Mobilizing Creativity: Planning for Housing Justice

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ABSTRACT

The housing crisis is multi-dimensional. Housing needs to be looked at through the lens of a human right and core determinant of health. From a social, environmental and community planning perspective housing justice requires the mobilization of creative alternatives for housing intervention. In order to address incomplete processes that shape our current paradigm we need to challenge the status quo. Marginalized communities experiencing housing insecurity require community support that bridges infrastructure gaps for navigating the systems that govern those processes. The health and well-being of communities is dependent on housing, social programs, employment potentials and accessibility to available resources.

FOREWORD

My MES Major research has contributed to fulfilling the learning objectives outlined in my plan of study by engaging with a critical examination of planning for housing crisis intervention in creative ways through the lens of housing as a human right and core determinant of health.

4.1.1 To obtain the knowledge and skills necessary to meet the program requirements of the Ontario Professional Planners Institute for candidate membership.

The MES major research has provided both a practical and experiential understanding of the roles of planning, development, and social service provision, especially housing. Planning is interdisciplinary and collaborative. In the context of my major research the CARE program proposal acts as a learning strategy for extending existing partnerships amongst a diverse range of professions which requires the alignment of stakeholders, actors and communities.

4.1.2 To develop a good understanding of theory in urban planning in order to understand how planning processes may be used as a tool for or against housing justice.

The MES major research provided a medium for developing an understanding of the relationships between infrastructure and land-use planning in order to analyze the housing crisis from multiple perspectives. Urban planning is a powerful tool that shapes the ways in which we interact and engage with the many facets of our environment. I define urban planning as a series of spatial strategies encompassing complex processes that are constantly changing with evolving political, economic and environmental landscapes. In the context of my major research the policy brief acts as a learning strategy to convince decision-makers to take urgent action.

4.2.1 To gain in-depth knowledge of the complexities involved in the housing crisis in order to understand alternative methods for housing justice intervention.

The MES major research provided me with the experience of developing an alternative method for housing justice intervention. Frameworks are essential for determining how the

implementation of planning processes contribute to land-use decisions; policies; and development of infrastructure. Therefore, the influence of planning provides methods for intervention within the context of the housing crisis. Through the CARE program proposal, I was able to apply theoretical frameworks to the development of strategies for alternative paths that lead to non-market housing in order to determine how housing justice interventions may be mobilized by community planning, as well as social policy and governance more broadly.

4.3.2 To gain expertise for how to mobilize creative participatory methods research to support my research.

The MES major research provided me with experience in preparing a proposal to mobilize creative participatory methods research and intergroup dialogue. Engaging with theories of intersectionality, feminism and race contributed to the development of a theoretical framework for a future qualitative research proposal after graduation due to limited time and resources.

DEDICATION

This research is dedicated to my family and friends that have guided me on this path, supported me on this journey and inspired me along the way.

For my cat, Oscar.

ACKNOWLEDGEMENT

Much gratitude to my supervisor Dr. Laura Taylor for her extraordinary insight, mentorship and expertise.

LIST OF FIGURES

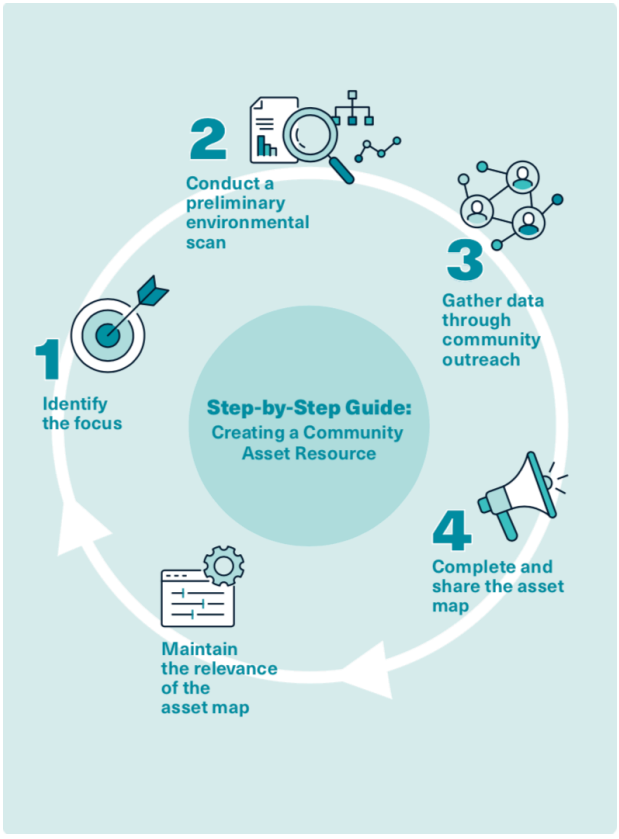


Figure 1: Canadian Institute for Social Prescribing (CISP, 2025). *Community Asset Mapping Guide for Social Prescribing*

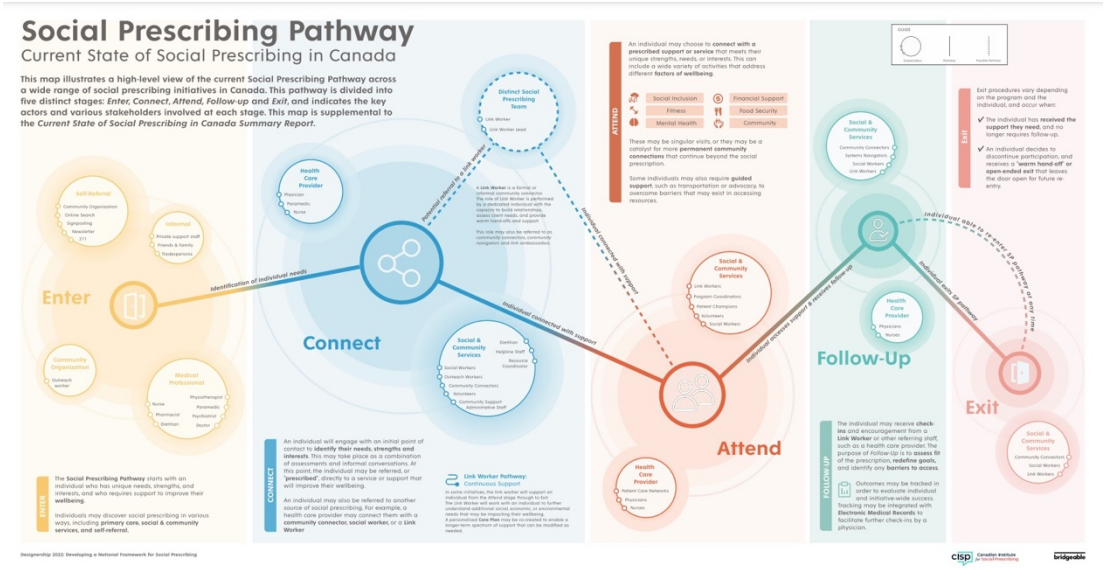


Figure 2: Social Prescribing Pathway Map, (CISP, 2025)

