

**The Production of Disability Through the Built Environment
Surrounding Social Housing**

by

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i. Foreword

My Plan of Study (POS) focused heavily on affordable housing, just sustainability and planning. The goal being to explore how the necessary creation of affordable housing could also be just and sustainable, and how urban planning could assist in creating such affordable housing.

Over my two years I took courses that focused on planning but that also allowed me to explore affordable housing and social housing historically within the Canadian context. This resulted in a paper that looked at the history of affordable or social housing policies within Canada and led to the conclusion that historically, Canada has focused on home ownership, particularly through organizations like the Canadian Mortgage and Housing Corporation. Creating affordable rental housing has not had the same focus historically within Canada.

This Major Paper takes affordable social housing and looks at a very specific aspect of it, accessibility, utilizing two case study buildings. Lakeside Residences and The Richmond Hill Hub are both social housing complexes run by Housing York Inc. for York Region. Through conversations with the property manager of Lakeside Residences it was brought to my attention the disconnect between accessibility within the building and the surrounding community. I saw this as an urban planning issue in a few different ways. One, it spoke of the urban planning of the infrastructure surrounding the social housing buildings. Two, it said something about the planning and development of the social housing itself to be put into a community that was not fully accessible. And lastly, it was a planning issue in how two levels of government (upper tier and lower tier) had to try and work together to facilitate the building of affordable social housing.

There were also issue surrounding just sustainability. If certain tenants within these buildings could not access and integrate into the local communities surrounding these buildings, then they were at risk of isolation and deteriorating health (as will be seen in the research). Therefore, it was necessary to o this research in an effort to show the gap in planning that allows this issue of injustice to continue and work towards a solution that allows for community integration.

All of this relates to my POS in regards to the issues surrounding affordable social housing and the need for it because it is in the planning of affordable social housing that a solution to accessibility possibly lies. It relates to issues of planning in that through some better planning, these buildings may have been able to avoid being built in areas that were not accessible to individuals with impairments. Finally, it relates to issues of just sustainability because it is unjust to house people in a community that they simply cannot access. Therefore, this paper, while highly specific in the case studies utilized, is extremely relevant to all areas of my POS.

ii. Abstract

The purpose of this study was to determine if there was a gap in the planning of affordable social housing and the accessibility of communities in which this housing is built. The assumption being that due to the rental process of social housing in Ontario, that people with impairments had little to no choice in which communities they lived and were therefore essentially forced to live in communities that were inaccessible and that through better planning this could be minimized. In an effort to establish context, in depth literature reviews were conducted to define concepts such as *disability, community, social housing, social capital, participation, and place attachment*. By defining and explaining these terms a better understanding of the importance of community integration for those with impairments was gained. This study then utilized two case study buildings, Lakeside Residences in Keswick and The Richmond Hill Hub in Richmond Hill in an effort to compare the experiences of tenants with impairments living in these communities. Tenants with impairments were interviewed and asked about why they were living where they did, what their experiences with the built environment were like, and whether they felt they were able to integrate with the community. The results of this research showed that the rental process for York Region actually does allow for a lot of choice for tenants when it comes to the communities in which they live as all tenants expressed that they lived where they were due to their own choosing. However, the tenants still felt that the surrounding community was inaccessible and that they were struggling to integrate into the communities due to the inaccessibility. It was concluded that issues of inaccessibility within the built environment stemmed from a rooted societal understanding of disability, and the responsibilities of upper and lower tier governments in regards to planning. A phenomenological approach to planning was suggested as a possible solution for planning future social housing complexes in an effort to house tenants in communities of their choosing that are more accessible.

1. Introduction

According to the 2012 Canadian Survey on Disability, 13.7% of Canadians aged 15 to 64 reported living with some form of disability. Among those, 7.2% reported living with a mobility disability that limited their daily activities (Statistics Canada, 2012, p. 3). That represents a large population of Canada that has difficulty moving around and performing daily tasks. At the same time, a total of 64% of those with mobility disabilities reported that they were either unemployed or not in the labour force (Statistics Canada, 2012, p. 7). Therefore, many reported that they were reliant on government subsidies as their major source of income with the median income reported being \$17,100, a little more than half of the median income reported for those without disabilities (Statistics Canada, 2012, p. 10). With this in mind, housing becomes a particular issue for these individuals as not only are they reliant on finding housing that is accessible, but they also have to find something that is affordable and likely government subsidized.

Subsidized, affordable housing in Ontario is currently the responsibility of local municipal governments after the Provincial Government downloaded this responsibility in 1995. From 1996 to 2000 no new social housing units were built and those that were available began to fall into disrepair. Currently, the Provincial and Federal Governments have started funding social housing again but the responsibility for building and managing social housing remains firmly in the jurisdiction of local municipalities or regions. This added funding has allowed for new units to be built but not at a rate necessary to keep up with the demand for subsidized affordable housing (ONPHA, 2013). This has created long wait lists for non-profit or subsidized housing, with some people having to wait up to ten years to get into a subsidized unit ("Looking for

housing", 2017). With that being said, the amount of units that are accessible to those with disabilities are fewer than regular units and while the units and buildings may be accessible following the guidelines laid out by the Accessibility for Ontarians with Disabilities Act (AODA), there is no guarantee that the surrounding built environment will be accessible for these tenants.

Much of the available research examines and details inaccessibility in various real world situations. Some examples include Imrie and Kumar's look at inaccessibility in two communities in the UK (1998) and Hahn's look at inaccessibility within the City of Los Angeles (1986). Both of these examples look at how those with disability feel excluded from the built environments that they must navigate. However, neither specifically looks at how persons with impairments and with low incomes often must live where government subsidized housing is located and subsequently deal with the built environment of not only the building but also the community in which they now find themselves.

The research in this paper intends to show how there is a gap in the planning process that builds affordable social housing without much consideration for the accessibility of the surrounding built environments in the communities in which these buildings are built. This requires research into not only the built environments around these buildings but also an examination of the social environment as this ultimately provides the context that has created this gap in the planning process.

As was mentioned this research is intended to showcase a gap in the planning process that often exacerbates the marginalization and exclusion felt by those living with physical impairments. Part of understanding that gap requires understanding how it

is created and how it furthers the exclusion of these individuals. This contextual information is located in the section entitled *Definitions* and includes research on disability, community and social housing.

To begin this understanding it is important to look at how disability is defined and the outcomes of those definitions and understandings. Of importance is the role capitalism has played in defining disability and creating a situation of poverty for most living with impairments. How disability is defined and viewed has led to many of the current planning practices in regards to people with impairments and therefore it is essential to understand where these practices came from.

Secondly, current planning practice and the aforementioned gap in the planning process has consequences for individuals living with impairments. These consequences are mostly seen in how these individual access and integrate into the communities in which they find themselves. Therefore, it is essential to look at the issue of community: What it is? How is it formed? What are the benefits of it? All of these questions need to be answered to understand the role that this gap in planning has had on community integration specifically in regards to individuals with impairment.

Finally, an understanding of affordable social housing and the various processes involved in developing and renting it out must be understood. A working definition of affordable social housing is required. Then, an examination of how these buildings are developed and the criteria that are looked for when choosing a location are essential for showing how the previous views of disability have effected this process when it comes to individuals with impairments. As well, an understanding of the rental procedures that

are utilized is important in an effort to understand if this has any bearing on what communities people with impairments end up living in.

All of these definitions and histories are necessary to grasp the context that has created the gap in planning that places affordable social housing in communities and locations that are not completely accessible for persons living with impairment.

In an effort to show how all this contextual information effects the real world situation of planning affordable social housing and the consequences of the planning gap, the next major section of this paper entitled *Case Studies* will be looking at two very specific case studies located within York Region, Ontario. By looking at Lakeside Residences in Keswick and The Richmond Hill Hub in Richmond Hill as case studies this research hopes to better understand the barriers faced by disabled persons living in Southern Ontario that require government subsidized affordable housing. This will show how the gap in the planning process is effecting tenants with impairments and their ability to integrate and enjoy the surrounding community. In this section will be physical descriptions of the two sites with photos in Appendix A. These will showcase some of the physical barriers the tenants are facing within these communities.

This section will also include the experiences of the tenants living with impairments who reside in Lakeside Residences. These experiences will make real the consequences of the gap in a planning process that does not take into consideration the accessibility of the surrounding community. At the same time this section will include analysis of these experiences and how they relate to the conceptual and contextual information examined in the *Definitions* section of this paper. This will ground the

experiences of these tenants and help explain some of the reasons they are experiencing what they are experiencing.

The next section of this paper, entitled *Planning*, will examine planning theory and look specifically at a phenomenological approach to planning. The purpose of this is to show how current planning practices are effected by the historical ideologies related to disability and how perhaps a phenomenological approach to planning could better reduce marginalization and exclusion of persons living with impairment in the planning process. As well, a phenomenological approach may be useful in reducing the gap between building affordable social housing and the accessibility of the communities in which it is located.

Revealed in the course of this research is that Housing York Inc. (HYI) is slightly aware of this gap in the planning process and how it effects community integration for some of their tenants. As such, this section will also mention two initiatives that HYI has implemented in an attempt to increase community integration at their current buildings and future buildings.

The last section of this paper entitled *Conclusions*, will reflect on the research and some of the limitations that there are in utilizing two very specific case studies. As well, it is essential to reflect on some of the issues that were encountered in trying to recruit tenants for interviews at buildings owned by a public entity, particularly that permission to do so was not given. All interviews that were obtained were through personal connections with individuals and not through the recruitment process I had originally intended and as such I was unable to obtain interviews with tenants at one of

the case study sites. This requires some reflection as to why permission was not given and the effect this has on this research.

Finally, conclusions will be drawn regarding utilizing the phenomenological approach to planning and how it might effect this current gap in planning. Will it reduce marginalization? Will it better utilize the experiences of individuals living with impairments in locating building sites for future affordable social housing? These are just a couple of the questions that need be answered from this research.

However, before moving forward on any of these sections it is first important to have a brief look at the methodology of this research and how it was obtained.

