Sarah:** *I think I live in a very privileged neighbourhood, a very high class, upscale neighbourhood, in comparison to say, people that live in the suburbs. And you can get around without a car here, which is wonderful. You can do most things without needing a car...And if you get sick, or something happens to you, there is always much more availability.*

Participants also reflected on the importance of having access to affordable transportation options in their neighbourhood. Whether it is infrastructure for bike lanes or access to

public transportation, participants' appreciation for access to bus service was highlighted.

When discussing her photograph of a local bus, one participant stated:

**Sheila:** *I did the Gladstone Street bus stop because buses are all over here...There's the #2, there's #14, 153 and you got the 1, the 7 and the 4 on Bank Street...So, it's nice to have the option of buses...and they're not far from where I live.*

Another participant, Jessica, took a photograph of the Ottawa City bus because, she explained, “*you can get on the bus and go wherever you want in the city.*” Access to affordable transportation allowed the women to get to appointments on time, to visit friends and family in other neighbourhoods, and to attend community events. Access to affordable transportation was especially important for those with physical disabilities who could not walk long distances. Considering that people who are on the Ontario Disability Support Program are able to get a discounted rate for their bus pass in Ottawa, some of the participants were able to afford a pass which allowed them to move around the city with ease. For participants who had a bus pass, these connections to areas outside of their neighbourhood gave them a greater connection to the rest of the city. Those who did not have a bus pass rarely traveled outside of their neighbourhood as they did not have the means to do so and were unfamiliar with the transit system.

### **Summary and Links to the Literature**

Links between this study and literature on sense of place and therapeutic landscapes, “home” and neighbourhood effect are apparent in the photovoice project results. A strong connection between health and sense of place was felt by participants in this study, with a focus placed on both the social atmosphere and physical aspects of their neighbourhood. Looking at the results overall, the four neighbourhood factors outlined above mirror those discussed in the CIHR report (2006) on health in urban places and the

findings of Ellen et al. (2001), which link the importance of both social and physical characteristics of the neighbourhood to health and quality of life. Further, these factors reveal a relationship between positive perceptions of neighbourhood and greater physical and mental health. Many participants perceived their health to improve after moving into supportive housing, when compared to their previous places of residence. This improvement in their health and quality of life was influenced by the physical characteristics of their neighbourhood, access to social networks, and the attitudes and activities of others that influenced their feelings of safety and belonging in the community. It is important to remember that this process of feeling safe and healthy was a result of the women's ability to develop social networks in a multitude of spaces both inside and outside of the physical "home" setting.

Many of the women discussed how their sense of community and support systems with the supportive housing building gave them the courage to venture out into the neighbourhood to make connections with neighbours and attend community events, thereby increasing their engagement and presence within public spaces in the city. This finding aligns with Klodawsky's (2009) argument that congregate living arrangements can provide a supportive environment that acts a home-base or springboard to claiming rights to the city. These social experiences within public spaces, in addition to their access to mixed-use urban form, public transportation and accessibility points in the city influenced their health and quality of life in a variety of ways.

When looking at the results of the photovoice project, it is evident that a multitude of factors are at play which serve to positively and negatively influence health and quality of life for the participants. One example that demonstrates the complexity of this

relationship is the importance that participants placed on having access to safe, relaxing places in promoting greater health. These findings relate to the results of recent studies which highlight the health promoting qualities of access to quality green spaces, such as the reduction of stress and greater self-reported health (Korpela et al. 2008; Weden et al. 2008). Adding to these findings, this research also suggests that access to both green and public spaces can encourage the development of social ties with neighbours and a sense of belonging to the community.

In this research, having access to everyday spaces that encourage feelings of safety, relaxation and stress-relief was linked to improvements in participants' health and quality of life. This was particularly important for this group as all of the participants were engaged in an ongoing process of healing and attaining stability in their lives. As discussed in the social determinants of health literature, stressful living conditions are an underlying cause of poor health. When one lives in stressful conditions, it is difficult to engage in behaviours that benefit one's health, such as spending time outdoors or engaging in an exercise routine (Mikkonen & Raphael 2010). For the women involved in this study, public spaces such as parks provided these relaxing spaces that contributed to addressing mental health issues such as anxiety and depression. Additionally, many of the women gained strength from the support that they felt from staff and other residents within the supportive housing building. Having access to places of social support and healing was deemed especially important because many participants had experienced abuse in the past in addition to struggles related to the stigma of being low-income and having a mental illness. Their experiences with both the physical and social aspects of

these environments are what gave places within their neighbourhood and their home therapeutic qualities.

Agnew's (1987) work provides a useful reference to discuss the women's experiences of neighbourhood and home, which, as you will recall, identifies three fundamental aspects of place: location, locale and sense of place. While the photovoice participants in this study are located in the city of Ottawa, their sense of place is not tied to the city in its entirety. The locale, or neighbourhood in which they live, represents the place where most participants had developed a sense of belonging and attachment through their social relations with others in this place. Through their experiences, participants attached meanings and emotions to certain places within their physical dwelling and their neighbourhood. These attachments to place were formed not only through becoming familiar with the physical attributes of their neighbourhood and home, but also through establishing social ties to the community by interacting with neighbours, fellow residents, staff and volunteers. Through these experiences, the women developed what Eyles (1985) would term different "senses of place." Participants felt a "social sense of place" through their social ties and interactions with people in their neighbourhood and their home, and an "instrumental sense of place", by becoming familiar with the goods, services and opportunities provided in their neighbourhood. Many of the participants, for example, took great pride in their knowledge of the stores and services nearby to their home, often providing assistance to new residents in navigating their neighbourhood.

The sense of place that participants felt in certain places in their neighbourhood emerged through an examination of the places photographed in the photovoice project. Many residents, for example, felt a strong sense of place in the public park across the

street from the supportive housing building. This place took on the role for many as an everyday therapeutic landscape, a place that contributed to their physical, emotional, spiritual and mental health in a holistic way (Gesler 2003). As discussed earlier in this chapter, the local park during the daytime became a place for the women to de-stress and to enjoy the outdoors while feeling a sense of safety and belonging in the community.