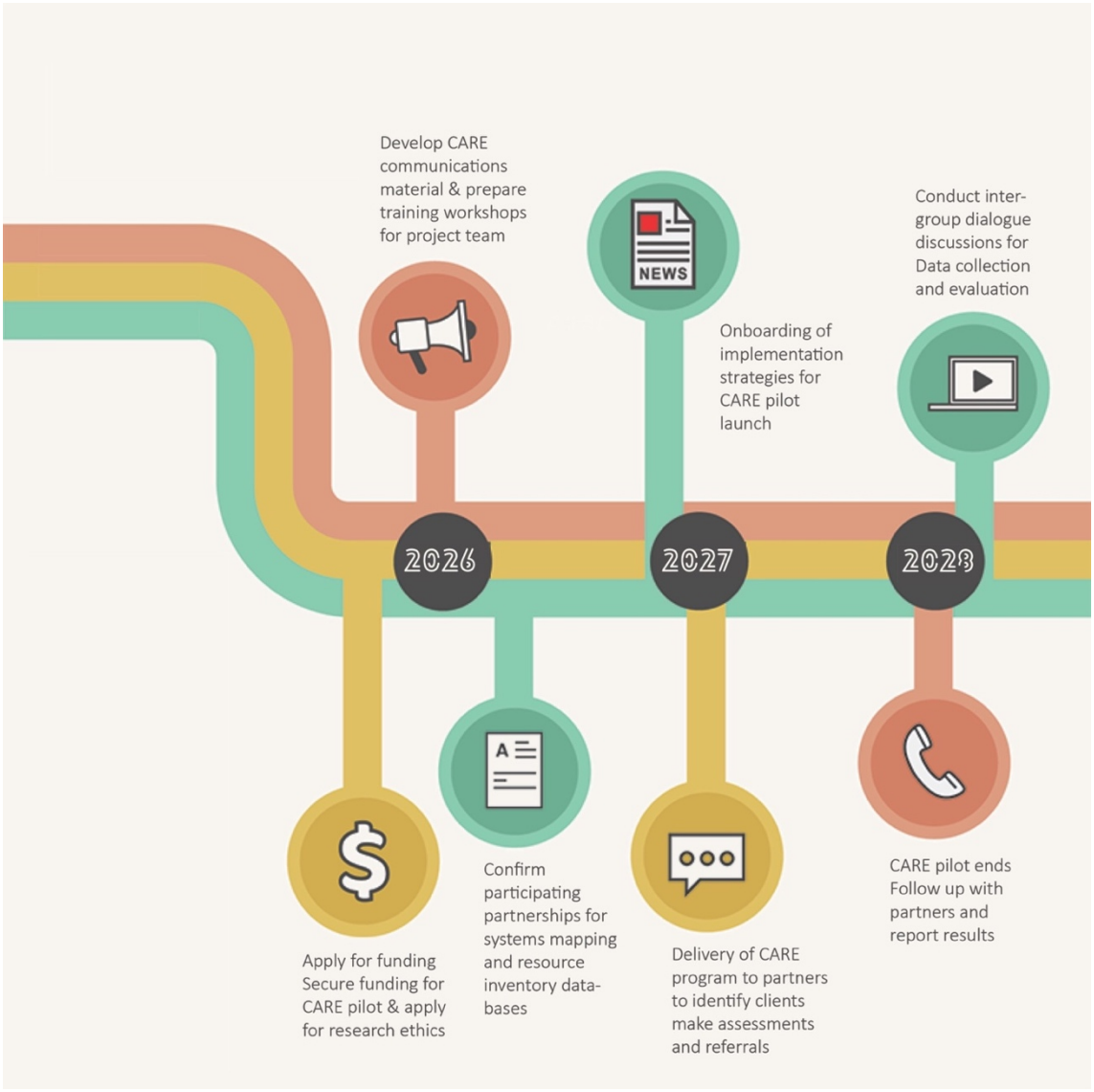


Figure 3: CARE pilot program timeline, (Genest, 2026)
Design adapted from (CANVA, 2026)

INTRODUCTION

My MES Major research portfolio includes three written deliverables that represent a cumulative approach of my research. The first paper is a policy brief that will be presented to the Ontario Ministry of Health describing the rationale for why the CARE program is seeking funding and support for a pilot project. The second paper is a proposal outlining details for the design, development and implementation of a program I have envisioned based on a four-pathway strategy towards housing justice involving Community, Activism, Rights and Education (CARE). The CARE program will provide a practical application for a pilot project which will be guided by terms of reference to UHN and the 'Social Prescribing Network'. Third, a reflection of my research journey will provide an overall summary of my process and explain how the three components of this portfolio fit together.

The policy brief provides a demonstration of a foundational understanding for how policy-making relates and can potentially support the development of CARE program initiatives. Policy-makers need to critically examine the future of housing provision in ways that respond to the fundamental shift that is occurring in the current housing paradigm. Perspectives that go beyond systemic failures and embedded inequalities found in the dominant supply and demand discourse. Through the lens of housing as a human right and core determinant of health, accessibility and sustainability of non-market housing is at the forefront. Without the appropriate expansion of community support, marginalized communities will continue to face barriers and experience harmful consequences that affect well-being.

Through the CARE program proposal, I was able to apply theoretical frameworks to the development of strategies for alternative pathways that lead to non-market housing from both infrastructural and land-use planning perspectives. In order for the complexities of the housing crisis to adapt to housing justice landscapes, urban planning processes need to intervene in the early phases of development to include strategies for the diversification of housing typologies, infrastructures and land-use strategies. Integrating housing and healthcare contributes to the mobilization of creative pathways for bridging gaps that exist in current housing systems

through the expansion of social prescribing networks leading to supportive infrastructures for housing security.

The reflection of my research journey contextualized my research questions and outlines how the most relevant literature in my review had the most influence on my work. Within the context of housing crisis intervention, how can urban planning processes and policy implementation provide tools for housing justice? How can planning tools mobilize creative pathways for navigating the current housing system and simultaneously lead to supportive infrastructure for housing security? In other words, how can planners integrate alternative housing provisions into the urban planning process in order to make connections to existing supportive services through the expansion of social programs? Furthermore, how can planning processes contribute to integrating housing and healthcare as a form of both social and public infrastructure?

Policy Brief: Policy & Planning Tools for Housing Justice

INTRODUCTION

The housing crisis is a multi-dimensional issue that requires multi-dimensional strategies (Dengler & Lang, 2022). The province of Ontario must embark on a coordinated approach that considers housing as long-term public healthcare infrastructure (UHN, n.d.). The scale, complexity and urgency of the problems we currently face demands alignment between all levels of government and stakeholders (Bourgault & Smits, 2018). Drawing upon existing efforts to address the crisis, positioning access to housing not only as a human right but as our most foundational component for well-being is of fundamental importance (Whitzman, 2024).

Rights inspire hope.

OBJECTIVES

This policy brief is a call to action for the Ontario Ministry of Health, Ontario Ministry of Municipal Affairs & Housing and the Ontario Ministry of Infrastructure to coordinate an approach to housing and healthcare policy that embeds funding into non-market housing as a core component of the expansion for public healthcare infrastructure. The provincial ministries of Ontario need to strengthen partnerships with municipal agencies in order to prioritize the development of more effective and streamlined operational and funding strategies across all federal funding stream platforms, agreements and contracts ending in 2028 (HICC, 2026).

Regardless of political agendas, housing is a fundamental determinant of health and community asset required for healthy communities to thrive. A shift in the current housing paradigm is occurring due to changing perspectives surrounding the built environment (UHN, n.d.). Principles that support the development of housing as essential infrastructure are positioned as a core determinant of health and grounded in a human rights framework (CAMH, 2022). This framework is organized through an analysis of data that describes how policy tools can align with key funding strategies and planning systems in order to support the integration of social-infrastructure focused housing provision in our communities.

In Ontario, the scale of the housing crisis has revealed the need to shift our perspective from the dominant market housing supply and demand discourse (Kipfer & Sotomayor, 2024). Housing crisis intervention requires the prioritization of embedded healthcare and community integrated approaches for the development of initiatives that prioritize responsibility for collective well-being, strengthen existing partnerships and new housing models that can be successfully reproduced based on evidence and shared resources (UHN, n.d.).