2. Methodology

This research involved a combination of primary and secondary research. Primary research consisted of interviews with tenants of the two case study sites as well as interviews with professionals in the area of property management and development of government subsidized affordable housing. The purpose of these interviews was to better understand the experiences of individuals living with disability within subsidized housing and the surrounding built environments. The initial questions asked of the tenants (How long have they lived here? Was this site a first pick when looking for a place to live? What was their experience like in finding a place to live that met their financial and accessibility needs?) were designed to better understand the experiences of finding a place to live that met their needs. Beginning this research there was an assumption that, due to the wait list process, most tenants would have to go where space is available rather than going to a place that they actually want to live. It was

found that this assumption was incorrect and the tenants that were interviewed did indeed choose to live in the communities that they now find themselves.

The second set of questions for the tenants spoke specifically to their experiences with the surrounding built environment in the communities they now find themselves. These questions focused broadly on the built environment and the tenants ability to access services in the area, as well as their experiences with transit and it's ability to help them access areas of the community they would otherwise not be able to.

The final questions dealt with the tenants integration into the community. This research explored community integration and it's importance in the lives of individuals and as such it was important to see if the tenants who are experiencing disability through the surrounding built environment were able to adequately integrate into the surrounding community.

The interviews with the professionals were designed to help better understand the development process for York Region when it comes to funding and building subsidized affordable housing. As well, these interviews helped to understand the process in renting out units in new buildings and finally, what efforts York Region has made to integrate tenants into the communities that these buildings are located.

Primary research also involved site visits to Lakeside Residences in Keswick and The Richmond Hill Hub in Richmond Hill. These sites were chosen for a few different reasons: First, these sites are relatively new buildings to be opened by Housing York Inc.(HYI), and as such they speak to more recent development processes then buildings that are older. Second, this research came about due to personal conversations with the Property Manager of Lakeside Residences that described some

of the difficulties tenants with impairments were having in navigating and accessing the surrounding community of Keswick. Third, Lakeside Residences experienced a unique problem in that there was no community formation amongst the tenants of the building; a situation that has never been experienced in any HYI building before. Lastly, The Richmond Hill Hub is the first building built by HYI to integrate a community space into the building and this makes this site unique among all other buildings currently operated by HYI. All of these reasons spoke to the uniqueness of these sites and why they were of interest for this particular research. Much of the site visits will be described later in this paper and photographs will be included in Appendix A to showcase their similarities and differences.

The secondary research involved literature reviews to ground the experiences of these tenants in previous scholarship. Much research needed to be done to establish context that will help understand the experiences of the tenants. Understanding disability and how it is defined and viewed was essential because it sets out a context for current development processes in regards to accessibility, but also offered understanding to the experiences of the tenants and their feelings of exclusion from the community.

Research into community and various related terms, such as social capital and participation, was required to establish more context for why accessibility is essential for these tenants. Why is it important to be a part of community? Is social capital an appropriate benefit? How is community built? Why is participation in the community important? These are all questions that were part of this research and have been addressed within.

This research also examined planning theory in light of the research on disability and community. How does current planning theory reflect the understandings of disability? Does the current communicative model of planning adequately create plans that are accessible? Is a phenomenological model more appropriate to adequately encompass the experiences of those living with impairments in the planning process?

The goal of all of this research was to shed light on a gap in the planning process that does not adequately account for people living with impairments in social housing being moved into communities that are not adequately accessible. This can create issues of community participation and engagement essentially isolating the tenants with impairments to their homes and therefore losing all the benefits that come from community as well as the community losing out on their interaction and assets.

It is important to note that there were obvious limitations to this research. As I utilized only two case studies within York Region, it was very difficult to extrapolate the found experiences to cases outside of York Region. This research was very specific to York Region, but the hope is that it will be beneficial on a larger scale in helping to create planning and development policies that impact those living with disability across Ontario.

3. Context and definitions

3.1 Disability

When discussing issues of the built environment and disability it is essential to have an understanding of what is meant by disability. This section will attempt to offer a current definition of disability but also look at the history of the politics surrounding disability. Understanding the concept of disability will greatly help in planning to reduce disability and especially planning for housing for those with impairments.

The World Health Organization in their *International Classification of Functioning, Disability and Health* (ICF) offer two understandings of disability which come from two opposing models. The medical model of disability “views disability as a problem of the person, directly caused by disease, trauma or other health condition” (2001, p. 20). This model sees management of disability as aimed at either curing the medical problem or suggesting that the individual adjust or change behaviour to live with disability. Taken even further this model of disability can lead to an underlying societal attitude that disability is a social burden (Imrie, 2000, p. 1643). Clarifying this, Rob Imrie states that it is the impairment of the individual that needs then be dealt with through medical means rather than “transformations in sociocultural attitudes and practices” (2000, p. 1643). Therefore, at the political level this usually means changing health care policy to better deal with the underlying health issues creating the disability (WHO, 2001, p. 20) rather than dealing with societal structures and attitudes.

The social model of disability sees disability “as a socially created problem, and basically as a matter of the full integration of individuals into society” (WHO, 2001, p.

20). Michael Oliver clarifies this by stating that “disability is about nothing more complicated than a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of impairment” (Oliver, 2004, p.21). To clarify even further, the social model “assumes that the environment can be adapted to fit the capabilities of the individual” (Hahn, 1986, p. 274), or more succinctly, that the social and built environments can create disabilities. Therefore, in this model the issue of disability does not lie with the individuals medical issues but within society itself and therefore the management of the issue “requires social action and, it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life” (WHO, 2001, p. 20). The social model sees the issue of disability as requiring social change, making this view of disability highly political (WHO, 2001, p. 20).

At the same time it is important to note that the World Health Organization (WHO) sees a distinction between *impairment* and *disability*. Impairment is denoted as the physical issue effecting a persons body structure or function. Disability, on the other hand, is the result of an individual interacting with their surrounding environment (WHO, 2001, p.12-13). Based on this distinction then, a person who is blind has an impairment with their vision as this is the physical issue effecting their body; function of sight. The disability then arises as this individual interacts with the environment around them that is often built for persons without a visual impairment. All this to say that a person may be impaired in having an issue with the way their body functions, but this does not

necessarily present as a disability except when interacting in a built environment that was not built to accommodate said impairment.

Thus, while WHO makes a distinction between impairment and disability, it is due to their attempt to synthesize the definitions of disability presented by the two main models of disability. Impairment is based off of the medical model of disability, while disability is based on the social model of disability. WHO does this “in order to provide a coherent view of different perspectives of health from a biological, individual and social perspective” (WHO, 2001, p. 20).

These are the current definitions offered by WHO in regards to disability. These definitions were created due to the challenges to earlier definitions by the emergence of the social model of disability. The earlier definitions firmly placed the role of disability in the medical realm and in the hands of the individual to navigate life through adjustment and modifications to behaviour. As a response to the introduction of the social model of disability these newer definitions were established, but it is essential to point out that these definitions are still being challenged by disability activists and these challenges will be examined.

It has been noted by disability activists that these new definitions are “unlikely to be any more successful . . . in generating a universal language of disability” (Oliver & Barnes, 2012, p. 25). Oliver and Barnes offer many reasons for this: cultural differences in understanding impairment and disability are difficult to change; the classification systems used are still heavily grounded in western concepts; the formulation, while changed, still uses the individual as a starting point in analyzing body function and activity (2012, p. 25-26). Due to the fact that the ICF attempts to classify and categorize

persons with disability Oliver and Barnes go so far as to say that defining disability requires an entire new way of viewing the issue, something the authors attempt to do in their book *The New Politics of Disablement* (2012, p. 27).

Defining disability is not a straightforward process. In spite of the previous discussion and the classifications by WHO, at its most basic disability is “generally defined as a substantial limitation in life activities . . . [that] is a dynamic process reflecting an interaction of forces at the cellular, psychological, social, and environmental levels” (Clarke et al, 2008, p. 506). Therefore, disability is defined by the interaction of a myriad of forces. It is not as simple as a physical impairment, there is much more at work that creates disability. As such, it is necessary to delve into some of the history of the politics of disability and how it has come to be presented in the above fashion, rather than as simply a physical impairment that limits activities.

It is important to understand how these differing understandings of disability evolved as it adds context to why built environments have been constructed the way they are and how decisions are made in regards to building affordable social housing. Of particular interest is the role that rising capitalist society seems to have had at encouraging the medical model of disability, of which the social model of disability appears to be a critique and new way of viewing disability. Michael Oliver, Emeritus Professor of Disability Studies at the University of Greenwich, UK has been the largest writer and developer of the social model of disability. As such, much of the following comes from his research and development of the social model of disability. There have been others to contribute to the discussion and even some criticisms but Oliver is still the largest name as regards this particular topic. This is important to note as this is a

particular limitation when it comes to dealing with the social model of disability. That being said, it is still essential to look at how the medical model and social model of disability evolved into being in our capitalist society.

Michael Oliver and Colin Barnes lay out a history of disability and societal understanding of the same in their book *The New Politics of Disablement*. They utilize Finkelstein's (1980, referenced in Oliver & Barnes, 2012, p. 54) three phases of societal development that trace the transitions from "feudal' through capitalist to socialist society" (Oliver & Barnes, 2012, p. 54). Phase one occurs during the pre-industrial period where the main sources of economic activity consisted of agrarian or farming and small home based businesses. While Finkelstein suggests that people with impairments participated in economic activity at this time, Oliver & Barnes critique this by stating that they were often at the bottom of the social ladder and treated similarly to the poor and unemployed, essentially meaning they were treated poorly (2012, p. 54-55).

Phase two centres on the rise of industrial capitalism. During this phase, the move of work to industrialized, mechanized factories excluded people with impairments from participating in paid work as they could often not keep up with the pace in these environments (Oliver & Barnes, 2012, p. 55). This created a societal atmosphere that encouraged segregation of people with impairments to institutions or simply left to fend for themselves on the street (Oliver & Barnes, 2012, p. 55). As Oliver notes elsewhere, the coming of industrial capitalism led to people with disabilities suffering exclusion both economically and socially (Oliver, 2004, p. 86). Of particular importance to note is that this exclusion created a production of disability that saw disability "as an individual problem requiring medical treatment" (Oliver, 2004, p. 86). Oliver & Barnes explain that

during this phase people with disability essentially became a distinct group that needed to be segregated from the rest of society. They were separated from their class origins as established in phase one and disability came to be seen as a problem for the individual to overcome and a societal restriction (Oliver & Barnes, 2012, p. 56).