The park was also a place where many of the women developed “therapeutic networks” through meeting their neighbours and their neighbours’ pets and developing networks of support and care in their community (Williams 2002; Milligan et al. 2004). While these social ties were not as strong as the women’s ties with their fellow residents, knowing a little bit about their neighbours and saying “hello” made them feel part of the community in their neighbourhood. For someone who is fortunate enough to have access to a large social network of family and friends in their lives, a simple “hello” from a neighbour may not seem significant. For many of the women involved in this study, however, their social networks and support systems consisted primarily of staff, volunteers, co-residents and the people in their neighbourhood. This feeling of being part of the social environment in the neighbourhood, therefore, was perceived by participants as beneficial to their health. This finding aligns with those of other countries such as England where neighbourhood-based policies have been enacted, recognizing that “neighbourhoods where people know each other and trust each other and where they have a say in the way the community is run can be a powerful support in coping with the day to day stresses of life which affect health” (cited in Morrow 2001). For the previously homeless women in this study, the social atmosphere of the neighbourhood was especially important due to their lack of extended networks. This finding has implications

for planning urban spaces that are conducive to social cohesion such as parks, especially for marginalized groups who often feel socially excluded and isolated from society.

Similar to previous research on everyday therapeutic landscapes, however, this research found that one's experiences and identity influence the ways in which places are experienced (Kearns and Gesler 1998). Several Cornerstone residents, for example, discussed their avoidance of the park after dark due to their fear of sexual assault. Some suggested that if there was more police presence in the area, they would feel more comfortable walking through the park after dark. This change in the women's feelings and emotions towards the park depending on time of day reflects the reality that places are dynamic and can be experienced differently depending on a number of factors (Cummins et al., 2007). The park was not only seen as a therapeutic place, but also as an untherapeutic place depending on the time of day and the individuals who inhabited this place (Williams 2002; McDowell 1999). This finding reflects a trend common in research about women's access to public spaces, which finds that women are often indirectly excluded from public space because they fear for their safety (McDowell 1999).

Other places in the neighbourhood where participants felt a sense of place, such as the Women's Credit Union, The Salvation Army Gladstone Community Church and the Centretown Community Health Centre were important to the women because the people in these places made them feel a greater sense of belonging to the community and a sense of safety. Participants explained that they took photos of these places because they were "people-friendly", respectful and safe places, reflecting upon the importance of the social environment to their health. The common thread that links these "therapeutic" places is

what they represented to the participants – affordable and accessible places where the women felt a sense of inclusion in the community.

The participants' sense of place and belonging to the neighbourhood were also influenced by processes occurring at a multitude of places. Within their physical dwelling, feeling a sense of safety, security and belonging was also of utmost importance for the maintenance of health and well-being. The non-traditional networks of social support that the women accessed within the supportive housing building gave them the strength to wake up every morning and to work towards the maintenance and improvement of their health. The garden on the rooftop of the supportive housing building, for example, provided an excellent place for the women to build social networks and a sense of pride through planting flowers and vegetables together with volunteers, staff and other residents. As discussed above, one resident developed a sense of pride through her involvement in the planting of vegetables on the rooftop garden, and considered the rooftop her "safe place." To a majority of the participants, their physical dwelling itself was considered a therapeutic space.

As discussed in Chapter 4, however, notions of home were also fraught with memories of when participants did not have a place to call "home" due to living in abusive situations or being homeless. In comparison to places where they had previously lived, participants described Cornerstone supportive housing as a therapeutic place - a place to begin healing and to get back on their feet again. Having access to safe, therapeutic spaces enabled these women to work towards greater mental health, a finding that is inline with therapeutic landscapes literature on everyday places that contribute to health (Gesler 2003; Williams 1999a; Williams 1999b; Andrews 2004; Smyth 2005).

Participants described many therapeutic qualities attached to their “home” including social supports, comfort, access to both private and communal spaces, and feeling safe. The women’s experiences of their physical dwelling were interconnected with their experiences of the neighbourhood, as many associated both their neighbourhood and their physical dwelling with feelings of social support, safety and comfort. The majority of participants who felt that where they live is a “home” also felt a sense of safety and belonging in their neighbourhood, and several participants referred to their neighbourhood as their “home”. This understanding of the connections between health, feeling safe and developing a sense of belonging could have important implications for planning more inclusive and safer cities for women. Most notably, these findings identify the importance of planning cities where women have access to adequate and safe public spaces where the building of social networks and a sense of belonging to one’s community can be developed. For marginalized women who have had difficulty maintaining independent housing, having access to therapeutic spaces in public, private and semi-private congregate living settings is of great importance to their well-being and the process of establishing a place to call “home”.

While it is important to note that the participants’ feelings of “home” were each very personal and reflective of their individual identities and experiences, the process of beginning to feel at “home” was shaped by the environment in which they lived and the networks of social relations that they created in these places (Rose 1995; Easthope 2004). Their sense of belonging and place was derived not only from within their private rooms, but also from their interactions with others in the communal space within the supportive housing building and in their neighbourhood. Similar to studies conducted on the

relationship between feelings of belonging and self-rated health (Dunn and Hayes 2000; Pampalon et al. 2007), participants reflected upon how their satisfaction and sense of belonging in the neighbourhood contributed to their mental well-being and overall quality of life. Several participants noted, for example, that they did not feel “at home” while living at a homeless shelter or while living in an abusive environment as a child. They linked these periods of their lives to times of poor mental health, loneliness, unpredictability and poor overall quality of life. A common reason as to why participants associated these places with poor health was because they did not feel a sense of safety or belonging in these environments.

Similar to the study by Wilson et al. (2004) which examined the relationship between self-rated health and perceptions of physical neighbourhood aspects, participants also discussed how neighbourhood aesthetics affected their well-being. For the photovoice participants, neighbourhood aesthetics alone were not enough to promote health and well-being. Their social interactions with others and development of a sense of belonging to the community within these places were what made them significant. The women attributed their feelings of being “at home” in the neighbourhood to feeling socially accepted and welcomed. Participants attributed their sense of belonging to their interactions with neighbours in certain locations, such as talking to nearby neighbours while sitting on their front porch and in the park.