The design and implementation of housing justice-oriented policies need to reframe housing as long-term public healthcare infrastructure and provide access to housing similar to the delivery of public services and social infrastructure. Policy integration offers a view of planning that allows us to integrate plans, programs, operations, decision-making and the impacts of implementation (Alexander & Faludi, 1989). Policies that embed housing into healthcare infrastructures are essential to the development of actionable strategies for housing justice that go beyond the perpetual loop of housing precarity. At the same time, policies need to remain adaptive in order to reflect constantly changing landscapes and policy debates in ways that are symbiotic and impactful (Neumann & Øverland, 2004). Housing and healthcare are central to community and of inseparable importance.

Challenges & Opportunities: <u>Network Governance Structures and Policy Integration</u>

Currently, the provincial "government is spending more to treat the symptoms of a broken system without investing in solutions (White, 2025, p. 4)".

Fragmentation of governance represents a key challenge for housing and healthcare policy integration (Gagnon & Kouri, 2008). It is evident that silo-based management of resources, conflicting priorities and misalignment in policy and infrastructure funding strategies result in jurisdictional and financial challenges (Whitzman, 2022). Policy integration is required for the development of funding strategies, sharing expert-driven resources and an on-going knowledge exchange across the many platforms and numerous agencies engaged in health, housing and social services (MHCC, 2011). From a planning perspective, policy integration allows for the recognition of a broader scope of consequences, evaluating impacts to offer alternatives and

creates consistency across levels of governments for the execution of policy mechanisms and processes (Stead & Meijers, 2009).

Governance practices across all levels of government require systematic improvements, co-development policy strategies and intersectoral coordination across agencies (Cocina et al., 2025). Rather than separating health and housing systems the integration of these sectors requires network governance for the formation of housing and healthcare policies (Bourgault & Smits, 2014). The removal of jurisdictional challenges for housing providers is required in order to streamline funding opportunities (Whitzman et al., 2022). Providing housing as infrastructure demands consistent assessment tools, new planning systems and coordinated cross-sector management (Stead & Meijers, 2009). Planning systems as policy mechanisms are required for improved network governance and policy integration in order to create consistent policy goals, decision-making and policy-making processes that minimize contradictions, redundancies and other challenges (Stead & Meijers, 2009).

Recommendations: <u>'Housing is Health' Infrastructure: Physical, Social and Institutional</u>

According to Housing Infrastructure Communities Canada (HICC), "The expansion of social infrastructure—the spaces, services, and systems that foster community connection and well-being—is currently taking center stage in 2026, driven by massive federal investment, a focus on housing-enabling amenities, and a push toward sustainable, inclusive development".

Key policy framework recommendations are based on a 3-tier policy strategy involving an integrated physical, social and institutional approach inspired by reference to Cocina et al., (2025). According to Stead & Meijers (2009), the most vital component of policy is action on the ground with practical outcomes. Practical examples are required to demonstrate effective operational policies through evidence-based data involving accessible community outcomes in order to establish performance measures for successful housing delivery (Bourgault & Smits, 2014). In order to fill gaps that currently exist in housing justice landscapes a comprehensive resource inventory database linked to land inventory, properties, property owners, property operators, property managers and referral networks is required (Whitzman et al., 2022).

1. <u>Community Planning & Partnerships for Housing Development</u>

The formation of public-community partnerships is imperative to our collective well-being and requires the physical foundations and hard infrastructures that provide the material places, environmental grounds and institutions that foster social interaction, access to services, and community resilience (Cocina et al., 2025).

1.1. Identify and utilize publicly owned land more effectively by integrating housing as an extension of existing or potential public infrastructure investments such as, hospitals, schools and churches (UHN, n.d.). This approach reflects the concept of developing planning systems that identify housing a form of public healthcare.

1.2. The provincial government needs to coordinate and operationalize a comprehensive resource inventory using systems mapping strategies that integrate and manage databases for the identification of potential land acquisition and property vacancies for non-market housing development (HICC, 2024).

2. Housing and Social Policy Integration for Healthy Communities

Housing and social policy integration requires a sociological approach for streamlining community planning systems that combine resources for development, operations and management (Stead & Meijers, 2009). Since policy discourses are produced through social relations which then interact with various practices of governance, the integration of healthcare and housing policies that support housing as essential infrastructure need to invite stakeholders to address systemic gaps and reduce barriers (Cocina et al., 2025).

2.1. Partnerships among housing-justice ministries, agencies and organizations should demonstrate the advancement, operationalization and delivery of healthcare in housing models that include social programs, service delivery and community hubs (UHN, n.d.).

2.2. Funding for long-term strategies that provide access to comprehensive systems mapping for connecting local networks of service delivery programs with housing

providers including broader, inter-related systems is required in order to reduce bureaucratic burdens (HICC, 2024).

2.3. Co-production methodologies that advance planning systems, databases and resources need to include more effective monitoring in order to evaluate the impact of policies on communities at the intersection of inequalities and exclusions (Fabris et al., 2026).

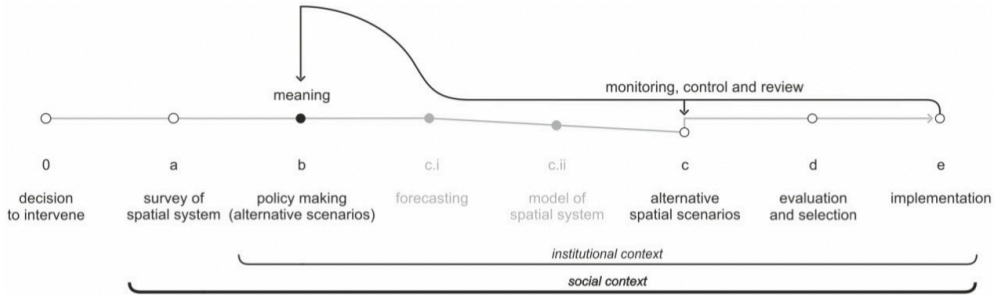


Figure 1: The sub-processes of collaborative spatial planning according to Healey (Lagopolous, 2018).

3. A Horizonal Approach for Network Governance and Intersectoral Coordination

Institutional, financial, and governance mechanisms allow for the delivery of public services and collectively shape the complex and evolving discourses that are constructed, consolidated, challenged and transformed (Cocina et al, 2025). Therefore, contracts and agreements between federal and provincial governments require streamlined planning, assessment and coordination strategies that focus on dedicating funding to housing policy and investments for housing as critical infrastructure. In order to reduce the financial and social burden on municipalities, municipal agencies require a substantial increase in the allocation of provincial funds in order to effectively support, manage resources and operationalize housing and healthcare as a public infrastructure investment (Kipfer & Sotomayor, 2024).

3.1. A network governance structure approach defines clear roles among leadership; coordinated access points for reference; and an expansion of housing partnerships between private, non-profit and public sectors versus siloed traditional approaches (Gagnon & Kouri, 2008).

3.2. Horizontal intersectoral coordination among each level of government and between agencies at the same level is required in order to avoid conflicts over decision-making, planning and implementation processes and strengthen existing partnerships (Bourgault & Smits, 2014).

3.3. The provincial government should provide implementation incentives for the co-production, planning and provision of housing in alignment with social development priorities (Fabris et al., 2026).

3.4. The federal government needs to provide funding for the Ontario Ministry of Health to improve horizontal governance structures between the Ministry of Municipal Affairs & Housing and the Ontario Ministry of Infrastructure for the implementation of a more collaborative approach to housing and healthcare policy-making.

3.4.1 Ontario Ministry of Health

Provide more stable funding for the operationalization of soft infrastructures such as databases, resource inventories and service delivery programs in order to more effectively manage resources that align with the integration of housing and healthcare.

3.4.2. Ministry of Municipal Affairs & Housing

Focus on policy approvals that leverage public land acquisition; co-locate public facilities through partnerships with the Ontario Ministry of Health, municipalities and non-profits; and facilitate construction and development for more effective management of funding streams for hard infrastructures in collaboration with the Ontario Ministry of Infrastructure.