Finkelstein's third phase saw a future in the latter half of the twentieth century where disability would solely be seen as a result of social restriction, no longer an individual medical issue that needed treatment (Oliver & Barnes, 2012, p. 56).

Unfortunately, as Oliver & Barnes point out capitalism has survived and phase three seems a long way off and unlikely to occur anytime soon (2012, p. 56).

The point of examining these phases is to show how the concept of disability has changed particularly from phase one to phase two. However, it does not adequately explain the ideologies that were created through the rise of capitalism, therefore, it is essential to briefly look at these ideologies and how disability has been constructed in the current capitalist society.

One of the first ways in which Capitalism has had influences on the societal view of disability is that much of the current understanding of disability is underpinned by a materialist view of society, meaning that disability that is produced in a capitalist society is no different than the production of other material goods (Oliver, 2004, p. 83). As such, in capitalist society, disability is an industry that has as its ultimate goal of producing the product in particular ways with the use of a workforce while "exerting as much control over the process of production as possible" (Oliver, 2004, p. 83). What this means then, is that disability as a product has led to a certain set of political actions and activities that allow the production to occur, all underpinned by a societal ideology that allows this

type of production to be legitimate (Oliver, 2004, p. 83). What this essentially means is that current capitalist society has created an atmosphere that allows disability to be produced in a certain way. This way has often led to the exclusion and repression of those who live with disability, which will be discussed next.

A second contributing factor causing capitalist society to exclude people with disability comes from a suggestion that social control is a problem faced by capitalist societies (Oliver, 2004, p. 86). In an attempt to resolve this issue of social control a combination of mechanisms that are both repressive and ideological in nature are needed (Oliver, 2004, p. 86). Oliver sees the institution, a place to put those who do not conform to society, either in behaviour or ability, as the perfect combination of repression and ideology. Those who did not conform were removed from society and excluded (repression) and those who do conform were aware of what could happen to them if they did not conform (ideology). In this way the institution has successfully met capitalism's needs for discipline and social control (Oliver, 2004, p. 86). While the sending of people off to an institution has fallen out of favour, particularly due to the rising cost of this type of control, the ideology remains, according to Oliver (2004, p. 87-88). He states that the same things are being done to disabled people today by the same people, the titles and names of the services may have changed, but "the material fact remains, [that] it is still professionals doing it, whatever "it" is called, to disabled people" (Oliver, 2004, p. 88).

Therefore, capitalism has established an ideology of societal control that attempts to repress those who do not fit the social norms of the day. This applies quite heavily to those living with physical impairments. This ideology suggests that it is the

person with the impairment that needs to strive to “conform” to those societal norms. As such then, it is a personal problem that requires medical attention to become normal and it is from here that the medical model of disability arose.

One final aspect of Capitalism’s influence on disability is the issue of class. As was noted when discussing Finkelstein’s phases the rise of industrial society saw people with impairment excluded from the workforce as they often could not keep pace with the working conditions within factories. As well, capitalist society encouraged the repression and exclusion of people with impairments as they did not conform to the societal norms. As a result, many people living with impairments were excluded from being able to find financial independence through employment and labour. Oliver and Barnes note that there is “growing evidence that people with impairments are generally ‘the poorest of the poor’ in rich and poor countries alike” (2012, p. 108). This is essential to understand as it explains the connection between persons with impairment and affordable social housing. If an impairment essentially means poverty, then having affordable social housing is essential. As well, having affordable social housing that is accessible and located in communities that are accessible is doubly important.

All of these aspects show how capitalism has influenced the view of disability within society. It has created a worldview that impairment is a problem for the individual to overcome and therefore it is not society’s issue to solve. Capitalism has certainly encouraged the use the medical model of disability by creating a society that turns disability into a product. It also means that an industry has built up to continue to produce disability in this way, which is what Oliver appears to be suggesting (2004, p. 83). As such, it is very difficult now to change the way that society views disability as

there will be push back from those who tend to profit from the way disability is currently produced. This can be seen in other industries that are being asked to change how they do things by the addition of pollution controls or environmental concerns, for example.

Class creation through the exclusion and repression of people living with impairments connects all of these issues directly to the development of affordable social housing and where it is situated and how accessible the surrounding community is. The medical model of disability would state that this is an issue for the individual to overcome through adaptation and technology. The social model of disability would suggest that it is society's responsibility to create a built environment that is accessible to those with impairments so that they can live life as fully as those without impairments. The definition of disability offered by WHO attempts to combine the two models, which still falls short of putting the responsibility fully on society to change the way our environments are built and shaped.

In regards to affordable social housing and this research, these aspects of disability are important to understand. They help explain why social housing has been developed the way it has. It helps explain why the built environments have been built the way they are. It also should encourage change in the way these things are done. As part of understanding why this change needs to occur, it is essential to look at aspects of community. It has already been noted how persons with impairment have been excluded from communities due to their differences, but it is essential to examine why being part of the larger community is important, not just for them, but for the community as a whole.

First however, an understanding of what is referred to when discussing affordable social housing is necessary because, as mentioned, persons with impairments often experience poverty. As such, many persons with impairment will look for and live in affordable social housing. It is necessary to know what is meant by this term as it is utilized throughout this paper and having a working definition will give context to what the term encompasses.

3.2 Social Housing

Simply put, *social housing* refers to any type of residential unit that is owned by the state to house low-income families or individuals, individuals with disabilities or senior citizens (Pablo, 2015). While this is a very straightforward definition it does miss a few things when defining *social housing*. The above definition assumes that it is the state that provides all housing units and this is simply not always the case. In many cases, not-for-profit organizations offer units for those in housing need (Reeves, 2, 2013). In fact, some consider private, not-for-profit organizations that provide housing to be social housing that is in some way different than the housing provided for by a government owned housing development (Barton, p. 109, 1996). However, this distinction is unnecessary as “the term social housing is used in Canada to describe all forms of publicly assisted housing: public, non-profit and co-op” (Wolfe, p.123, 1998).

In continuing to define *social housing*, Paul Reeves extends the above definition further by putting together several concepts to come up with an understanding of *social housing* that is: low-rent in comparison with market value housing, that is able to meet

housing need rather than simple housing demand and is relatively secure, because if it was not, then there would be recurrence of housing need (p. 5, 2013).

One final aspect that is required to understand *social housing* and how to define it is the issue of affordability. What is considered affordable in the realm of housing? It is often understood that one must spend 30 percent of their income on housing needs (Zon, p. 1, 2015). Unfortunately, many low-income families often spend more than the 30 percent, often upwards of 50%, on their housing and this “undermines their ability to improve their lives and has an impact on economic growth, labour markets, social service costs and public safety” (Zon, p. 1, 2015). This suggests that *social housing* in some way must be able to keep housing costs at or below the required 30 percent of income, often through a government funded subsidy.

With this added information *social housing* then is a type of housing that is owned by either the state, a private, not-for-profit organization or a co-op with the purpose of providing low-rent, secure housing to meet a housing need that does not surpass an expenditure of over 30 percent of income. This is a solid definition of *social housing* and is the one that will be assumed when discussing social housing throughout this research.

From here it is necessary to turn back to terms related to community. These are necessary as the working hypothesis is that a planning gap exists placing affordable social housing into communities that are inaccessible to tenants with impairments. As such, an understanding of what is meant by community and why it is important to be integrated and participating in the community are the next steps in providing context regarding this planning gap.

3.3 Community

Community is a difficult term to define as it can mean a number of different things. Merriam-Webster offers multiple definitions for *community* starting with “a unified body of individuals” (“Community”, 2017) which covers everything from a nation state to simply a group of individuals with common interests or characteristics. It can also mean “society at large” or “joint ownership or participation” (“Community”, 2017). For the purposes of this research a more elaborate and in depth definition is needed but the point that there can be multiple meanings needs to be remembered and explains some of the difficulty in defining this term.

A more scholarly definition of *community* has been developed by a group of scholars looking to grasp what is meant by the term to diverse groups of people. Their conclusion is that *community* can be defined as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings” (MacQueen et al, 2001, p. 1936). The goal of their research was to see if they could establish a single definition of community that would encompass the vast diversity of local experiences in an effort to better deploy public health services (MacQueen et al, 2001, p. 1929-1930). This is beneficial to this present research as it provides a more adequate working definition that encompasses several of the dictionary definitions into one.

As well, MacQueen et al identified a core cluster of five elements that composed this concept of community and understanding these elements is essential to a fuller idea of community. The five elements are *locus*, *sharing*, *joint action*, *social ties*, and

diversity (2001, p. 1930) and it benefits this research to examine each one briefly as they will deepen the understanding of just what we are referring to when speaking of *community*.

The first element, *locus*, refers to an idea of place or a sense of location. Essentially, community can be located geographically and often has boundaries. This means that community can refer to a town, block, building, home, church and other specific local establishments and environments where people gather together (MacQueen et al, 2001, p. 1930). The second element, *sharing*, refers to community often consisting of individuals that share common interests or shared perspective. This can include everything from shared beliefs and ideologies, activities and goals, race or sexual identity, and oppression, trials and history (MacQueen et al, 2001, p. 1930).

Joint Action, the third element identified by MacQueen et al was seen as an element that naturally creates community. Common ways joint action occur are socializing, community clean up days, providing for neighbours and sharing resources (MacQueen et al, 2001, p. 1930). All of these actions can generate community simply by encouraging the relationships needed for community to form beyond the *locus* and *sharing* elements. *Social ties*, the fourth element, are the “interpersonal relationships that formed the foundation for community” (MacQueen et al, 2001, p. 1930). The final element identified by MacQueen et al is *diversity*. This element refers to social complexity within a community. Essentially, a community cannot consist of a homogenous group of people, there needs to be differing views, social diversity, groups that bridge smaller communities into the larger community and groups of specialized

individuals performing needed tasks within the community (MacQueen et al, 2001, p. 1930).