Although the physical environment itself was not perceived as an important influence on health, the aesthetics of the neighbourhood *were* understood as an indicator of the health of the neighbourhood’s social environment. The perception that others respected and appreciated the neighbourhood was an important aspect of feeling a sense

of belonging and “home”. Whether this was through treating others with respect or treating the physical environment with respect through maintaining one’s property and the avoidance of littering, participants noted that these demonstrations of respect made them feel good about where they live. Evidence of disrespect towards people and places in their neighbourhood made the women feel “on guard” and that they were not living in an environment that contributed positively towards health. Fortunately, most of the participants in this project found more evidence of respect than disrespect in their neighbourhood, making them feel that members of the community were working towards a common goal of keeping this place safe, healthy and clean. While the physical appearance of the neighbourhood had both therapeutic and untherapeutic qualities, participants articulated that for the most part, their interactions with people and places within this neighbourhood contributed positively to their health and quality of life.

When comparing these results to those of the St. James Town (SJT) initiative in a Toronto neighbourhood (Haque, Rosas & Anderson 2008), the importance of perceptions of place for health is highlighted. Unlike the newcomers who participated in the SJT Initiative, the participants in this study were fortunate enough to have access to quality park facilities and a multitude of services such as a community health centre within walking distance in their neighbourhood. Between the two studies, however, some of the same fears existed around accessing public spaces at night, which negatively influenced participants’ abilities to fully participate in the social and physical environment of the neighbourhood. Since the participants in the Cornerstone photovoice project had access to quality park facilities and a safe environment during the day, however, they were able to reap the health benefits of public space more effectively than the newcomers in St.

James Town. This comparison reveals the importance of having access to safe public spaces in the neighbourhood for both physical and mental health. While there is not a multitude of studies using participatory methods to determine neighbourhood significance, the few that have been completed reveal the importance of sense of place at the neighbourhood level, a factor influencing health and quality of life that requires more attention both academically and politically. The importance of including those with lived experiences of the neighbourhood is crucial, as it becomes evident through this research that these individuals have an extensive knowledge of their neighbourhood's strengths and limitations, in addition to suggestions for improvement based on their own knowledge and experiences.

## **Conclusions**

The findings of the photovoice project reveal the complex nature of the participants' perceptions of public spaces in their neighbourhood. Through a discussion of their photographs and their personal experiences, participants revealed that their interactions at the neighbourhood level had a significant influence on their mental health and quality of life. Their experiences in different places, however, varied depending on different contextual factors such as the time of day and the people who inhabited these spaces.

The women saw places in their neighbourhood such as the local park as a therapeutic space during the day, for example, and un-therapeutic at night. When the movie night was put on by a local community group, however, the park became a safe and therapeutic place to go after dark. This finding points to the need to analyze place from a relational perspective. With the right interventions, such as the creation of a

community movie night in this case, public spaces that were previously deemed unsafe and avoided quickly became spaces of community cohesion that helped the participants to develop a sense of belonging to the neighbourhood. Social interactions with members of the community such as these helped the women to develop a sense of “home” in their neighbourhood that positively influenced their health and quality of life.

## **CHAPTER 5: Conclusions – Moving Forward**

### **Introduction**

The goals of this research are both activist and academic in nature – to give back to the research participants by raising awareness about the issues that they face and to contribute to literature on health and sense of place by looking at how previously homeless women who now live in supportive housing perceive their neighbourhood and home. This final chapter serves to demonstrate how I have met the objectives outlined in the introductory chapter, to include some final thoughts and discussion about the research results, and to provide suggestions for further research related to this topic. To address the activist elements of this research, I provide recommendations for change at different levels created through a discussion of the photovoice project results with the research participants. These recommendations represent the participants' views on how places can be changed to improve their health and quality of life. Many of these suggested changes, however, would serve to benefit the health and quality of life of not just the participants, but also that of other members of the community, citizens of Ottawa, and beyond. My hope is that these recommendations assist in raising awareness about the ways in which many different places can be made more inclusive and healthy, especially for marginalized women.

### **Do Neighbourhoods Matter? Overview of Research Findings and Objectives**

The first objective of this thesis was to examine the significance of neighbourhood for previously homeless women who now live in a supportive housing community. Through a discussion of the photovoice project results, it becomes clear that neighbourhoods play an important role in influencing quality of life for these participants.

The participants spend a large proportion of their time within the spaces of their household and the surrounding neighbourhood, making these places especially significant factors that influence their health and quality of life. When asked what neighbourhood meant to them, participants often cited the neighbourhood as composed of “coming together spaces” where people work together in different ways towards a common goal of creating a safe, healthy and happy place to live. Many of the women explained that they felt part of the community in their neighbourhood because of positive interactions that they had with neighbours, staff and fellow residents. The aspects of the neighbourhood that were deemed most significant, however, included the existence of social support networks that the women benefited from in their everyday lives. Within the semi-private space of the supportive housing building, participants had access to a range of social supports from staff members, co-residents and volunteers who came in to take part in a variety of social activities. In addition to the supportive atmosphere within their physical dwelling, participants articulated their appreciation for the supportive and welcoming neighbourhood that they live in. Participants’ interactions with neighbours, no matter how small or insignificant they may have seemed to others, served to positively influence their overall health and quality of life. Many participants felt that the benefits that they derived from living in supportive housing gave them the ability to engage in activities in their neighbourhood because they were finally living a place where they felt a sense of “home” and belonging. The ability to access and benefit from a stable and supportive living environment allowed them to begin a journey of healing and transformation that they could not begin when they did not have a place to call “home.” Their experiences at one place, therefore, were intricately tied to their experiences at other places.

Looking at the second objective, which seeks to examine the relationship between neighbourhood and home for the participants, I found close links between the women's perceptions of neighbourhood and feelings of home. For many of the women, their feelings of being "at home" extended beyond the privacy of their bedroom to the communal area of the supportive housing building and their neighbourhood. Their feelings of safety within the neighbourhood, however, often were dependent on the provision of municipal services such as policing in the park to prevent illegal activities from occurring there. Women who felt "at home" in their physical dwelling also tended to feel a sense of safety and belonging in their neighbourhood. Attributes ascribed to meanings of home such as feeling part of a community, having social interaction with other people, being comfortable, living in a predictable environment and feeling safe were also similar to the women's perceptions of certain spaces within their neighbourhood.