3.4.3. The Ontario Ministry of Infrastructure

Facilitate the co-location of public facilities that prioritize long-term public benefits and retain housing as essential infrastructure and a long-term public asset through co-ownership of public services by sharing land and resources.

Conclusion:

Embedding healthcare into housing policy requires funding, resources and mechanisms for partnership co-ordination and network governance structures across jurisdictions. Collaborative and network governance mechanisms identify gaps in policy-making in order to embed healthcare as the driving principle of policy formation and implementation. Alignment across all levels of government and partnerships among stakeholders including housing providers, institutions and service providers will prevent fragmentation through network governance structures. The provincial government and ministries need to streamline planning systems and funding strategies dedicated to housing infrastructure through adaptive policy implementation and co-production incentives.

Municipalities require provincial funding in order to strengthen resource management and operationalization of partnerships across local networks of community services. Housing justice policies need to place emphasis on how to support and streamline processes involved in the navigation, planning and practical application of successful housing provision models and funding strategies that can be reproduced (Rosenberg, 2025). The province of Ontario is the jurisdiction best equipped with the resources necessary to position housing as long-term public healthcare infrastructure (Whitzman et al., 2022). However, jurisdictional challenges are often a result of inconsistencies and conflicts within government and agencies at the same level (Bourgault & Smits, 2014). Therefore, policy frameworks require stronger incentives for intersectoral collaboration that identify the clarification of roles and responsibilities. Developing transitional plans for the diversification of housing systems into the expansion of critical healthcare infrastructure requires network governance in order to work towards common objectives such as the alignment of policy and funding. Furthermore, housing policies need to remain adaptive in order to prevent jurisdictional challenges and instead translate conflicts into more flexible planning systems (Stead & Meijers, 2009).

In order to shape housing justice landscapes, the integration of housing and healthcare requires middle-ground strategies that focus on evidence-based decisions using rights-based data and adaptive policy-making methodologies (Lagopolous, 2018). Coordination amongst all levels of government requires consistent discourse in order to implement more actionable

solutions. Ontario needs to take appropriate action from a perspective that moves away from dominant market housing supply and demand discourse towards perspectives that integrate and coordinate healthcare-based housing policy.

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Proposal for the CARE Program Pilot: Pathways for Housing & Infrastructure of Care

Prologue: For my major research, I wanted to conduct a pilot CARE program in order to test the research. Based on limited time and resources it became clear that the development of a proposal was required for my intention to seek support and funding after graduation as discussed below.

1. BACKGROUND & RATIONALE

I have envisioned this proposal for the Community, Activism, Rights, Education (CARE) pilot program as a creative and innovative framework for planning strategies that bridge infrastructure gaps in current housing systems and navigate the structures that govern those processes. The CARE program will mobilize creative pathways outlined as a set of strategies connecting existing social infrastructure with housing provision. Through an expansion of navigational tools that offer alternate pathways to address housing precarity, the CARE program will implement creative planning processes as a vehicle to bridge gaps that exist in current housing systems. The effects of a housing crisis are far-reaching, complex and reveal systemic failures. By encouraging a sense of belonging, community and celebrating intersectionality, the CARE program aims to collaboratively develop shared and actionable shifts in the ways we think about housing.

Navigating the current housing system and providing supportive connections for housing crisis intervention requires the conceptualization of housing as care infrastructure. Seeing housing as care infrastructure requires a collaborative alignment between stakeholders, institutional actors, housing providers and community members. I am developing the CARE program based on a foundational model inspired by elements of 'commoning care' (Dengler & Lang, 2022). The CARE program outlines an organizational framework for coordinating access to multiple, interrelated social services that centre pathways to securing housing as a determinant of health (Mulligan et al., 2020). Achieving strategic organizational benefits requires a high level of coordination for sharing resources and strategies in order to bridge gaps between cross-sectoral partnerships for 'prescribing housing' pathways (Mulligan et al., 2020). This proposal

outlines the details for the design, development and implementation of an innovative program pilot that aims to establish partnerships for the delivery of social prescribing pathways that operationalize community-embedded housing and healthcare housing models.

2. TERMS OF REFERENCE

University Health Network (UHN) 'Prescribing Housing'

In order to seek guidance, support and funding through partnerships, the CARE program is rooted in terms of reference to the University Health Network as we continue to explore ways of integrating housing and public healthcare as infrastructure. University Health Network (UHN) & Gattuso Centre for Social Medicine is leading an initiative that reconceptualizes housing as a form of public-healthcare infrastructure bridging the gap between healthcare, social services and housing (UHN, n.d.). According to UHN, "Many parts of the healthcare system need to work together in order to make a real difference in patients' lives – from removing barriers to accessing care, to helping navigate the system, to following up and ensuring the right kind of care is delivered, and so much more (UHN Foundation, n.d.)".

Through capital and operating funding from the federal and provincial governments the University Health Network (UHN) & Gattuso Center for Social Medicine initiated partnerships with United Way Greater Toronto (UWGT), the City of Toronto and Fred Victor for the redevelopment of a parcel of land at 90 Dunn Avenue (Tamir & Rollins, 2026). The land owned by UHN was leased to the City of Toronto and transformed into a 54-unit supportive housing development (UHN, n.d.). Collaboratively sharing resources based on the contributions and capacities of each partners expertise clearly led to the advancement of this initiative. Through replication, 90 Dunn House as healthcare model serves as a partnership-based co-development strategy that will continue to transform housing-justice landscapes.

Essential to the development, UHN and the City co-developed a shared vision, objectives and design principles through a community-engagement process with South Parkdale UHN Tenants Association (SPUHNTA) (Tamir & Rollins, 2026). UHN provided the patients, land, clinical model and health-system rationale; Gattuso Center for Social Medicine developed the program design, and evidence model; the City of Toronto and CreateTO

expertise in project delivery, planning and development management; Fred Victor provides long-term housing operations and management for housing services; and UWGT contributed community infrastructure (Tamir & Rollins, 2026). As an expansion for the infrastructure, the Alliance for Healthier Communities formed a partnership with UHN introducing 'social prescribing' as an alternative approach to healthcare. Social prescribing has proven that by providing a range of local, community-based, non-medical social support networks makes significant impacts on well-being (Calderon-Larranaga et al., 2024).

The success of 90 Dunn Avenue in Parkdale, demonstrates how the alignment of governance with existing networks of community-oriented care can integrate housing, healthcare and social service systems by leveraging public land, funding, service delivery and intersectoral partnerships. The result is the diversification of housing provision essentially anchored in healthcare and social infrastructure. The 90 Dunn Avenue project has proven that embedding health care and social support infrastructure into the integration of the provision of housing is an essential component for strengthening community well-being (Tamir & Rollins, 2026). This initiative illustrates how far-reaching the impacts of mobilizing creativity can have for housing crisis intervention.

3. OBJECTIVES & PURPOSE

The housing crisis is a multi-dimensional issue. Housing crisis intervention is layered in complexity, nuance and urgency. Drawing upon existing efforts to address the crisis, this proposal aims to weave concepts, theories and practices together for the development of a program framework influenced by a rights-based focus on housing as healthcare infrastructure. A combination of methods is required in order to address complex social issues, support social dynamics and achieve health focused applications for 'prescribing housing'. Through the lens of social justice, the housing crisis is a result of systemic failures and embedded inequalities beyond the dominant supply and demand discourse (Kipfer & Sotomayor, 2024). Due to the scale of the problems we face and without the appropriate expansion of community support networks, marginalized communities will continue to face systemic barriers and experience harmful consequences.