Put all of these elements together and one can see that *community* as a concept goes much deeper than simply being a location. While location is certainly a large part of community, it goes beyond the physical location to the relationships between individuals and groups within that particular location. There can be smaller communities within the larger communities (ie. a religious congregation that is part of a town or a group of hobbyists who gather together but they all live in the same building). These relationships create a sense of trust (or distrust) among individuals and groups allowing them to create common goals for their larger communities. Ultimately then, based on all of this, we come back to the definition offered earlier by MacQueen et al, “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings” (2001, p. 1936). This definition speaks to all of these elements and is what will be meant when community is referred to within this research.

Having determined what exactly we mean by *community*, it is essential to understand why community is important, especially for those living with impairments. This is the question that really requires answering because if being a part of a community is not important then creating a built environment that is accessible for all people is not essential. This section will explore the importance of community by examining first the concept of *participation*, particularly as it relates to individuals living with impairments.

3.4 Participation

WHO, in defining disability and impairment the way they have in the ICF, have focused attention on participation (Law, 2002, p. 641). It is essential to understand this concept if we are to move forward in our examination of built environments and disability. As well, an understanding of participation will help show the importance of community, specifically for persons living with impairments.

In the ICF, participation is identified as a concept closely related to issues of functioning and disability and it is defined rather straightforwardly there. In the context of the ICF, participation is simply “Involvement in a life situation” (WHO, 2001, p. 14). Cardol et al take this definition a step further and suggest that within the ICF participation is “conceived as a dynamic, complex interaction between an individual’s health condition, body functions, activities (functional status), and external factors that represent the circumstances in which the individual lives” (2002, p. 28). To state more clearly, participation is the ability of an individual to be involved in any particular life situation as needed, often limited by complex interactions between health, body function and the surrounding environment.

Another definition that bears looking at comes from M. Law’s study of the etymology of participation and common English definitions. Her conclusion is that participation is “involvement or sharing, particularly in an activity” (Law, 2002, p. 641). Law suggests that participation goes simply beyond involvement in an activity but that there is also something in regards to the nature of the involvement and the extent of the

involvement, meaning that participation is more than just being present while an activity is occurring (Law, 2002, p. 641).

One last aspect of participation is presented by Verdonschot et al. In an article entitled *The Impact of Environmental Factors on Community Participation of Persons with an Intellectual Disability: A Systematic Review* the authors suggest that participation involves four social life areas: domestic life; interpersonal life; major life areas consisting of education and employment; and community, civic and social life (2009, p. 55). Therefore, participation involves all activities of life, from simple domestic life at home to more complex activities like employment or community engagement.

Participation then refers to a person's ability to go about their daily lives and whatever those lives entail. From simple domestic activities to larger more socially complex activities, the ability to participate is essential for persons with impairments. In fact, Rosenberg et al did a study to show that physical barriers within the built environment created barriers for persons with impairment being able to participate (2012). This study found that certain features of the built environment often prevented individuals with impairments from getting out and participating in their community. Many of the built environment features that were found to be barriers to participation in this study are very similar to the barriers experienced by the tenants interviewed at Lakeside Residences and seen at The Richmond Hill Hub, as will be noted later.

Another study done by Clarke and George determined that an inaccessible built environment can actually exacerbate disability (2005, p. 1937). They determined through their research that an inaccessible built environment increases the "gap between an individual's functional capacity and their ability to carry out desired

activities” (2005, p. 1937). This further points to the issue that an inaccessible built environment effects a person’s ability to participate, even more so if that person has an impairment.

What is important to take from these two studies is that the built environment can create barriers to participation for individuals with impairments. Participation is essential for people to be able to live their lives to the fullest, but it also allows for opportunities for physical exercise and time in the outdoors, both of which are beneficial to overall health and well-being (Rosenberg et al, 2012, p. 277). Participation also allows for opportunities for an individual to be a part of the larger community, both the locale and the relationship building that is the deeper aspect of community.

Therefore, creating a built environment that is accessible for those with impairments is essential as a part of involving them in the community, and being involved within the community leads to the development of *social capital*. This is an important asset gained through being a part of community and therefore requires some time explaining what it is and it’s importance.

3.5 Social Capital

Robert Putnam, in his seminal work about American community, *Bowling Alone*, gives a brief history of social capital and defines it as well. Originally coined in 1916 by L.J. Hanifan to explain why community involvement was important for successful schools, *social capital* reappeared several times over the next 100 years by numerous scholars and researchers. However, it was not until the late 1980’s that *social*

capital became firmly rooted on the intellectual stage by sociologist James S. Coleman, once again highlighting its importance for education (Putnam, 2000, p.19-20).

Going back to that original usage by Hanifan, Putnam quotes his definition of *social capital* and states that the components that are found in the modern understanding of social capital were there back in 1916. Hanifan's definition is that *social capital* refers to "those tangible substances [that] count for most in the daily lives of people: namely good will, fellowship, sympathy, and social intercourse among the individuals and families who make up a social unit" (quoted in Putnam, 2000, p. 19). Putnam clarifies this by stating that *social capital* is the connections among individuals, essentially the relationships between people within the community. These relationships create a climate of reciprocity and trustworthiness that has value and essentially makes individuals more productive through these social relationships (Putnam, 2000, p. 19).

Adler and Kwon take this a bit further suggesting that "social capital is the resource available to actors as a function of their location in the structure of their social relations" (2002, p. 18). Therefore, based on all of these understandings, social capital can be seen as a resource that individuals who are part of a larger social unit (community, if you will) can draw upon when needed to make themselves more productive and making the community a better place to be.

It is important here to point out a particular criticism of social capital and its bearing on how social capital can relate to those experiencing disability. This criticism is brought forth by Stephen Samuel Smith and Jessica Kulynych in their essay entitled *Liberty, Equality, and . . . Social Capital?*. They feel the term *social capital* is used too casually to discuss issues of civic engagement and community when it uses the

language of capitalism, which has often not regarded community or civic engagement as particularly important (2002, p. 127). They explain:

The primary meaning of the word capital . . . comes from the way it has been used in economic analysis. This meaning is irretrievably linked to capitalism, individualism, competition, the market, and the acquisition of wealth, things that most political discourse views as opposed to those aspects of community that discussions of social capital typically value (2002, p. 128-129).

Essentially, by utilizing the term *social capital* it reduces the relationships and virtues of community to a very basic form of economic transaction (2002, p. 129).

Based on this particular criticism of *social capital*, relationships within community and community itself can be viewed as benefits to the individual by what they receive from them. This misses the concept of goodwill and reciprocity and focuses the concept of *social capital* on an economic transaction that states that “If I do this for the community, I will receive this in return”. It becomes about the transaction, rather than about the relationships and the community as a whole and how benefiting these things can improve everyone’s lives within the community as a whole.

As well, this criticism of *social capital* is essential to look at because as mentioned earlier, capitalism can be viewed as one of the major creators of disability within our society today. Persons with impairments are already marginalized through the concepts of capitalism and to suggest that they need to build up social capital within their communities may further marginalize them simply through the use of this particular term and it’s underlying capitalist reference.

With all of that being stated though, *social capital* as defined by Putnam and others is an attempt to explain and understand those human interactions that occur with community. It is those that are important, and what make being a part of a community essential. So, while *social capital* is a good attempt to explain those relationships and interactions, the language of capitalism hinders it from being as effective as it could be and perhaps in dealing with people experiencing disability it might be wiser to utilize terms that are not grounded in aspects of capitalism and individualism.

The last issue regarding community that needs to be developed is that of *place attachment*. This will give some understanding as to why it is necessary for individuals to integrate and participate in the community, and offer some insight as why individuals may not participate as well.

3.6 Place Attachment

Place attachment is a term used to understand an individual's feelings toward a particular place. Much of the research on place attachment is varied but the majority comes down to one particular aspect, and that is the relationships people have with place (Manzo & Perkins, 2006, p. 337). People develop relationships with places; they attach meaning to them and these places become important. These meanings and attachments are made over time, through experiences with these places (Manzo & Perkins, 2006, p. 337). The question then is, how does this idea of place attachment relate to individuals struggling to participate in community? Essentially, it means that if individuals cannot participate within their community, they cannot then form attachments

and meanings to place and as such are even more disinclined to participate in the community. Ultimately, furthering to isolate themselves from the community.

Manzo and Perkins refer to this as “disruptions to place attachments” (2006, p. 337). While they speak of much larger disruptions such as hurricanes or developments that change the fabric of a community (2006, p. 337), it is not much of a stretch to see that built environment barriers can cause disruptions to place attachment as well. Manzo and Perkins suggest that disruptions have the potential to either mobilize a community to rebuild (or reshape) or they can cause division within the community (2006, p. 338). Therefore, it is essential that disruptions be recognized and addressed well in an effort to mobilize rather than divide.

Place attachments, according to Manzo and Perkins, have the ability to empower individuals and communities to participate, specifically in change efforts within the community, but on a much smaller scale they can be empowered to participate in the daily life of the community (2006, p. 340). What this means is that if individuals feel they are attached to a place they will feel much more empowered to participate in that community and even greater than that, work to change the community for the better.

What can be seen from place attachments, as well as social capital and participation is that they help create and build community, but at the same time it requires being a part of a community for these to take place. There is oftentimes a catalyst for joining a specific community. Whether it be membership in a local congregation or attachment to the natural beauty of a place, something catalyses the membership in the larger community. Understanding this relationship between community formation and catalysts is necessary as it will help understand how these

catalysts can spur on community formation and integration. Therefore, religious involvement will be used as a specific example to explore this relationship in the next section.

3.7 Religion and Community Formation

In a study of religious institutions across the city of Chicago, it was noted the various ways each of these institutions created a community of believers, but also how some of them reached beyond their various congregations to influence and create community in their neighbourhoods and locales (Livezey, 2000). One of the largest findings that came out of this study was that “Americans are inclined to use their religious institutions to build community in the face of social change” (Warner, 2000, p. 298). This concept seems to be repeated by Putnam regarding social capital and the church, stating that “faith communities in which people worship together are arguably the single most important repository of social capital in America” (2000, p. 66). Therefore, what this evidence seems to point to is that religious communities often play a large role in creating and forming community. These institutions become bastions of community formation at a level of religious ideology, bringing together individuals who share a similar faith.