These networks of social support that existed within the home and neighbourhood spaces can be described as therapeutic networks. While "home" had represented an untherapeutic and often unsafe space to some participants in the past, their experience living in supportive housing made them consider their current "home" to be a therapeutic space. Their interactions with people and animals in certain places within the neighbourhood such as the park and the community church also gave these sites certain therapeutic qualities. Their experiences within these therapeutic spaces of the neighbourhood and the home allowed for them to become engaged in a process of healing from past events such as experiences of trauma and the fire. While this conclusion does not mean that any given place is solely therapeutic or untherapeutic in nature, the

women's positive experiences within their current neighbourhood and physical dwelling tended to overwhelm the negative, providing an environment conducive to feeling "at home" in both places.

The third objective involved identifying neighbourhood factors that the women perceived to influence health and quality of life. This objective was largely met by the photographs and photo-elicitation interviews. Through this process, as discussed previously, four main neighbourhood factors were highlighted. Whether it was access to public green spaces, the social environment of the neighbourhood, social stresses such as fear and safety concerns in public space or access to neighbourhood amenities, these factors were linked to the women's experiences in different places throughout the neighbourhood. These factors were highlighted as significant because of their direct influence on the participants' ability to achieve and maintain a healthy lifestyle and optimum quality of life. Amongst other social determinants of health such as income, housing status, disability, gender and social exclusion that influenced their perceptions of these places, the participants' everyday experiences in certain places in the neighbourhood influenced their sense of place, which in turn influenced their health.

In an attempt to bring attention to the ways in which sense of place can be heightened and quality of life can be improved, I worked together with the participants to meet the final objective of raising awareness about how neighbourhoods can be made more supportive places for women who have experienced homelessness. This objective involves bringing attention to the participants' needs and concerns to prevent future episodes of homelessness and unstable housing situations. As many of the participants made links between where they live and their health, these recommendations provide

guidelines for ways in which neighbourhoods can be made safer, more inclusive places.

The recommendations have been broken up into priorities at different scales and levels of government, including changes that could be made at the neighbourhood or community scale and changes that may be more appropriately enforced by municipal, provincial and/or federal governments.

### **Recommendations/Priorities at Different Levels of Government**

The complex nature of social relations and the neighbourhood environment means that meaningful changes cannot simply be made by one group or level of government.

Tackling the root causes of poor health and quality of life at the neighbourhood level requires effective communication and teamwork between individuals, community groups and all levels of government. Some of the recommendations reflect aspects of the participants' neighbourhood that they had access to and consider important to their health, while others represent aspects of the neighbourhood that the participants wanted to change. These recommendations, therefore, raise awareness about the ways in which neighbourhoods can be made more supportive and healthful places to live.

### **Neighbourhood Level**

Issues that could be addressed at the neighbourhood level involve actions that could be taken on by individuals and community groups. Members of the community have a key role to play in addressing neighbourhood concerns and challenges identified through this project, through actions such as taking part in and hosting inclusive community events, and demonstrating respect for their physical environment by keeping it a clean and safe place to live. The first recommendation is to host more inclusive events in places in the neighbourhood such as the park, providing opportunities for

people to meet one another, socialize and work towards positive goals. Examples of these types of events include: hosting a community garbage clean-up event; establishing a community garden; hosting more free events in the park such as yoga and movie nights; and encouraging community members to provide free entertainment in the park to showcase their talents and skills. Ensuring that free and low-cost activities are available allows events to be accessible to all members of the community, thereby encouraging greater social cohesion amongst all individuals who wish to become engaged in their community.

The second recommendation involves encouraging more community beautification projects that work to prevent further graffiti vandalism in the neighbourhood. While it was recognized that these initiatives would have to involve collaboration between the neighbourhood and municipal level, this recommendation was placed in this section due to the need for community groups to demand these types of projects. Participants recommended that negative graffiti images throughout Centretown could be diminished if local graffiti artists were provided with their own spaces. As one participant noted, the “happy” graffiti located on the poles in front the Centretown Community Health Centre (CCHC) represented just one small example of how graffiti could be applied in a positive way. The development of a graffiti management strategy has occurred at the municipal level in Ottawa, but it is up to the residents of Centretown to utilize the resources provided by the city to make change happen. While reporting graffiti with discriminatory messages was deemed especially important, preventing these areas from being defaced once again was considered even more crucial. Initiatives such as the city of Ottawa’s “Paint-it-up!” program for at-risk youth could represent part of the

solution in this matter, in combination with individual and community consultation and involvement. This program, for example, is responsible for the “happy graffiti” on the poles at the CCHC that one participant photographed. These images provided a much better alternative to the images that participants have seen which degrade women and denote a lack of respect for the neighbourhood.

The final recommendation at this level involves an increased use of creative and engaging participatory initiatives such as photovoice projects to get people more involved in making change at the neighbourhood level. The participants agreed that people who live and experience this neighbourhood on a daily basis represent those who best understand how to make it a safe and healthy place to live. Engaging citizens through the municipal process through committees and meetings, the women argued, is not an inclusive way to involve all community members, especially those who feel uncomfortable in these formal settings. More participatory initiatives would provide an interesting, engaging and inclusive activity for people of all age groups to work together towards change in a neighbourhood. These initiatives would also assist in building community cohesion and social networks. The participants suggested that community groups and places such as the CCHC could establish photovoice “working groups” in an attempt to build community and to engage more residents in the process of change.

### **Municipal, Provincial, Federal Levels**

Although it is difficult to separate the recommendations based on the actions of different levels of government due to their interconnectedness and the need for collaboration between all groups to address local issues, there are some concerns that require action outside of the neighbourhood level. This need to go beyond the

neighbourhood level demonstrates the need to address underlying structural issues that may prevent neighbourhoods from being supportive and healthy places to live. These concerns, which include the lack of affordable and supportive housing in neighbourhoods with sufficient social services and the need for increased police presence in public places, represent social and economic structural issues.