Community Activism Rights Education (CARE) is a civic initiative that forms partnerships with local housing providers, social and government agencies, community networks and non-profit organizations in order to connect the dots between a growing inventory of resources for housing stabilization and alternative forms of housing provision. The CARE program is a community resource networking hub and navigational system that acts as a bridge between community-based supports and housing provision. The program will be delivered to partnering networks and recommended to clients as a community hub that supports transitional processes, such as securing housing. Providing more accessible ways of navigating housing systems and social infrastructures that lead to a continuous mapping out of pathways for housing security are guided by four core principles and a four-pathway strategy built on the foundations of CARE (Refer to Figure 2).

The four-pathways are as follows:

3.1. Community provides the foundation for 'reclaiming community'.

The community pathway is structured around principles of 'reclaiming community' by contributing to creating movement in our communities that demands action from all levels of government. I define community as a space that encourages the discovery and celebration of identity. A place to share and develop 'world view' through a process that is supported and evolving. This perspective draws upon hooks' (2009) concept of 'reclaiming community' and Lorde's theory of intersectionality (Lorde, 1984). Social prescribing networks support 'reclaiming community' by fostering social connection and reducing reliance on the health care system by providing alternatives for removing the social isolation and stigma that silences marginalized communities (Calderon-Larranaga et el., 2014). Within the context of the CARE program, intergroup dialogue will be explored as a participatory research method that will directly engage with identity, power dynamics and sense of belonging.

3.2. Activism can ignite social transformations.

The activism pathway is structured around collaboration, community movements and leadership. Vision strategies and community involvement provide opportunities to strengthen partnerships through action. Activism supports transitional processes through networking and connecting to existing programs and initiatives. Within the context of creating movement in communities, the CARE program will facilitate intergroup dialogue as a participatory method in order to operationalize activism as a catalyst for housing justice. Presenting opportunities for participants to share experiences and become involved in activism will contribute to the development of supportive networks in their communities, centered around collectively forming groups in urban public space to enforce belonging (hooks, 2009). The CARE program celebrates intersectionality through the development of actionable solutions based on insight from a diversity of perspectives that accept and celebrate the 'creative function' of our differences (Lorde, 1984). As stated by Lorde (1984, p. 112), "Difference is that raw and powerful connection from which our personal power is forged".

3.3. Rights inspire navigational tools.

The rights pathway positions the right to housing as being central to health. Rights require alignment with government priorities in order to map out pathways that lead to alternative forms of housing provision and housing as public health infrastructure. Improving tenant rights including tenant and financial protections also fall under this category. Transitional processes for housing security require consistency and stability formed by the expansion of partnerships with housing-rights activists, tenant associations and government agencies for housing-justice intervention. The CARE program will act as a community hub for intervention through the development of navigational tools that "embed housing in wider social relations (Kipfer & Sotomayor, 2024, p. 39)".

3.4. Education provides resources to develop navigational tools.

The education pathway promotes research that creates meaningful dialogue between multiple stakeholder groups in order to share resources and support transitional processes. Dynamic research methods and methodologies are required for navigating existing housing systems and

governance structures in ways that bridge infrastructure gaps and connect to the expansion of supportive networks. The CARE pilot program aims to collaboratively develop shared and actionable shifts in paradigm that challenge dominant discourse.

4. KNOWLEDGE MOBILIZATION STRATEGY

The proposal defines the main goals based on bridging concepts of social determinant of health frameworks including literature on community-based health and providing co-development strategies. A major gap that has been identified not only excludes marginalized voices. The relationship between self-governed communities, community-based organizations and institutional actors remains largely unexplored. Czishke et al. (2018) propose a conceptual framework for partnering with institutional actors and established housing providers. Partnerships between stakeholders and using dialogue to overcome fragmented services are more likely to address the root causes of systemic inequalities essential for community resiliency (Leggat et al., 2025).

Key mobilizers that will help leverage the CARE program are already centering pathways to secure housing as a determinant of health. CARE is seeking to join the social prescribing network in order to identify partnerships and establish contacts with existing housing providers, community networks and organizations for expertise and leadership. The CARE program will act as a community networking hub for recommending resources through navigational tools that connect clients to services related to securing housing. Introducing the CARE program to existing service providers to share knowledge mobilization strategies, exchange referral databases and develop more streamlined approaches will reduce the burden on centralized waiting lists for housing and result in shorter wait times (Mulligan et. al., 2024). Essentially the CARE program will act as a non-clinical navigational tool that provides transitional guidance between community-based supports and housing services by extending partnerships with the social prescribing network. In order to stay engaged with key partners the CARE program will act as a liaison to facilitate and maintain communication channels between stakeholders.

Based on a foundation of ‘commoning care’, the CARE program presents a practical application and operational vehicle for adding to the housing dimension of the social

prescribing network. In social prescribing terms, CARE acts as a 'community steering committee' for the housing dimension of the social prescribing network (Mulligan et al., 2020). Bridging infrastructure gaps that connect to the expansion of supportive housing networks, systems and governance structures aim to reduce the burden on the City of Toronto's centralized housing waiting lists (City of Toronto, 2026). The CARE program will develop additional navigational toolkits that build on existing social prescribing network systems asset mapping strategies and current practices in order to filter housing waiting lists and reduce wait times (CISP, 2025). The development of more effective and comprehensive referral and resource inventory databases is a major gap that currently requires more integration, coordination and systems navigation (ICHA, 2023).

5. CARE PILOT PROGRAM SCOPE

The pilot is imagined as a first step in organizing and testing a full version of a CARE program that could be adopted more widely in Canada. The CARE pilot program will reveal gaps that currently exist between social services and housing systems through an exploration of collaborative partnership strategies. Dynamic research methods and methodologies are required for navigating existing housing systems and governance structures in ways that bridge infrastructure gaps and connect to the expansion of supportive networks. The first step in developing actionable solutions for housing security is to begin in our local communities. Resources will be managed and shared through an adaptation of The Reaching Home Systems Mapping Toolkit (HICC, 2024).

The CARE program will map out and categorize existing local service providers, community networks and inter-related systems to develop a comprehensive understanding of how housing and social services can be integrated into program strategies. A resource inventory will be developed in order to track and describe service providers that have agreed to partner with the CARE program (HICC, 2024). In order for the CARE program and social prescribing network processes to function effectively this document is essential for tracking and

updating resources, referral databases and assessment tools. Please find a sample form below adapted from The Reaching Home Systems Mapping Toolkit (HICC, 2024).

Name of the organization and/or service provider;
Type of service provider (e.g., emergency shelter, supportive housing);
Funding source(s);
Eligibility for service (e.g., youth);
Capacity to serve (e.g., number of units);
Role in the Coordinated Access system (e.g., access point);
Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history);

The CARE program strategies embed care as a core component through a four-pathway operational framework guided by principles of community, activism, rights and education. Although all four-pathways will overlap within varying degrees of one another the shared resource inventory database will provide navigational and assessment toolkits in order to determine clients' primary needs. Depending on the recommended pathway it will lead the client to the services connected to that particular path within the broader community. The assessment tools will be designed in collaboration with key partners such as healthcare professionals and key identifiers will be established based on on-going research (HICC, 2024).

5.1. Scoping land needs for CARE program community spaces

After completion of the pilot program potential geographic locations for CARE program community spaces will be determined. Community pre-planning and planning strategies have the potential to embed sites for housing and healthcare services across a diverse range of neighbourhoods. Master plans can identify and zone under-utilized resources such as vacant properties for development review and planning process approvals for temporary community spaces. "Community benefits help maximize the positive social and economic impact of infrastructure and real estate development projects. Through engagement with affected communities, benefits are negotiated that can include local procurement, workforce and hiring

opportunities, and improved services and facilities. This engagement can also increase the potential for local support for developers' projects (Hanff, 2016, p.2)".