However, this community formation is often not limited to the boundaries of the religious building. Often times, as Warner notes, these religious institutions practice teachings that encourage their members to look beyond the religious community to the community outside their walls (2000, p. 298). Teachings such as creating a safe haven

for all people in the neighbourhood, not just a safe haven for members show that the religious institution is there for everyone in the community. Warner suggests that religious institutions and their members, based on the findings in *Public Religion and Urban Transformation*, are committed to “moral self-improvement of their own communities” (2000, p. 299). Essentially, what all this points to is that religious institutions often teach the members of their communities to look beyond their members to the people of the surrounding neighbourhoods and community and work to build community with them, rather than separate from them.

Religious institutions then can play a major part in forming community. They are already a community of like-minded individuals who are often encouraged and taught to reach out and form relationships (build community) with those outside of the religious community. However, as regards those with impairments, religious institutions struggle as much as regular communities to be accessible. It has been suggested by one Christian pastor that while churches often have parking, access ramps and equipped washrooms, they often do not welcome individuals with impairments (physical or mental) into their communities (Harrelson, 2017). The implication being that even though the building is accessible, the relationships are not being built and those with impairments are not being welcomed into the community like an able bodied person might.

Therefore, while the studies seem to suggest that religious institutions are great at building community and social capital, they still have a long way to go when it comes to including people with impairments into their community. Harrelson suggests that this may be out of personal self-preservation; the religious community doesn't know what to

say or how to relate (2017). This is probably closely related to the social ideology surrounding disability that was discussed earlier.

While it seems that some Christians have their doubts about how their congregations relate to and integrate individuals with impairments, the empirical studies seem to indicate that religious institutions are still very good at building community. Relating it back to issues of social capital and place attachment, a religious community as suggested by Putnam is a large source of social capital and therefore a community asset. As well, being involved in a religious community offers another reason to become attached to a place. In this way, being part of a religious community can become a catalyst to becoming involved and integrated into the larger surrounding community.

It has been shown that involvement in a religious institution can be a catalyst to community formation and integration. This is just one of many catalysts that can lead to community formation; involvement in other community groups or hobbies that involve other people are a couple of other ways that community formation and integration can be catalysed. As will be seen through the interviews with the tenants, there was a catalyst that drew them to Keswick and as such makes them want to be a part of the larger community surrounding them. Unfortunately, they have experienced barriers in the form of the physical built environment that prevents them from integrating into the community as they would like to.

To better understand the reasons there are these physical barriers it is necessary to understand the development and rental processes that Housing York Inc. utilizes. Understanding the processes and criteria that HYI uses needs to be examined to fully

understand and grasp the complexity of the issue in trying to build their buildings so that they are fully accessible and within communities that are accessible.

4. Social Housing in York Region

4.1 Development Process

Affordable, social housing is in short supply across York Region, not to mention across Ontario and Canada. However, this research is focused on York Region and as such it is important to look at how York Region selects sites to build this type of housing. Much of the following information was obtained through a personal interview with Joshua Scholten, Director of Housing Development and Asset Strategy and Melissa McEnroe, Real Estate Development Manager, who both work for York Region.

Considering the placement of the two locations that are being used as case studies in this research, it was important to ask how York region selects properties and locations in which to build affordable social housing. Mr. Scholten had this to say:

We actually went through a process last year where we looked at a locational analysis . . . we did a heat map for the best locations for property. So, we looked at everything from the need for affordable housing . . . We looked at the walkability as well . . . In the Region specifically we are looking to develop in all municipalities.

The locational analysis that Mr. Scholten refers to offers several guiding principles that York Region utilizes when looking to build new affordable housing, which is needed across the region. These principles include: Integration, permanent affordability, focus on modest housing reform, intensification of regional centres and

corridors, linking housing to transit, services and employment, addressing the social housing waiting list, initiatives that have local municipal support and investments are secured in a way that achieves public accountability (Community and Health Services - York Region, 2016). At the same time, there are several locational and prioritizing components that York Region utilizes in determining the priority of where to build next. These components consist of: Housing need, access to services, access to transit, regional official plan alignment, contribution to regional strategic initiatives, local municipal support and previous investment in the local municipality (Community and Health Services - York Region, 2016). What can be seen from these principles and components is that there are several factors that influence and guide York region in determining where to build new affordable social housing. Some of the components help determine the precise location of the build, while some help prioritize the municipality in which to build.

Interestingly, when determining locational priorities Mr. Scholten states that they “specifically, actually use the Walk Score . . . it’s a third party [that] aggregates and gives you score out 100 on how walkable the location is, and they also have one for transit as well”. Available at www.Walkscore.com, this third party software aims to promote walkable neighbourhoods with the understanding that this is one of the easiest solutions for environment and health (“About Walk Score”, 2017). York Region utilizes this third party software when determining best locations for new affordable social housing because they want to promote walking and public transit and this software gives a score for both of those transit methods. While there is a professional version, the free version is open and available for anyone looking for a walkability score for

where they live or will live. However, the Walk Score does not establish accessibility. It appears to base the score on an able bodied person's ability to walk within the surrounding community. No consideration seems to be made for whether the surrounding amenities that may be near by based on the score are readily accessible for anyone living with impairment.

When asked about prioritizing accessibility within the community when locating sites, Mr. Scholten mentioned that it was challenging. In our interview he had this to say:

Each municipality has a responsibility on their part to be providing accessible infrastructures . . . For us to go out and do an assessment of the exterior . . . the surrounding areas for accessibility, it could become challenging. And if it was felt it didn't meet the needs there is little we could do about it.

When Mr. Scholten suggests that there is little they as the Region can do about accessibility within the surrounding communities, he is referring to the fact that York Region is an upper tier municipal government that has certain responsibilities. In this case, York region looks after providing social housing around the Region. Each municipality within York Region, or lower tier government, is responsible for the accessible infrastructure within the municipality. Ultimately, what this means is that York Region's influence on accessibility ends at the edge of the site plan for their development. Past the site plan, any issues of accessibility become the responsibility of the municipality.

This is evidenced in a current development that is beginning in Woodbridge. Ms. McEnroe comments that they currently have a site plan application in for redevelopment of a location in Woodbridge where on the site plan they have included a sidewalk, but

beyond the boundaries of the site plan there is no current municipal sidewalk on that side of the street but there is on the other. Currently there is no crosswalk either creating a possibly dangerous situation. Ms. McEnroe continues:

The onus is not on us to provide [a sidewalk or crosswalk], that's public infrastructure. So, as part of our development, because we're public sector and because of all the terms, we're providing a sidewalk to the end of our site so that in the future another one can be done but [Woodbridge] is not providing the sidewalk past our site essentially. They have the opportunity if they want to continue, but they are not doing that. They are reviewing it . . . eventually it will get done.

For this new development to be considered accessible, a sidewalk is needed that is ultimately the Municipality's responsibility but because their current planning doesn't call for that sidewalk right now, they are reviewing it in conjunction with the site plan application. At the same time, York Region recognizes the need for the sidewalk for their building to be accessible so they are providing one but only within their site plan. Outside of the site plan, there is no connecting sidewalk or pedestrian connections creating a potentially dangerous situation. Now, while this problem has come to light through the site plan application it still is up to the municipality to act on this problem now that they are aware of it. It is here that the gap in planning for accessibility begins to be seen.

As a final note on the development criteria that York Region utilizes for building new affordable social housing the issue of financing needs to be addressed. As Mr. Scholten notes "We are public stewards of public money . . . we need to make sure we are using it in a responsible and prudent way". All of the money that comes to build

affordable social housing comes from public funds, that is tax dollars. York Region became responsible for social housing in the early 2000's and that means that much of the money for these projects has to come from the Region and the municipalities located within the Region. While that is the case, "the federal and provincial governments have offered a series of time limited new supply programs" (Community and Health Services - York Region, 2016, p. 6). Therefore, the federal and provincial governments provide money in a time limited way to help York Region (and other municipalities and regions) build affordable social housing. The time limit means that the money often needs to be used by a certain date or it is lost. Therefore, while York Region may have a perfect location to build housing, that location and project may not fit in the timeframe to use the allocated funds. In which case they will build another project in another location that may be further along in the development process and allows the Region to make use of these time limited funding packages.

At the same time, referring back to being the stewards of public funds, Mr. Scholten comments that it requires money to make things accessible. In most cases, York Regions buildings are built to minimum accessibility standards as laid out in the building codes meant to comply with the Accessibility for Ontarians with Disabilities Act (AODA). Mr. Scholten and Ms. McEnroe both suggest that developers, both private and public, will only build to minimum accessibility standards because accessibility is costly. They note that each individual has unique challenges and therefore the building code may not exactly meet the needs of the tenant, but to meet the specific needs of each tenant costs money. Money that is limited to begin with because it is publicly funded and often under time limits to be utilized.

Therefore, building for accessibility is costly. This is a consideration that needs to be remembered, particularly in the public development process. While Mr. Scholten does state that as public developers they go a bit beyond the minimum requirements, they still start with the minimum and don't often go much beyond that when it comes to accessibility. As well, this only applies to the buildings themselves and the surrounding site, it does not go beyond the site plan that York Region provides to the municipalities.

Ultimately, choosing a site for affordable social housing comes down to the need for it, the locational analysis and the financing available at the time. Even if York Region did use accessibility as a criteria for siting their social housing developments, there is little they could do about accessibility at their level beyond what they provide for their buildings. York region's responsibility is to provide housing, and as part of that housing some needs to be accessible, so that is what they focus their priorities on. If they build in a community that is unaccessible, that responsibility then falls on the municipal government to deal with those types of issues and complaints, and in the end, York Region has provided much needed affordable social housing in a community that likely was in great need of it. However, the gap in planning that creates fluid accessibility between the site and the community is seen in the Woodbridge example mentioned above and even more so in the lived experiences of the tenants in Lakeside Residences.