The first recommendation for different levels of government is to work together to invest in more supportive housing similar to the more flexible CC approach based on client choice and empowerment. An example of this approach is Cornerstone supportive housing, whereby residents are not forced to move “up” to independent housing. Participants articulated that the process of healing and attaining greater health occurs slowly, and therefore the supportive housing options that offer a permanent place to heal and call “home” should be seriously considered as a housing solution, especially for women. Participants attributed much of their quality of life to living in a place where they felt “at home” that was equipped with the supports needed to prevent future episodes of homelessness. Some of the participants had never experienced a sense of “home,” safety or belonging before they moved into the supportive housing building. As a result, their health and quality of life improved, providing them with the confidence to get involved in activities outside of their home and to build social networks within their neighbourhood. While approximately 850 supportive housing units currently exist in Ottawa, the Ottawa supportive housing network (2009) estimates that another 2000 supportive housing units are needed. While Cornerstone’s recently opened 42-unit supportive housing facility for women on Booth Street offers exciting promise for those who will reap the benefits of

this communal environment, many more units are required to provide adequate housing and supports to vulnerable women in the Ottawa area and beyond.

The participants also stressed the importance of placing supportive housing developments in areas where the appropriate resources are present, such as access to a Community Health Centre, affordable and adequate transportation and quality green spaces within walking distance. Participants argued that their quality of life and health would be negatively affected if they did not have such direct access to these services and places to relax. Those who moved to another location while the supportive building was being renovated due to fire, quickly realized the importance of their neighbourhood in their health and quality of life, as they were no longer able to walk to their favourite places such as the park, the grocery store or their local coffee shop. This experience made them appreciate their access to neighbourhood amenities even further as it made them realize what life would be like without access to these services and stores.

This recommendation points to the importance of mixed-use urban form, especially for low-income individuals who may have difficulty accessing services that are not within walking distance. This suggestion attests to the need to look at policy that influences housing from a social determinant of health framework at many different levels, including local, provincial and federal governments who work in conjunction with non-profit organizations to fund and administer affordable housing initiatives. While affordable housing in itself is important, policy makers need to consider what supports and services need to be in place to ensure housing stability, such as access to education, employment, healthcare and healthy recreational opportunities (Mikkonen & Raphael 2010). In many cities, this means that affordable housing should ideally be situated in

dense, mixed-used urban form and service-heavy neighbourhoods that are becoming increasingly attractive and expensive places to live.

This recommendation is also related to the need for more ‘right to the city’ initiatives that educate and raise awareness about the right for marginalized individuals to inhabit spaces within the city in both private and public spaces (Mitchell 2003). Some examples of ‘right to the city’ initiatives include changing zoning by-laws that prevent developments such as homeless shelters from being placed in certain neighbourhoods, and opposing or managing processes of gentrification in downtown areas that lead to the displacement of vulnerable populations such as low-income renters.

The second recommendation is aimed primarily at the municipal level as it relates to the enforcement of city by-laws regarding building maintenance, bicycling on the sidewalk and littering. Participants saw the lack of enforcement of these issues as evidence of a lack of attention and respect for their community by authorities. Suggestions for improving this situation included the need for more community awareness and education campaigns regarding the importance of avoiding littering, rules surrounding bicycling, in addition to the enforcement of certain building codes to improve the cleanliness and appearance of the neighbourhood. Physical solutions included providing more educational signage about city by-laws and more garbage and recycling bins in public places. While these changes may seem trivial to some, these factors are important to neighbourhood satisfaction and enjoyment.

The third recommendation is to encourage the city to increase the presence of community police patrols and adequate lighting in the park to improve feelings of safety amongst residents and control crime in this area. Increased lighting in the park could

serve as a method of crime prevention through environmental design, as people carrying out illegal activities in the park would no longer be concealed. If addressed, this recommendation would be beneficial to many members of the community. Through my discussions with community members, Cornerstone staff and residents, and my own personal experiences, the issue of safety in the park is a well-known issue and a concern of many women in the neighbourhood. In addition to the photovoice exhibit, another way to address this concern could involve conducting a safety audit with women in the community. A safety audit involving women from the neighbourhood could highlight gender-specific issues related to safety. The City of Ottawa funds a group that conducts safety audits called the Women's Initiatives for Safer Environments (WISE). A safety audit by WISE involves attending at a site with members of the community, assessing safety issues together and creating a plan to address deficiencies. The execution of this plan involves following up with stakeholders to monitor and encourage implementation of recommendations. This agency could serve as an excellent resource in addressing the issue of safety in the park. As a result, we have contacted WISE to ask them for their assistance in addressing the issues that were highlighted by the photovoice project. I will continue this work with the women as part of my continuing volunteer role at Cornerstone.

The fourth and final recommendation for levels of government beyond the neighbourhood level is to ensure access to affordable transportation for low-income residents. While some of the women involved in this project purchased a bus pass, this purchase was often only affordable because they received a cheaper rate due to receiving Ontario Disability Support Benefits (ODSP). Several participants commented that they

do not know how low-income individuals who are not receiving ODSP benefits can afford to purchase a bus pass. Another solution to this problem involved increasing the number of bicycle lanes in their neighbourhood to allow for residents to feel safe using this more environmentally friendly and cost-effective form of transportation.

The recommendations provided reflect the importance of working together and including community voices in making changes and evaluating current local initiatives. Including voices at the community level in decision-making represents a model that is more inclusive and reflective of the reality that those who live in the neighbourhood are the most knowledgeable about its strengths and weaknesses. By including the voices of marginalized people in particular, we work toward involving those whose voices are often unheard, yet mean the most in terms of improving health and quality of life for citizens. The health of vulnerable populations needs to be made a priority by governments, and part of this work can be done through including these groups in enacting place-based policy.