5.1.1 Find a partner that owns property.

5.2.2 Find a healthcare and housing provider that can integrate future use of the property into early planning phases.

5.3.3 Partner with a private developer in the process of a redevelopment.

Implement a "community benefits charge strategy prepared under subsection 37 (9) of the Act Planning Act, R.S.O. 1990, c. P.13" and designate a 5-10 year holding provision by-law for potential pop-up CARE facilities. During the pre-demolition phase vacant properties can function as temporary public infrastructure for community networking hubs that offer pop-up facilities for service providers. Section 36 of the Ontario Planning Act "deals with holding provisions, which are used to require certain matters to be achieved before a Zoning By-law amendment is brought into force (OPPI, 2025)".

5.2. Compare the scope of the pilot program to the possible roll-out of the future full version of the program.

Intergroup dialogue (IGD) is a qualitative research method that will be used in future iterations of the full version of the CARE program. Community-based participatory research (CBPR) methods and intergroup dialogue facilitators will engage with clients in order to assess needs for future versions of the CARE program (Wallerstein et al., 2018). By addressing individual differences, we can potentially foster more nuanced understandings of ourselves and each other. IGD can be a medium for promoting rights-based interactions, transformative learning principles and alternative perspectives through participatory design, practice and supported action (Björgvinsson, 2021).

The experience of marginalization requires an examination of power dynamics that consider institutional conditions in order to overcome stigma. Intergroup dialogue allows

participants to move outside of "rehearsed narratives," offering a more nuanced understanding of complex topics such as stigmatized identity or the subjective experience of addiction (Day et al, 2024). Increasing sense of belonging reduces social isolation and stigma. Engaging with participants by addressing identity and celebrating intersectionality has the potential to re-build a sense of belonging. Intergroup dialogue will promote the practice of engagement across ethno-racial, cultural and social diversity to facilitate conversations that address the intersection of systemic inequalities, stigma, social isolation and recovery in a structured and intentional manner (Dessel, 2008). Since IGD applies inductive theory to a participatory method it can support the co-design and implementation of other methods and programs through the integration of methodological design and implementation processes (Rockmann, 2023). The application of IGD to social prescribing methodologies will be guided by transformative learning principles that facilitate reflections on power dynamics and identity while engaging with creativity through a celebration of intersectionality.

6. CARE PILOT PROGRAM PHASES:

3-year Pilot

The CARE pilot program is an extension of the housing pathway and adaptation of the Canadian Institute of Social Prescribing (CISP) model (Refer to Figure 2). The CARE program acts as a 'Community Steering Committee' and 'Systems Navigator' in order to facilitate connections to specialized social prescriptions for housing. The focus is based on pathways for methods that prescribe housing to under-represented and marginalized communities experiencing housing insecurity. Through community engagement and participatory planning, the CARE program builds structured pathways of care that track the impact of health outcomes by having secure housing. The following is a step-by-step approach for the CARE pilot program adapted from the Rx: Community Social Prescribing Final Report, 2020 (Refer to Figure 3).

6.1. Establish Funding

6.2. Identify partnerships and establish contact with existing housing providers, community networks and non-profits.

6.3. Engage with partners, clients and organizations to conduct systems & community asset mapping strategies for engagement, pathways design, development and implementation.

6.4. Develop toolkits for the development of more effective and comprehensive referral, assessment and tracking processes.

6.5. Data-collection, follow-up and evaluation

6.6. Report & Recommendations

7. BUDGET & FUNDING

Based on evidence supported by terms of reference to the UHN 90 Dunn Avenue housing as public-healthcare infrastructure and governance model. The CARE program is seeking support and funding to test a 3-year pilot as an extension of the housing pathway following the Alliance for Healthier Communities and Canadian Institute of Social Prescribing 'social prescribing network' model. The funding strategy will incorporate knowledge mobilization activities, including data management and operations into the funding strategy in order to align intersectoral capital streams (SSHRC, 2015). Please note dollar amount will be determined in next phases.

7.1. Federal Government Funding – Leverage CARE Program training and staffing

7.2. Provincial Government Funding – Operational costs, database development

7.3. Municipal Government Funding – Public database and waiting list management

The following is a list of potential funding partners: Ontario Ministry of Health, Mental Health Commission of Canada (MHCC), The Social Sciences and Humanities Research Council of Canada (SSHRC), Canadian Institutes of Health Research (CIHR), Housing and Infrastructure Communities Canada (HICC), The Canadian Mortgage and Housing Commission (CMHC), National Housing Strategy (NHS), Canada Healthy Communities Canada (CHCC), (The Ontario Ministry of Health and HICC funded the UHN Dunn House over 8 million dollars.)

8. ROLES & RESPONSIBILITIES

Team Members, Partners and Stakeholders

The CARE program will approach York University as an educational partner and apply for the SSHRC grant. Through capital and operating funding from the Federal and Provincial governments the CARE program team will begin to deliver the pilot program through initiating partnerships with key stakeholders. The CARE program team will establish contact with potential partners in order to begin client identification, referrals processes and database development. For illustrative purposes this proposal will focus on a partnership model based on the following key stakeholder recommendations essential for leveraging the CARE program as an extension of the existing partnerships below.

The UHN 90 Dunn Avenue supportive housing project provides the Terms of Reference based on a program design and evidence model created by the Gattuso Centre for Social Medicine. The Alliance for Healthier Communities is the anchor organization and operational leader for community-governed holistic healthcare in Canada (Alliance, n.d.). The AHC provides training to help organizations implement social prescribing processes including the development of client identification, assessment and referral toolkits, evaluation methods and evidence (Alliance, n.d.). The Canadian Institute for Social Prescribing is the national hub for sharing best practices and making connections for an ever-expanding social prescribing network (CISP, 2025). CISP provides a community asset mapping guide for social prescribing (CISP, 2025, Figure 1).

The City of Toronto (Service Triage, Assessment and Referral Support (STARS) Program), Inner City Health Associates (ICHA) and The Access Point are potential referral database and waiting list partners for the CARE program. Fred Victor, Gerstein Center, Federation of Metro Tenants' Association (FMTA), Services and Housing in the Province (SHIP), Canadian Alliance to End Homelessness (CAEH), Canadian Housing First Network, The Alliance to End Homelessness (TAEH) - Toronto Supportive Housing Growth Plan (TSHGP), Toronto Community Housing (TCHC), The City of Toronto (Multi-Unit Residential Acquisition (MURA) Program are potential non-profit partners related to supportive housing.

8.1. The CARE Pilot Program Community Steering Committee Roles

Program Facilitator – designs and implements operational strategies for research studies intergroup dialogue, interviews, workshops, seminars and events. Oversees community asset mapping, access points and resource inventory.

Partnership Liaison – implements administration, partnership management and communication strategies (works with Community Connector to develop and maintain resource inventory connecting clients to social supports.)

Community Connector – delivers the CARE program directly to existing local housing providers, social and government agencies, community networks and non-profit organizations. Oversees resource management and mapping coordination (works with Partnership Liaison to maintain systems mapping and resource inventory connecting clients to social supports.)

Case Managers – intake and follow up (works with Referral Agents)

Referral Agents –resource inventory experts (works with Case Managers and Community Connectors)

Needs Assessment Officers – client needs assessments (works with case managers and referral agents)

Research, Funding and Database Strategist – oversees research, funding strategies, grant applications and data management

“The momentum created through such exchange will result in ongoing, nation-wide, proactive collaboration; intervention; and advocacy in the field of housing and related supports (MHCC, 2012)”.