4.2 Rent-up Process

It was mentioned in the introduction that due to the shortage of affordable social housing there is often a very long wait list to get into any available units. In an interview with the property manager for Lakeside Residences, Christina Bonham, it was mentioned that current wait list times in York Region are 10 years. However, this wait time is often much shorter for those that require accessible units. Ms. Bonham comments that “we could likely house people in accessible units within six months”. This is due to the fact that there is actually a separate wait list for persons with impairments. They go on a list that coordinates with the list of available accessible units within York Region as a whole. So, in this regard, persons with impairments, while not given any more priority than able bodied individuals, are simply put on a wait list that corresponds to available accessible units.

It should be noted however, that not all accessible units meet the specific needs of individuals with impairments. This is due to in large part to the age of certain buildings. Older buildings were simply not built to the accessible standards of today and therefore many of these older units may not meet the needs of certain individuals.

As regards location though, the applicant has full choice over what part of York Region that they want to live. They apply to specific buildings and municipalities. However, Ms. Bonham notes that many persons with impairments recognize the challenges that there may be in accessing services and transit in a more remote part of York Region like Keswick, compared to someplace more central, such as Richmond Hill. This means that the accessible units in more centrally located areas of York Region fill up quicker than those that are on the fringes. The fact still remains though, that the

applicant has complete control over where they want to go in regards to municipality within York region. This will be seen through the tenant interviews where all the interviewees stated that they expressly wanted to live in Keswick and were able to do so.

The assumption when beginning this research was that the applicant would have little to no choice over where they were eventually housed and that this would contribute to being placed in inaccessible communities such as Keswick. However, after speaking with Ms. Bonham and the tenants, it has become clear that the applicants actually do have control over where they are housed. As such, those that have moved to Keswick, purposefully did so. They may not have been aware of some of the inaccessibility issues they would face, but the idea of living in the town they grew up in with its natural beauty seem to have been strong draws to this particular community and they would have likely moved to Keswick knowing about the issues of accessibility anyway. Ultimately, these applicants are free to go wherever they would like to within York Region. Many choose more central locations due to the greater accessibility to transit and services, but others choose to live in more remote parts of the region despite the lack of accessibility. That is their choice, but it does not mean that the more remote locations should not be equally accessible for all people who want to live there.

The research above has shown that disability through much of history, and even more so with the rise of capitalism, has been considered the problem of the individual with the impairment. The medical model of disability arose as a result of this mindset, encouraging those with impairment to adapt to their situation and attempt to live as close to normal as possible. This ideology has also influenced how communities are

built. Considering the fact that those with the impairment needed to adapt then building an environment that was accessible for them was not necessary. It was their job to simply adapt and figure out a way to navigate the environment that was built.

As it is often difficult and, in the words of one Lakeside tenant, “dehumanizing” to adapt to every physical barrier within the built environment this can lead to exclusion and isolation from the surrounding environment and therefore the community. It has been shown that being a part of the community is essential for well being and health and therefore, if persons with impairment are unable to be a part of the community they are missing out on valuable benefits that could help them in their daily lives and in their well-being.

Current social housing development processes within York Region do their best to locate social housing in areas that are walkable and close to transit options, however, these often don't go far enough when thinking of individuals with impairments. What may be walkable for an unimpaired individual may be extremely dangerous or difficult for an impaired individual. Add to that the fact that York Region has upper tier and lower tier municipal governments that are responsible for different areas, it allows Housing York Inc. to be able to say that their responsibility for accessibility ends at the boundaries on the site plan. They are then not responsible to make sure that the surrounding community is accessible for their tenants with impairments. At most, being a part of the upper tier level of government, they can encourage the lower tier to consider making the surrounding area more accessible, but they cannot force them to do it or do it themselves.

Therefore, due to all of the above issues, a gap in the planning process has occurred that does not require affordable social housing within York region to consider the accessibility of the surrounding environment, even though they are bringing in tenants who are impaired to live in their buildings. The result of this planning gap is tenants who experience a severe difficulty in engaging and interacting with the communities in which they now find themselves. The next section of this paper will look specifically at two locations within York Region as case studies and the experiences of some of the tenants who live in these buildings in engaging and accessing their communities.

5. Case Studies

5.1 Lakeside Residences

Built in the town of Keswick within the Township of Georgina, Lakeside Residences (hereafter referred to as Lakeside) is one of York Region's newer housing complexes. It is a six story building that is a mix of market rental units (units that are rented out at the current market rate) and government subsidized rental units (See Image 1). Of the three housing complexes owned by Housing York, Inc. (the body that looks after social housing in York Region) in Keswick, Lakeside is the only complex to offer accessible units for persons with disability of which there are 12 units ("Housing Locations - Lakeside Residences", 2017).

Lakeside was built in the older downtown area of Keswick. This part of the town is actually located at one of the highest points topographically in the town limits and therefore, it is all downhill from that area of town to anywhere else. Anyone looking to go

anywhere from Lakeside require travelling downhill, and eventually back up again for the return home (See Images 2 & 3). As well, since this is the older part of town many of the shops and services located there were built before recent accessibility standards came into play and therefore they are highly inaccessible for persons with disability. Many of the shops have steps up into them and their doorways are often too narrow for persons in wheelchairs, and sometimes even just walkers, to gain access (See Image 4). There is a grocery store located at the bottom of the hill and is accessible to those in wheel chairs, however, as some tenants pointed out at a public meeting, there is only one payment station that is wide enough for their wheelchairs and it is often not open when they need it to be.

As mentioned, Lakeside is built in the older part of downtown Keswick. It is essential to note that there is a newer shopping and service district being built in Keswick, located at the southern end of the town and running north along Woodbine Avenue. Located here is a large new Walmart, which includes a pharmacy and a walk-in clinic. As well, there are other medical services, retail shops, banks and restaurants in the area. As these have all been built within the last ten years their accessibility standards are much more accommodating than those in the older part of town. However, these shops and services are located just over 5km (over 10km roundtrip) from Lakeside and as mentioned previously would require travelling down and then back up the hill.

As a final look at the surrounding environment around Lakeside it is essential to examine the public transit that is available. With many of the accessible services being located in another part of the town, public transit is often the only way for those with

impairment to get to where they need to go. Public transit in Keswick is operated by York Region Transit (YRT). There is a local bus that does a circular route around the town and another bus route that runs from Newmarket to Sutton passing through Keswick on it's way north and south. The local bus is what would be used to get from Lakeside to the services in the south end of town. In a public meeting with tenants however, it was noted by some tenants that the regular busses could not handle the electric wheelchairs and scooters that many of the tenants with impairments utilize to get around. In a later interview with a tenant though, it was mentioned that YRT did a demonstration at the building that showed that some of the electric wheelchairs would fit on the regular busses, but some of the larger wheelchairs used by some tenants still would not fit. YRT does offer a mobility service for those with cognitive, physical, sensory or visual disabilities. This is a door-to-door service for people with disabilities and requires calling and planning the trip in advance. To utilize the service you must meet certain eligibility requirements ("Mobility Plus Service", 2017). In the case of physical impairments, the requirement is that the applicant be unable to walk a distance of 175 metres ("Eligibility - YRT/Viva", 2017).

It is important to note that in an interview with another Lakeside tenant that the mobility transports have certain weight limitations. This makes it difficult for this tenant to go anywhere with their partner as they both experience physical impairments and require large electric wheelchairs for mobility. The two of them together would exceed the weight capacity of the mobility transports and their wheelchairs do not fit easily on the conventional busses.

Lastly, as a final note on transit in this area of town, it was noted in a tenant interview that the bus stop is located nearby but in an inconvenient location without sidewalk, making it difficult to access, especially during the winter months (See Image 4).

5.2 Richmond Hill Hub (The Hub)

The Richmond Hill Hub is located centrally within the Town of Richmond Hill. In severe contrast to Keswick, Richmond Hill is a much more urbanized community located within York region. This building is located along the Yonge Street corridor of Richmond Hill and consists of 202 units but also has space on the main floor for a community hub and social enterprises (See Image 8). Of the 202 units available only 16 are built to be barrier free or accessible (*"Housing Locations - Richmond Hill Hub"*, 2017).

Since this building is located in a much more urbanized area of York region one of the first things you notice when visiting the site, in comparison to Lakeside, is the number of retail shops, services and amenities that are nearby. The Richmond Hill Hub is virtually surrounded by retail shops on every side. A quick look at what is there proves that there is many more amenities available to the residents of this building. There is a grocery store located nearby, at least one medical clinic that was seen, a pharmacy, several restaurants and many other retail type shops were all located within walking distance of the building. However, it should be pointed out that while these shops and services were within walking distance, they are in older buildings and many of them still have steps up into the shops, as well as narrow doorways; barriers to those with

mobility impairments. In fact, even the pharmacy, an important service to access, had a step up and a narrow doorway, making it seemingly difficult for persons with an impairment to access.

The other thing that is noticed right away when one visits this particular housing complex is the fact that topographically the area is relatively flat (See Image 9). This would make it much easier for persons with disabilities to get to and from their residences to various shops or services within the area. There is no need to travel uphill or downhill to get to any of the local amenities. As well, most of these services are right out the front door of the building, making them much easier to get to and less time consuming to travel to.

Finally, a word on public transit in the area. While doing the site visit it was noted that there were four bus stops within 50 metres of the front entrance of the building. Of those four, three had shelters and pay stations available (See Image 10). This is in sharp contrast to the one bus stop near Lakeside, that is very hard to access and especially so in the winter months. Therefore, residents at the Richmond Hill Hub, if they cannot find what they are looking for in their local vicinity have plenty of access points for public transit. However, many of the same issues of accessing the busses themselves would be present here as the York Region busses are standard across the region. As well, the same issues would exist with the mobility service, however, wait times may be shorter as this is a more densely populated area making it easier to have mobility units nearby.

Overall, the Richmond Hill Hub appears to be in a community that is much more accessible for persons with impairments than Lakeside Residences. This is likely due

the the denser population and more urbanized nature of Richmond Hill in contrast to Keswick. However, there are still many accessibility issues that are visible from walking around the community and while there are many local services, many of them would still be difficult to access for those with impairments, or even using mobility devices such as walkers (See Images 11 & 12).