### **Suggestions for further research**

To make further suggestions about how places can be made more supportive and healthy, especially for marginalized populations, more research is required. Future research is needed to explore meanings of home and neighbourhood for women from different backgrounds to reflect how multiple axes of identity influence women's experiences of place. With the understanding that gender is a social relation, further research should include men's perspectives to develop a better understanding of how their perspectives differ from women. More in-depth qualitative studies are also required in socially contrasting neighbourhoods, to see how experiences of these places differ and

the extent to which place-based factors influence health and quality of life. This research may have yielded much different results if the participants were living in a more resource deprived area, or if the group of participants came from different backgrounds.

Longitudinal research on this topic would also be helpful in revealing how neighbourhood change influenced the participants' health over time, recognizing that places such as neighbourhoods are constantly undergoing change. It would also be helpful from a comparative perspective if participants in different types of housing situations became involved in this longitudinal research. It would be interesting to compare the responses from people who are living in homeless shelters, supportive housing, stable housing situations and those who are homeowners to see how they compared and contrasted with one another. The results from such a study would provide more in-depth insights into how different social determinants of health, everyday geographies and identities influence overall health and quality of life. My interest in such longitudinal studies is related to the need for more evidence-based strategies for improving the lives of people who are the most marginalized and stigmatized.

### **Final Conclusions**

While it is difficult to generalize the results of this study due to its smaller scope, the results of this research present a salient message to policy makers and healthcare providers – that the place in which one lives plays an important role in influencing their overall health and quality of life. This “place”, however, refers not only to one's physical dwelling, but also to public spaces such as the neighbourhood and the decision making practices that occur at many different levels of government that serve to influence access to social and economic resources.

Although this research specifically examined the experiences of previously homeless women who are now living in supportive housing, the results reveal that the participants' needs and desires were not different from any one else's in many ways. Every one appreciates and has the right to access safe places where they feel a sense of "home" and inclusion. The issue is not that these women are different, but that individuals faced with mental illness and other disadvantages often encounter difficulties accessing these safe, respectful spaces and feelings of "home" and belonging in both their physical dwelling and the surrounding neighbourhood. The positive experiences of the women who participated in this study is a direct reflection of the careful consideration and importance by Cornerstone in deciding where to place the supportive housing building, the provision of supports provided within their home, and their access to therapeutic spaces and networks in the surrounding neighbourhood. The positive social atmosphere may exist partly as a result of the work that Cornerstone has done in educating community members about their important work, but it also speaks to the development of an inclusive community atmosphere in the neighbourhood through different social events such as the free movie night or yoga in the park.

Participants' reflections on their past experiences of living in homeless shelters or in other locations where they did not feel a sense of safety or belonging provide evidence that one's sense of "home" and housing stability is linked to living in this supportive, safe and welcoming environment. While there is not a "one-size-fits-all" solution to ending homelessness, the findings of this research attest to the value of appropriately situated supportive living arrangements as part of the solution to homelessness rather than part of the problem, especially for marginalized women. These findings also suggest that taking

a relational approach to the analysis of health and place is crucial because this approach recognizes that in order for positive change to occur, a multitude of different actors and levels of government need to become involved in creating solutions. Neighbourhoods are dynamic and complex places with problems which require the involvement of many different voices and groups to solve, in addition to funding and support from different levels of government.

From a health promotion perspective, the findings of initiatives that empower individuals to determine what is most important to them and their health can lead to greater self-awareness, the building of social capital and increasing their sense of political effectiveness. By looking at how people experience place differently from a gendered perspective, this research also informs understandings of the links between health, place and identity that go beyond the experience of the traditionally private “home” environment (Williams 2002). Through the development of a greater understanding of the complex factors that influence one’s health and well-being, academics, governments, non-profit groups, individual citizens, healthcare providers and community organizations can work together toward creating safer, more inclusive environments, especially for those whose very presence is often resisted and stigmatized.

## **Appendix A: House Manager's Letter of Support**

Tuesday May 18<sup>th</sup>, 2010

To Whom It May Concern:

I am writing this letter in support of the photovoice project "Exploring Neighbourhood Significance through the Eyes of Women Living in Supportive Housing", to be conducted by Jocelyn Plane, an M.A. candidate in the department of Geography at Carleton University. I understand that the objectives of Jocelyn's thesis are to conduct a photovoice project with the women living in our supportive housing development in an effort to both develop a better understanding of the relationship between neighbourhood, home and quality of life, and to raise awareness about ways in which neighbourhoods can be made increasingly supportive for women who have experienced unstable housing situations.

The idea for this project has come at an excellent time for Cornerstone as an organization, as the women living at our supportive housing development on 515 MacLaren Street recently experienced a fire that led to the death of one of our residents and forced the remaining residents to relocate temporarily. Since returning to MacLaren Street in April 2010, the residents have begun to slowly readjust to life at this location. This photovoice project offers an excellent opportunity for these women to continue in their process of healing and gaining a sense of belonging in the neighbourhood. While many of the women have opinions and concerns about the neighbourhood surrounding our MacLaren Street development, they have not yet had a formal opportunity to voice their opinions and ideas about how it could be improved. Conducting a photovoice project about the neighbourhood would also allow for the women to become involved in an activity that takes their minds off the events that have occurred inside the building over the past several months. This project is also timely given we are opening another supportive housing program within the next year and we can use the findings to assist us in making good choices for the tenants.

I would also like to mention that I have met with Jocelyn and her supervisor, Dr. Fran Klodawsky, to develop strategies to ensure that this project is a positive, constructive and safe experience for the women. The women who participate will have the opportunity to have a fully trained staff member present in the room while being interviewed to ensure that the women receive appropriate support during the interviews, especially in cases where the women become triggered or upset. The women will also be able to request that Jocelyn accompany them to take pictures in their neighbourhood.

Overall, I believe that this project will be an excellent opportunity for the women living in Cornerstone supportive housing to develop skills in photography and to get involved in a project that seeks to make the surrounding neighbourhood a more supportive and welcoming place for themselves and the community as a whole. Ultimately, this project will assist Cornerstone in fulfilling our commitment to public education and advocacy for women, in addition to our efforts to provide safe, affordable housing and to end

homelessness. On behalf of Cornerstone, I look forward to working with Jocelyn in pursuing this photovoice project.