9. CHALLENGES

Potential implementation challenges of the CARE pilot program will be revealed due to the complexity of needs and potential barriers such as lack of available housing. The development of more effective and comprehensive referral and resource inventory databases is a major gap that currently exists. This requires broader care coordination and system navigation for sustained well-being (ICHA, 2023). Contingencies that determine alternative approaches for addressing problems will require consistency in order to increase opportunities and reduce risk. According to Sanford et al., (2022, p. iii), "a mismatch between supports (types, intensities and frequencies) needed and those available, different definitions of supports and variations in understandings of how to deliver different support intensities can act a barrier for the sector in advocacy and development efforts". Based on the Rx: Community Social Prescribing in Ontario pilot it revealed that different challenges existed mainly due to variances in different geographical areas. Diversity of needs, resources and challenges require unique implementation approaches and operational details (Mulligan et al., 2020). Land-use planning processes depend on the chosen site and property ownership may require a more detailed development proposal.

10. NEXT STEPS

Upon completion of the CARE program a review with partners and clients will determine what did and did not work. According to Wallerstein et al., (2018, p. 2), "Community-based participatory research (CBPR) answers the call for more patient-centered, community-driven research approaches to address growing health disparities. CBPR is a collaborative research approach that equitably involves community members, researchers, and other stakeholders in the research process and recognizes the unique strengths that each bring". This kind of research will require a more robust qualitative methods proposal based on intergroup dialogue, interviews, workshops and seminars for future iterations of the CARE program.

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REFLECTION PAPER & RESEARCH JOURNEY

Housing Crisis, Housing Justice and Planning

In summary, from a social, environmental and community planning perspective, my MES Major research has contributed to the conclusion that housing justice requires the mobilization of creative alternatives for housing intervention. Through the lens of housing as a human right and determinant of health planners can address incomplete processes that shape our current paradigm. Understanding roles of governance, creating movement in our communities and challenging the status quo are essential elements of planning for housing justice. Marginalized communities experiencing housing insecurity require community support for bridging infrastructure gaps and navigating the systems that govern these processes. Community is a major component for housing justice since it provides the foundation for social infrastructures. According to Mee & Power (2020, p. 484), infrastructure can be understood as "dynamic patterns that are the foundation of social organization". The health and well-being of communities is dependent on housing, social programs, employment potentials and accessibility to available resources. Housing justice landscapes demand action from all levels of government in order to create alternate pathways beyond the perpetual loop of housing precarity.

LITERATURE REVIEW

Drawing upon existing scholarly literature most relevant to my research for addressing the housing crisis redefines boundaries and reshapes current systems for a new housing paradigm. The frameworks that have influenced my research methodology are guided by rights-based approaches that simultaneously conceptualize housing as a form of care infrastructure. Grounded in foundational frameworks that are theoretical, analytical and practical alternative forms of housing provision and housing as infrastructure of care expand on community access to supportive networks through collective participation, governance and action. Through the exploration and on-going critical examination of urban theoretical frameworks a revolutionary restructuring of the current housing paradigm involves equality in the truest sense that accepts

and celebrates the 'creative function' of our differences (Lorde, 1984). This perspective is informed through scholarly reference to Audre Lorde's theory of intersectionality. As stated by Lorde (1984, p. 112), "difference is that raw and powerful connection from which our personal power is forged". In addition, the mobilization of creativity can be used as vehicle to mitigate strategies for bridging gaps in current housing systems. Verhoeff et al., (2023, p. 60) define conceptions of creativity as the "environmental, and world-systemic dynamic processes that shape what we have in common as well as how we radically differ from each other". Therefore, creativity challenges dominant paradigms and offers the ability to ignite a power within (Verhoeff et al., 2023). Since creativity also has a process, it can be a powerful tool for engaging with the planning process.

Through historical analysis it becomes evident that the housing crisis is the result of existing power asymmetries caused by changing economic landscapes such as financialization of housing markets, the abandonment of policy making and lack of funding for non-market housing (Kipfer and Sotomayor, 2024). An examination of urban planning literature and discussions surrounding scholarly reflections on the perspectives traversing current debates makes it evident that the root of the housing crisis is not an issue of needing to 'increase housing supply' but rather 'improve housing conditions' (Kipfer and Sotomayor, 2024). This misalignment is rooted in a housing model that exposes the tensions between commodification and the right to housing (Reyes, 2020). Speculative real estate ventures have enabled investors to possess a monopoly over a location, gain capital on vacant property and remove viable housing stock from the market (Fainstein, 2019). The treatment of housing as a vehicle to extract profit rather than a place to create a home results in crisis since the exchange value diminishes livability (Mah & Sanborn-Hum, 2025). Deregulation of the housing market creates uneven development synonymous with rising levels in poverty, ongoing evictions, mass displacement and homelessness (Kipfer & Sotomayor, 2024).

Community is an essential component of my literature review since it involves forming groups collectively in both public and private space. I define community as a space that encourages the discovery and celebration of identity. A place to share and develop 'world view' through a process that is supported and evolving. However, communities are often times

overlapping and create a sense of belonging for some while at the same time excluding others (Bloch, 2022). This view looks through the lens of Lefebvrian theory describing the production of space as being perceived, conceived and lived (Lehrer, 2022). In other words, urban space is something that can be defined and produced. Perceptions of space lead to the production of space giving the urban landscape form. As Lefebvre argues, space is fragmented, socially produced and commodified sometimes resulting in spatial inequalities, social exclusion and dehumanization (Lefebvre, 2009). The dismantling of encampments has illustrated the consequences of being criminalized for survival (Rady & Sotomayor, 2024). Therefore, within an urban context public space is highly contested politically, economically, socially, and culturally. Engaging with public space in more dynamic ways can reveal 'false binaries' created by tensions and systemic injustices and how these tensions manifest spatially (Lehrer, 2016).

A combination of methods is required in order to address complex social issues, support social dynamics and achieve health focused applications for housing justice. Integrating theoretical scholarship into my research includes frameworks that conceptualize "commoning care" (Dengler & Lang, 2022). intergroup dialogue will be explored as a community-based participatory research method that will aim to inform and operationalize the expansion of social prescribing network programs by directly engaging with identity, power dynamics and sense of belonging. According to Legget et al. (2025, p. 1), "participatory methods can support the co-design and implementation of contextualized social prescribing programs by integrating diverse perspectives into the design process and prioritizing actions for implementation". Since intergroup dialogue applies inductive theory to a participatory method it can support the co-design and implementation of other methods and programs through the integration of methodological design and implementation processes (Rockmann, 2023). The application of intergroup dialogue to social prescribing methodologies will be guided by transformative learning principles that facilitate reflections on power dynamics and identity while engaging with creativity through a celebration of intersectionality.

The work of Freire (2000) on dialogic pedagogy and social emancipation theory have influenced transformative learning since according to Taylor (2008), it "considers the role of institutional structures and social change within an individual's transformation (James-Gallaway

et al., p. 90, 2025)". Methodologies outlined by Paulo Freire suggest that social justice requires practice, education and community participation. The goal is to engage public in educational activity that is authentic and genuine rather than to promote 'government of the day' (Freire, 2000). bell hooks (1994) applies a feminist perspective in critiquing the work of Paulo Freire. In quoting hooks (1994, p. 47), "Freire's work, in its global understanding of liberation struggles, always emphasizes that this is the important initial stage of transformation—that historical moment when one begins to think critically about the self and identity in relation to one's political circumstance". As stated by Kridel (2010, p. 697) "Expressed explicit interest in public pedagogy as a grassroots and community phenomenon situated beyond institutional structures that fosters movement from positions of social inequality to ones of informed activism through a social politics for collective power that pursues concrete advances in neighborhoods, health and social services, education, and basic human rights".

Since housing is a foundational component for well-being, my literature review explores how the integration of actionable solutions involving participation that support marginalized communities can bridge gaps for housing security through the planning process. According to Ferreri & Vidal (2022, p. 149), "recent critical housing scholarship is beginning to address this marginalization and understand how a more widespread development of the sector can be supported". Marginalization cultivates stigma, vulnerability and perpetuates harmful circumstances. The effects of a housing crisis add to the isolation while at the same time silencing marginalized communities. Marginalization creates a sense of a 'lack of belonging' and individuals can feel like 'outsiders' while at the same time being treated like 'surplus'. As stated by Lorde (1984, p. 112), "institutionalized rejection of difference is an absolute necessity in a profit economy which needs outsiders as surplus people".