5.3 Tenant Experiences

As the gap between planning a community for accessibility and building affordable social housing that is accessible becomes clearer it is essential to see how this gap effects the daily lives of tenants living within these communities. Through a series of interviews with tenants from Lakeside Residences and the Richmond Hill Hub, the effects of moving into a community that is not fully accessible can begin to be seen. These experiences are most important for this research as they show how placing persons with impairments into communities that are unprepared for them can have detrimental effects on their overall health and well being and actually produce disability. For the purposes of this research the experiences of those living at Lakeside Residences in Keswick will be explored first and then those of tenants from the Richmond Hill Hub. At the same time the experiences of the tenants will be related back to the contextual evidence provided earlier regarding social construction of disability, the importance of community and participation. This will be in an effort to show how this gap in planning is effecting the lives of these tenants.

It has been mentioned that Keswick is a smaller, rural community at the north end of York Region. It is very lightly urbanized and Lakeside Residences were built in

the older downtown area. With this in mind, and considering the process for renting out these units, it was necessary to ask the tenants if Keswick was a first choice as a place to live. Unexpectedly, the answer to that question was a resounding yes from all of them. Three of the four tenants spoke of how they had grown up in the area or were from there and living in the community again was important to them. Other reasons given were the beauty of the area, the clean air and the fact that these factors are better for their overall health compared to a more urban environment. Therefore, in this case any issues surrounding the rent up process were not a factor as the tenants interviewed all wanted to live in Keswick. The issues surrounding accessibility were issues that came to light after moving into Lakeside Residences and trying to access the community.

It is important to note that the fact that the tenants wanted to be in Keswick spoke of a certain amount of place attachment. As was mentioned earlier, this can be a catalyst for community engagement. These tenants already had a certain amount of place attachment to Keswick through having lived there previously. They were attached to the beauty of the place and the natural environments surrounding the community. As such, these individuals wanted to live in Keswick and could explain why they are currently trying to work to make changes happen in regards to the barriers they experience within the built environment.

It should also be mentioned that all of the tenants interviewed experienced issues with their units as relates to accessibility. While the accessible units have been built as open concept apartments to make it easier for wheelchairs, they were not designed for the larger electric wheelchairs that these tenants all use. As well, the units were

originally built without door openers, making it very difficult for the tenants to enter and exit their own apartments. Doorways are narrow for the modern electric wheelchairs and scooters that tenants are using currently. The cabinets, sinks and doors are all built in a way that makes them inaccessible for the larger electric wheelchairs used by this group of tenants. These issues are directly related to the minimum AODA standards that are required for building accessible units and the minimum is all that is required of developers in creating accessible units. Also, as Mr. Scholten mentioned when discussing development and accessibility, it costs money to meet the specific needs of each individual, making it difficult to satisfy every need.

While it is not necessary to go into depth regarding this, it is necessary to point out how building to minimum standards for accessibility relates directly back to the idea that disability is something for the individual with the impairment to overcome as well as issues of capitalist society. The fact that these units are built to minimum standards is usually due to the cost associated with making units accessible, which directly falls within the realm of capitalism. Trying to spend as little public money as possible on the creation of affordable social housing is directly related to the societal ideology that disability is the problem of the impaired and not that of society as a whole.

The next interview question relates to the tenants experiences with the built environment outside of the building. One of the first issues deals with the sidewalks surrounding the building. One tenant commented that the sidewalks “are all uneven and buckled up and getting over them with a wheelchair is extremely scary cause if you hit the wheel on the wrong angle you can tip . . . right over and roll over”. Another tenant commented that some of the sidewalks are nice, but during the summer time at least

one local shop puts out a patio set narrowing the sidewalk, and at the same time the town puts out planters for the summer months which also narrow the sidewalk (See Image 7). The tenant stated that “I guess they expect us to go out on to the busy street to go around; it’s dangerous”.

The sidewalks then are a definite issue for those utilizing wheelchairs. They are especially dangerous to travel on and then in the summer months they become narrower by local businesses and beautification projects, forcing those in wheelchairs to the other side of the street, when there is no conveniently located or safe crosswalks in the area. The crosswalk on the south side of the building is a three way stop, that the tenants say is often not heeded by vehicular traffic heading northbound (See Image 6). There are no lights or even crosswalk markings to make it safer or to slow the traffic. One tenant commented that he has looked both ways and it looks clear so he starts but then suddenly there is a car approaching really fast and he fears for his life because he knows that the stop sign is often ignored.

The crosswalk on the north side of the building requires going up a very steep little hill to a four way stop (See Images 2 & 3). This stop does have a light to indicate it’s presence and slow down the traffic. However, because it is at the top of a hill, crossing the street means that those in wheelchairs are at an extreme angle from side to side, making it highly probable that they will tip or roll over in the middle of the street.

The issues regarding the sidewalks and streets are partially an issue due to path dependency. This building is located in an older part of town that was originally developed under the medical model of disability, or with no consideration of disability at all. This means that these streets were originally conceived with the understanding that

impaired individuals would simply have to adapt and learn to navigate this built environment on their own without any assistance from urban planning or society as a whole. Obviously, if this area was planned for today, more consideration might be made for those with impairments because as has been shown, a more social model of disability is coming to the fore and as such urban planning (ie. complete streets) is changing to meet this new understanding of disability.

Experiences with the built environment do not end with the street. Many of the shops and the services located in this area of town are inaccessible to the tenants with impairments. Most of the shops have steps up into them, they have narrow doorways and the shops themselves are small and difficult to navigate for a person in a wheelchair, if they can get in at all (See Image 4). This again, is related to path dependency. These are older buildings that were originally designed for able bodied individuals due to a societal understanding that disability is a problem for the impaired individual. To make these buildings accessible requires small business owners or their landlords to spend a lot of money on upgrades to these buildings, bringing home the reality of the capitalist world view associated with the medical model of disability.

Considering the lack of accessibility within the immediate vicinity of Lakeside Residences, it was important to ask about transit and how these tenants with impairments were able to get to services and shops that are accessible. There is a newer shopping centre located in the south east quadrant of Keswick and as it is newer and the shops are larger, they are much more accessible for individuals living with impairment. In the interviews with the tenants it was explained to me that their electric wheelchairs can make the trip to this area of town and back, a distance of about 10km,

if they have a full charge and there are no mechanical issues. Therefore, public transit is necessary from time to time and especially if these tenants are hoping to go into Newmarket for services that aren't available in Keswick. York Region Transit does operate a local bus route within Keswick and there is a stop located nearby Lakeside Residences. Unfortunately, the stop is located in an area where sidewalks end and is not an actual finished, covered stop but just a location at the side of the road (See Image 5). As such, this stop can become inaccessible in the winter time as it is not cleared very well. Plus, as there is no sidewalk, the buses themselves, which have ramps to lower for individuals in wheelchairs or with mobility issues, will have trouble lowering their ramps adequately. So, transit in this regard is inaccessible most of the time.

Another issue regarding transit is the buses themselves. As was mentioned, many of the impaired tenants utilize large electric wheelchairs. The buses are designed in a way that these chairs do fit, but it is an extremely tight fit and it requires extra time to get them loaded onto the bus. One interviewee shared how one passenger got so impatient with the loading process one time that this passenger got off the bus. This caused the interviewee to feel embarrassed and ashamed for creating a problem for another passenger. As well, while these buses can fit one of these electric wheelchairs tightly, fitting two is very difficult.

One final issue regarding transit is that York Region Transit does offer a mobility service specifically for individuals with impairments and using wheelchairs. The tenants interviewed were happy the service was provided but shared some large issues with it that need to be mentioned. The service can only carry one passenger at a time due to

weight restrictions. Two of the individuals interviewed are a couple and both have impairments that require that they utilize a wheelchair. Therefore, if they want to go anywhere as a couple they have to go separately. Unfortunately, the service can take hours to pick you up after you have called them, according to the interviewees. As such, if you are going anywhere as a couple one person may arrive at the destination and the other may not arrive until several hours later. Even doing anything as an individual is difficult to plan for because the pick up times are sporadic and based on where the mobility service is at a certain time. Therefore, it is very difficult to plan an excursion on your own, let alone with someone else, and will likely take all day. This is very inconvenient for these individuals.

Transit is necessary for the individuals to access services and shops that are not within the immediate vicinity of Lakeside Residences. Unfortunately, the transit system was laid out and designed again less for those with impairments, than for those who are able bodied. Again, this goes back to a societal understanding that those with impairments must adapt and figure out on their own how to make things work so that they can appear as *normal* as possible. These issues with transit also create issues with individuals with impairment becoming completely engaged in the community. If they can't get to the parts of the community that they want to, how can they be expected to be full members of the community? While York Region Transit has made efforts to make their buses accessible and offer special services for impaired individuals, these solutions still are inconvenient and at times embarrassing to utilize, thus continuing to create issues with accessing the community for these individuals.

This leads to the last question that was asked of the tenants. This question dealt with integration into the community and whether tenants with impairments were able to fully integrate and enjoy the community in which they now found themselves. In all cases the the interviewees spoke of how the barriers within the surrounding built environment actually led to a greater sense of isolation. This was mainly due to the fact that travelling around was difficult so they preferred to stay at home, but on top of this was the sense of always being watched and judged by able bodied individuals when the interviewees did go out and try to experience the shops or local services. This idea that others are always watching and judging led one interviewee to prefer to stay at home whenever possible, again increasing the sense of isolation. Isolation goes very much against the principle of participation that was discussed earlier. Whereas participation within a community leads to greater self-fulfillment, well-being and overall health, isolation does the opposite can even lead to greater disability.

The interviewees also spoke of not being able to enjoy some of the features of Keswick that brought them to the town in first place. The local beaches are not accessible to them in the sense that it is extremely difficult for them to even get to any of the local beaches. Another interviewee spoke of his hobby which requires going to a particular part of town but it requires travelling on country roads that have no shoulders or sidewalks that could allow for safe travel. This too can prevent this individual from participating in a group activity that would integrate them into the community because they need to choose between their personal safety to get there or just staying at home.