Sincerely,

Nicola Dunn

## Appendix B: Letter of Introduction

### Letter of Introduction

Jocelyn Plane  
Department of Geography  
(613) 520-2600 ext. 1722  
jplane@connect.carleton.ca

Fran Klodawsky  
Department of Geography  
(613) 520-2600 ext. 8689  
fran\_klodawsky@carleton.ca

Date:

Dear Participant,

#### Introduction

I am a graduate student in Geography at Carleton University. As the main researcher for this project, I want to learn more about how you experience your neighbourhood to find out how it could be improved. The purpose of this letter is to explain to you what this research is about before you agree to participate.

#### Description of the Research

The goal of this research is to understand better how the neighbourhood influences the health and lives of women living in supportive housing. I want to learn with you how your neighbourhood might influence your health and life. I also want to know what the word “home” means to you.

This project involves taking pictures of places that are important to you in your neighbourhood. Before you take pictures, an optional workshop will be held at 515 MacLaren to learn new skills related to photography. To take pictures, a disposable camera will be provided. You will also be provided with a journal if you would like to write down thoughts that come to mind about your neighbourhood when you take your photographs. You can choose to show what you have written in your journal to the researcher, or to keep what you have written private. I will be available to come with you to take pictures of your neighbourhood if you want me to come along.

After taking the pictures, I will ask you why the pictures are important to you and why you took them. I will also ask questions about what neighbourhood and “home” mean to you. A Cornerstone staff member can be present at the interview if you would like them to be. The interview will take about 1 hour. Your words and experiences will remain completely anonymous and will be recorded with a digital recorder. The interview file will be deleted to protect your anonymity once the research is over. At the end of this project, you will have the option to display some of your photos in a public exhibition if you feel comfortable doing so.

#### Benefits

You may benefit from this research by telling others how your neighbourhood can be improved. You may also benefit by learning photography skills.

Potential Risks (Injury, Discomforts, Inconvenience)

Talking about your neighbourhood may make you feel uncomfortable. You can skip any question you don't want to answer. You can also end your participation in this study at any time. Should you decide to withdraw you may decide at that time if I may use the information you have provided or you may request that it be destroyed.

Compensation

You will be paid twenty dollars for your participation in this study. You will also receive copies of each picture that you take.

Contact Information

If you are interested in participating or have any questions or concerns, please contact me. My phone number and email address are provided at the top of the page. Please leave your name and number so that I can contact you. If you require further information, please contact my supervisor, Dr. Fran Klodawsky. Her information is also provided at the top of the form.

This research has been reviewed and received ethics clearance by the Carleton University Research Ethics Committee. If you have any concerns or questions about your involvement in this study, you may also contact the ethics committee chair. The contact information for the chair is provided below.

Professor Antonio Gualtieri, Chair  
Carleton University Research Ethics Committee  
Office of Research Services  
Carleton University  
1125 Colonel By Drive  
Ottawa, Ontario K1S 5B6  
Tel: 613-520-2517  
E-mail: [ethics@carleton.ca](mailto:ethics@carleton.ca)

I appreciate you taking the time to consider participating in this study.

Thank you.

Sincerely,

Jocelyn Plane

## **Appendix C: Informed Consent Form**

### **Informed Consent Form - Do Neighbourhoods Matter?**

I have spoken with Jocelyn Plane about the project, “Do Neighbourhoods Matter.” I have read and understood the letter of introduction. I \_\_\_\_\_, agree to participate in this research, which is a part of Jocelyn Plane’s Masters Thesis research. I understand that this research will look at how the neighbourhood influences my health and life.

I will participate in this photovoice project, including taking photographs and doing an interview, under the following terms:

- I understand that this project will involve taking photographs, doing an interview, and, possibly a group discussion about the photographs.
- I understand that the risks related to participating in this project involve the possibility of feeling uncomfortable while talking about my neighbourhood. I understand that if I feel uncomfortable that I may withdraw from the interview or choose not to respond to certain questions.
- I understand that there are also risks in this project related to the protection of my anonymity due to the small number of women living in Cornerstone housing. To minimize this risk, I understand that my name will not be used in the research results. I also understand that the audio recordings of the interview will be deleted after the completion of this project in 2011.
- I understand that I have the right to withdraw from the research at any time, regardless of the reason. I understand that I will still receive the 20 dollar compensation if I withdraw early.
- I understand that the researcher will not use any of my photographs in her research unless direct permission has been asked. I understand that the photographs that I have given the researcher permission to use will be kept by the researcher for use in her thesis and presentations of this research.
- I understand that I have a right to listen to any recordings of the interview. I have the right to suggest changes or to add new information. I also have the right to keep what I have written in my journal private if I do not wish to share it with the researcher.
- I understand that if I provide the journals to the researcher for this study, the journal will be returned to me once the research is completed in the summer of 2011. The journal will be stored in a locked filing cabinet. I understand that if the researcher cannot locate me within 6 months after the research is completed, my journal will be

destroyed to protect my anonymity.

- I understand that the information from the interview will be used by Jocelyn Plane for her thesis research and her supervisor, Dr. Fran Klodawsky.
- I understand that I have the right to see the results of this research. I also understand that the results will be provided to me in a summarized format once the project is over in 2011.
- I understand that my contributions to this project are valued and important.

Participant:

Researcher:

Date:

## **Appendix D: Research Instrument – Interview Guide**

### **Semi-Structured Interview Guide**

The questions below represent the topics that will be covered in the interview. While the questions may not necessarily be asked as is, the themes of the interview are accurately represented by these questions.

**Location:** 515 MacLaren Street, Cornerstone Supportive Housing Building

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Thank you for agreeing to participate in this study. I really appreciate that you are willing to share some information with me about your neighbourhood and your experiences living in supportive housing. Before beginning, I want you to know that this interview will be an opportunity for you to speak about the photos that you took as part of this project, and to talk about how your neighbourhood influences your health and life. Feel free to decline to answer any questions that you do not feel comfortable answering. I will start with some general questions about neighbourhood and home, and then we will talk about your photos.