According to DeFilippis et al. (2019, p. 801), "changing people's perceptions of injustices—to see them as collectively experienced—is therefore necessary to challenge the injustices. The community that is constructed then becomes the foundation from which to make demands on the state or actors in the market—demands based on the recognition of the collective character of injustices". The concept of 'reclaiming community' was introduced by bell hooks (2009), through an effort to encourage movements in Black communities

experiencing systemic oppression as a form of resistance. Without the appropriate expansion of community support networks, marginalized communities will continue to face barriers and experience harmful consequences. As stated by Lorde (1984, p.112), “without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression. But community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist”.

Another major gap that has been identified not only excludes marginalized voices. The relationship between self-governed communities, community-based organizations and institutional actors remains largely unexplored. Czishke et al. (2018) propose a conceptual framework for partnering with institutional actors and established housing providers. Partnerships between stakeholders and using dialogue to overcome fragmented services are more likely to address the root causes of systemic inequalities essential for community resiliency (Leggat et al., 2025). According to Kipfer and Sotomayor (2024, p. 39), “we must embed housing in wider social relations”. The role of planning intervention is reflective of constantly changing landscapes. Since markets are socially constructed, planners can play a role in challenging and constructing market conditions that shape, regulate and stimulate development processes in the built environment in ways that are symbiotic and impactful (Adams & Tiesdell, 2010). The creation of widespread policies and frameworks will aim to embed goals into plans that develop strategies for housing justice and expand on existing networks in order to form collaborations with public and private stakeholders.

RESEARCH JOURNEY REFLECTION

My positionality is created by a sense of belonging including the ability to express myself authentically in order to build relationships and navigate life. I believe that creativity can be explored to encourage a sense of purpose. My world view is very much related to developing and discovering identity. At this stage in life, I am simultaneously working on developing a political language that will help me articulate this process while at the same time allowing me to think critically about self and identity. I am a dreamer and simultaneously a realist with a love for learning. I do my best to understand the world around me in a pragmatic way but I

don't think that practicality should limit our abilities to transform. I suppose in this sense, I am an optimist and prefer to take a positive approach. My passion for learning, creativity and collaboration have always been the common themes intrinsically associated to my motivation and determination. It is through this sense of clarity, I feel most fulfilled in my sense of direction, purpose and belonging in this ever-evolving existence.

Growing up in a small town in Saskatchewan, my immersion into urban living has shifted my perspective of the world as it continues to take shape in new and exciting ways. My research journey ultimately began during my under-graduate studies at Ryerson University where I received my Interior Design degree in 2002. The path of discovery and awareness both personal and otherwise sparked a new sense of curiosity. This curiosity led me on a prolific quest immersed in the exploration of the many facets of the built environment and its intrinsic relationship to well-being. My final thesis project 'Revolutionizing the Mental Health Facility' received an honourable mention. Due to my personal experiences and opinions regarding housing precarity and mental health my research journey did not end. In fact, it was just beginning.

My research journey during the MES planning program at York University began with an introduction to my advisor Dr. Lina Brand Correa. When I was overwhelmed she would reassure me that everything would fall into place once I began to gain more clarity and direction from my studies. The program has been designed in a way that each course builds on the next. Each course brought me steps closer to understanding the bigger picture and how to articulate my vision. Through Lina's guidance and the professors of the MES program I was provided with the tools I needed to formulate and answer key questions for my major research. Within the context of urban planning and my role as a planner, I began to engage critically with the concept of community. Responding to social issues requires foundational knowledge and frameworks for understanding how planning can support the ongoing transformation of communities related to social health and well-being. Housing is a fundamental right is it not?

Through my studies applying a critical lens to urban planning theories exposed tensions, contradictions and revealed systemic failures that shape urban space. Engagement with theories of urbanization helped me to understand how urban processes have contributed to

the housing crisis. The integration of diverse perspectives, political will and rights-based social movements essential to engaging with activism, advocacy and 'reclaiming community' became my key interests. A focus on the geographies of space and power in relation to identity, marginality, diversity and territoriality provided context within the urban environment. Engaging with theories of intersectionality, feminism and pedagogy contributed to the development of theoretical frameworks that have guided my research. I entered the MES planning program with a mission to understand how an entire row of houses could sit vacant for over eight years, while at the same time so many of my friends were struggling to secure housing. I quickly discovered that narratives surrounding 'affordable housing' were at the forefront of debates. To my discovery housing crisis intervention including positioning housing as a right; conceptualizing housing a care infrastructure; and the financialization of housing were some of the core issues being discussed. Another key piece in my research was the discovery of social prescribing which I discovered in Professor Lehrer's Urban Planning workshop.

My cousin Brenda, a former head of nursing, pointed me to the UHN 90 Dunn Avenue initiative. A practical and successful example of housing as healthcare infrastructure was initiated by UHN University Health Network and Gattuso Centre for Social Medicine. Leading an initiative that bridges the gap between healthcare, social services and housing it is the first to 'prescribe housing' to patients by medical professionals (UHN, n.d.). The 90 Dunn Avenue project in Parkdale has proven that embedding health care and social support infrastructure into the integration of the provision of housing is an essential component for strengthening community well-being (UHN, n.d.). The Alliance for Healthier Communities and the Canadian Institute for Social Prescribing formed a partnership with UHN introducing 'social prescribing' (SP) as an alternative approach to healthcare. SP has proven that by providing a range of local, community-based, non-medical social support networks to patients that require care infrastructure makes significant impacts on well-being (Calderon-Larranaga et al., 2024). An ongoing expansion of partnerships between civic initiatives, community movements, institutional organizations and housing providers are at the forefront of housing justice

landscapes. This provided evidence for me that urban planning can intervene in the housing market as a tool for housing justice.

Dr. Laura Taylor agreed to supervise my major research. She provided me with the wisdom and clarity to put all of the pieces I was collecting over the past two years together. After twenty or more iterations, I finally had a title for my plan of study which is Mobilizing Creativity: Planning for Housing Justice. This ignited the activist in me and Laura guided me through the major research process with encouragement and grace. I was able to connect the dots for my major research and create a vision for the development of my idea for a CARE program in ways that were beginning to taking shape. Community Activism Rights Education (CARE) summarizes key elements for contributing to housing justice landscapes through my role as a planner. The benefits of this research will present opportunities for participants to share experiences and become involved in actionable strategies in ways that contribute to the development of supportive networks in their communities for securing housing. The planning process requires participation and insight from a diversity of perspectives. By celebrating intersectionality through creativity, we can collaboratively develop shared and actionable shifts in paradigm that challenge dominant discourse. Navigating the current housing system and providing supportive connections to the conceptualization of housing as care infrastructure requires a collaborative alignment with stakeholders, institutional actors, housing providers and community members.

NEXT STEPS

Upon graduation I intend to be guided towards a professional trajectory that is most authentic to my sense of purpose and that provides opportunities for contributing to something meaningful. I wish to address issues of housing insecurity and determine how housing justice interventions may be mobilized by community planning, as well as social policy and governance more broadly. My graduate education has brought a more nuanced sense of awareness to my personal ‘world view’. During my tenure as a student of the MES planning program at York University, I have dedicated my studies to learning how to master the many dimensions of the housing crisis and how I might contribute to the change I’d like to see moving forward in my

career. I intend to be guided towards a professional trajectory that is most authentic to my sense of purpose and that provides opportunities for contributing to something meaningful. Following through with the CARE pilot program upon graduation will offer a practical way to carve a path forward in my own career

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