#### **General Questions**

I will start by asking you some questions about your neighbourhood.

#### **Neighbourhood related Questions**

1. What does “neighbourhood” mean to you?
2. What area do you consider part of your neighbourhood?
3. What do you think about your neighbourhood?
4. Do you feel that your part of the community in your neighbourhood?

Now I will ask you some questions about your “home”.

#### **Home Related Questions**

4. What does “home” mean to you?
5. Do you consider the place in which you live to be a “home”? Why or why not?

Now we will talk about the photos that you have selected.

#### **Questions About Photos Taken:**

For each photo, these questions will be asked. This section of the interview will be less structured and exploratory in nature. Questions 2-6 are considered prompts for discussion.

1. Why did you select this picture as important to discuss?
2. What do you see here?
3. What is really happening here?
4. How does this relate to your life?

5. Why does this situation, concern or strength exist?
6. What can be done about it?
7. Is there anything you would like to add about your photos that we have not yet talked about?
8. This is the end of my questions. Do you have any questions for me?

**Thank you very much for doing this interview with me. I appreciate the time you have taken to answer these questions!**

## Appendix E: Cornerstone Photovoice Exhibit Speech

Hi every one,

First of all, on behalf of every one involved in this wonderful project, I would like to thank you for being here.

We are even lucky enough to have the councillor for this ward, Diane Holmes, at the exhibit! Thank you for coming!

Over the past three months, 9 amazing women living in Cornerstone supportive housing have worked extremely hard, taking photos of places in their neighbourhood that are

- Important to their health and quality of life
- Things that they would like to see more of
- Things that they would like to change

As you will see by looking at the different frames and photographs taken, each woman has their own unique perspective of the neighbourhood and how it is significant to their lives.

One common theme that emerged across all of the photos, however, is that to each individual who took part in this project, neighbourhoods matter.

Whether it is the friendliness of the people who live inside or next door to this house, or the beautiful park across the street, each person has taken this project as a way to express their appreciation of their surroundings.

Please enjoy the photographs and messages that accompany them – they represent a lot of hard work and determination, dedication, waiting for good weather, laughs, emotions, and much, much more.

Welcome every one to the Neighbourhoods Matter Exhibit. We hope that you enjoy it!!

## Appendix F: Photovoice Projects Results Summarized (provided to participants)

Good Things about the neighbourhood that Contribute to Quality of Life & Health	Things That We Would Like to Change
<ul style="list-style-type: none"> <li>• Trees</li> <li>• People who treat the environment and animals with respect</li> <li>• Friendly Neighbours, staff and volunteers at Cornerstone</li> <li>• Natural light</li> <li>• The Park in the daytime</li> <li>• Neighbourhood Gardens</li> <li>• The Rooftop Garden</li> <li>• Animals (wild animals and pets)</li> <li>• Drinking fountains/water in public places</li> <li>• Beautiful buildings/architecture</li> <li>• Building and yard maintenance</li> <li>• People friendly services such as the Women’s Credit Union, Hartmann’s, Coffee shops</li> <li>• The Centretown Community Health Centre</li> <li>• The Gladstone Salvation Army</li> <li>• Churches in the area - St. Patrick’s</li> <li>• Access to transportation (bus routes nearby)</li> <li>• Access to Information – Flyers, newspapers, advertisements, community notices</li> <li>• Murals and “happy” graffiti</li> <li>• Green spaces for animals and people</li> <li>• Our front step area because it is a safe and friendly place to be</li> <li>• Living in a supportive community of women</li> </ul>	<ul style="list-style-type: none"> <li>• We need more bike lanes to feel safe</li> <li>• Too much littering and disrespecting the environment for both people and animals</li> <li>• Graffiti on public and private properties</li> <li>• People riding bicycles on the sidewalk</li> <li>• The Park at night (because of the beer store and the methadone clinic nearby, and lack of safety there at night)</li> <li>• People that disrespect the park by littering, leaving needles there</li> <li>• The hole and leak in the ceiling in the basement – we need more natural light in the basement</li> <li>• Parking meters on side streets</li> <li>• Lack of parking at Cornerstone for volunteers/service providers/staff</li> <li>• We need more green/wild spaces for animals and people</li> </ul>

## Appendix G: Letter Writing Campaign Template

Monday May 9<sup>th</sup>, 2010

Recipient/Organization Name  
Address

Dear \_\_\_\_\_,

We are a group of women who live in a supportive housing building \_\_\_\_\_ (in your riding, in your ward, in your neighbourhood). The purpose of this letter is to let you know about some of the concerns we have about our neighbourhood.

We would like to begin by thanking you for all of your hard work in making our community a better place to live. We would also like to tell you more about the results of the photovoice project that we were involved in last summer. This project involved residents of the supportive housing building going out into the neighbourhood and taking photographs of things in Centretown that influenced their lives. Between the 9 women that took part, there were a lot of things that we had in common. We really like that this neighbourhood has a lot of gardens, trees and parks. We also really like that we have access to many stores and services like the Centretown Community Health Centre in our neighbourhood. There were also a lot of things that we wanted to change.

As women, we are writing this letter to ask for your support in making certain changes in Centretown. There are three things about the community that we are particularly interested in tackling. Firstly, we would like more bike lanes to feel safe riding our bikes in the city. If there were more bike lanes, many of us would use bicycles to get around the neighbourhood. We find bicycling to be a very healthy and environmentally friendly form of transportation and bike lanes would encourage more of this activity. We are also concerned with the amount of graffiti that we see on public and private properties around Centretown. While graffiti can be beautiful, some of the graffiti in our community is disrespectful towards women. Our final priority is making DunDonald Park a safer place to pass by after dark. Women don't feel safe walking through the park at night and sometimes even during the day due to some of the unsafe activities people partake in at the park. These activities are unsafe to themselves and others.

We would really like it if you would consider taking action against these issues to make Centretown a safer, healthier and happier place to live for every one, including yourself/yourselves!

Thank you for your time taken to read this letter. We would appreciate any support in these matters.

Sincerely,  
Signed, 515 MacLaren Residents, (including several who did not partake in the photovoice project)

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