As can be seen, the residents of Lakeside Residences have many experiences in dealing with the surrounding built environment within the community. The older

downtown area with its older infrastructure was never designed to accommodate persons with impairments the way more modern development tries to. Yet this is the area that was chosen to build this affordable social housing based on the criteria utilized by Housing York Inc. Is it walkable and close to transit? Yes, it is, however, that really only speaks to able bodied individuals. Persons with impairment view and experience the world differently than an able bodied individual and the struggles with this built environment create a barrier to these tenants from ever fully integrating into the community. They either cannot access it the way they want to or they feel judged and embarrassed when they do try and go out into the community to integrate. In either case, as one tenant explained it to me, they feel dehumanized and less than other members of the community. This then leads to a sense of isolation which can create further issues with impairment over time.

The purpose of this research was to compare the experiences of impaired tenants living in affordable social housing in Keswick and Richmond Hill; two very differently urban locations. Unfortunately, I was unable to obtain permission to recruit individuals on the Richmond Hill Hub property and as such was unable to interview any tenants from that building. However, a visit to the location allows for a comparison of the two sites and based on the experiences of the tenants at Lakeside Residence, the experiences of those tenants with impairments at the Richmond Hill Hub can be deduced.

The Richmond Hill Hub is located in a much more urban centre of York Region. The topography of the area is much flatter in contrast to Lakeside Residence which is built at the top of a hill (See Image 9). The Richmond Hill Hub is surrounded by a much

denser array of shops and services than can be found in Keswick. There is a nearby grocery store and at least three different medical clinics as well as a local pharmacy. In this regard then, access to shops and services is much more readily available to tenants of the Richmond Hill Hub. Unfortunately, many of the local businesses appear to have steps up into them. Even the local pharmacy which one might expect to be more accommodating and accessible, had a step up and a very narrow front door (See Image 11). Persons in a wheelchair would have a lot of difficulty accessing some of these local shops and services.

As regards transit, there were four bus stops counted within one block north and south of the building. In contrast to the bus stop in Keswick, these stops were off the road and on the sidewalk and three of them had shelters (See Image 10). Stops like these ones are much more conducive to allowing accessible buses to lower their ramps and they are safer for people waiting for the bus. On top of that, being on the sidewalk most likely means they are cleared during the winter months making them much more than just a seasonal stop. However, while the stops are safer and more conveniently located, the struggle to get on and off the bus in a large electric wheelchair would still be the same as the busses used for this route are the same kind of buses used for the Keswick route.

As far as community integration, this is a much more difficult issue to deduce based on a simple site visit. Without being able to interview tenants at the Richmond Hill Hub it is impossible to determine the level of community integration tenants with impairments feel they have living in this area of York Region. Therefore, it is not possible to compare community integration between the two locations. However, it

should be noted that The Richmond Hill Hub does have a youth drop-in shelter located within it. In this way the building itself is integrating more fully with the surrounding community and it is possible that some of this integration is helping individuals with impairments to integrate with the surrounding community, but this is simply speculation.

It can be seen though that placing buildings in a more urban centre does seem to offer more accessibility for individuals with impairments. Unfortunately, affordable social housing is needed in all communities and therefore working with the communities to create built environments that are accessible for all individuals is paramount to create healthy vibrant communities. Utilizing experiences of tenants such as those at Lakeside Residence and The Richmond Hill Hub could be the first step towards a new way of approaching planning for affordable social housing, and it is to this that we now turn.

6. Planning

6.1 Phenomenology and Planning

The experiences of the tenants of Lakeside Residences really emphasize how this particular building was built without a whole lot of consideration to the surrounding built environment and its impact on individuals living with impairment. The purpose of this research has been to show a gap in the planning process that builds affordable social housing in locations that may not be accessible to all the tenants of these particular buildings. The combination of two levels of government with different responsibilities and an ideological understanding that disability is a problem for the individual with the impairment to overcome, are what have led to this gap in the planning process. As such, it is essential to now turn attention towards current planning

practices and to suggest that these practices are not doing enough to satisfy the needs of those living with impairment in social housing. At the same time, this research will look at the concept of phenomenology as a tool for planning that may encourage better planning practices for future affordable social housing.

Modern planning theory and ultimately practice draws heavily upon the communicative model that was initially developed based on the teachings of Jürgen Habermas (Whittemore, 2014, p. 302). Basically, this model was created in an attempt to bring about greater equity in planning and attempted to create a ideal language that could be used by all parties and allow access to the planning process to all individuals and groups (Whittemore, 2014, p. 302). Unfortunately, there is much criticism of this model because finding an ideal language that works for everyone is extremely difficult and the model encourages consensus which could then ignore those who see things differently (Whittemore, 2014, p. 303). Andrew Whittemore suggests that the communicative model culminates in collaborative problem solving that focuses on participants sharing their interests rather than their positions. He comments that while this can be a useful technique, this particular method “assumes the competence and willingness of participants” (2014, p. 303). Whittemore continues to suggest that this method often does not take into account that very likely participants may frame their interests differently and in a way that may be offensive or confusing to other parties (2014, p. 303).

In modern planning, the communicative model is often seen in practice through the use of community meetings to learn the interests of community members before certain community projects are undertaken. There are also informational meetings held

when certain development projects are proposed and these often have the opportunity for community input. The purpose of these meetings is to communicate with communities and allow a forum for participants to share their thoughts on various projects. Ultimately, “the role of public participation in planning is largely determined by the nature of the planning enterprise being undertaken” (Lane, 2005, p. 284). Following the critiques outlined above though, these meetings are often hosted by professionals who, while trying to use language that is accessible, often have an agenda that dictates the role the public will have in the collaboration process (Lane, 2005, p. 284). In other words, the communicative model, in the extreme, assumes collaboration in the planning process but usually simply attempts to placate the public by offering forums where they can voice their concerns, but not necessarily have them truly listened to or utilized in the planning process.

In contrast to the communicative model that encourages participants to find similar interests and work towards collaboration, a phenomenological approach to planning would understand that all participants view the problems and solutions to planning issues very differently (Bolan, 1980, p. 263). Modern phenomenology, upon which this understanding is built, makes the suggestion that knowledge can come from various sources and that it is subjective. Perception, feelings and emotions are seen as legitimate access points to knowledge and therefore knowledge about the world is subjective as each individual will view and interpret their knowledge gained through these avenues differently (Whittemore, 2014, p. 303). Whereas the communicative method sought to find a common language that all could understand, a phenomenological method finds understanding “from sharing variably accrued

knowledge” (Whittemore, 2014, p. 303). Essentially, the phenomenological method understands that every individual views and interprets the world differently and that each of these views is a legitimate understanding of the world and therefore necessary to be understood as part of the planning process.

Andrew Whittemore, in his essay *Phenomenology and City Planning*, takes this theory and then applies it to planning practice to suggest how this approach might be utilized by planning practitioners (2014, p. 304). He states that this approach would encourage planners to note various objects within communities that have meaning to the constituents of the community and note how different individuals will have various frames of reference that give a variety of meanings to each of these noted objects (2014, p. 304). Therefore, what the planning practitioner knows through their various studies needs to be put aside because any solutions based on their own knowledge will likely not be accepted by the community, especially if the local understandings and meanings attached to the community are ignored (Bolan, 1980, p. 263 quoted in Whittemore, 2014, p. 304).

Therefore, utilizing a phenomenological method of planning requires that planners put aside or bracket what they know and begin to immerse themselves within the communities for which they are planning to discover what it is the communities and their constituents know about various objects. From this understanding then planners can then begin to approach the planning problem with a full understanding of the various facets of knowledge that are within the community. The planning practitioner may ultimately come back to their original plans for the community but be able to

present these plans in a way that makes the community open and understanding of the solutions and the benefits that they will receive as a result of this planning solution.

Whereas the communicative method requires gathering participants for a variety of meetings to learn what interests there are in the community, a phenomenological approach would require the planning practitioner to interview various members of the community, do research on the community, and figure out the best way to plan a solution that fits the communities local interests and then present it in a way that will be heard and understood by the community. The phenomenological approach appears to be less cumbersome, less time consuming (don't have to plan a variety of meetings), less exclusionary (many people may not be able to make it to the meetings but could be interviewed in their homes) and ultimately, when dealing with public planning, less expensive as it requires the planning practitioner to do group and individual interviews and research rather than renting space for a public meeting. The question remains though as to how a phenomenological method of planning could help fill the planning gap that has been explored previously within this paper.

Based on the above understanding of a phenomenological approach to planning, it is understood that every individual views and interprets the world differently. The goal then as a planning practitioner is to put aside your own understandings of the world and try to view the world as your constituents do, thus creating a plan that suits their needs and understandings of the community and world. Taking this a step further by looking at the issue of affordable social housing, the goal then is not to develop these properties through a lens of municipal bureaucrats and politicians but through the lens of those who will actually live in these buildings. This means planning a building that meets the

many needs of those living in poverty and, in many cases, those living with impairments, either physical or mental. A phenomenological approach to planning would be much more conducive to this type of planning than the usual communicative method.

Utilizing the communicative method, as mentioned above, can lead to disparate voices not getting much of a say as this method relies often on consensus and collaboration, usually reached through a majority of interests. Since able bodied individuals are often the majority and are actually able to attend meetings more readily and easily due to accessibility issues, then those with impairments often have very little say when utilizing the communicative model of planning. Therefore, it would seem that the phenomenological approach could develop a more accurate picture of the needs of all individuals, not just the majority. By taking the time to understand how those with impairments view and understand the world they navigate, a planning practitioner would be more inclined to propose developments that encourage accessibility, not just in the building but also within the surrounding community.

To take this a step further, if the experiences of the tenants from Lakeside were taken into account for future Housing York Inc. developments using a phenomenological approach to planning, then perhaps a more accessible location for the development within the chosen community would be encouraged. Understanding the needs of tenants with impairments, Housing York Inc. could reach out early to the local municipal government and local BIA's to encourage them to prepare by working to create accessible services and infrastructure around the new development. This could happen before the building is even built and rented so that by the time it is livable, the surrounding community has made strides to become much more accessible. At the

same time Housing York Inc. could work with York Region Transit in an effort to make sure transit stops in the area are redesigned to be more accessible to those with impairments. All of this could happen as a result of utilizing a phenomenological approach to planning because this approach would see that the experiences of those living with impairments are valid forms of knowledge and as such are essential to creating a community that has the full participation of all members.

While a phenomenological approach to planning may help close this gap between planning for affordable social housing and accessible communities, it does require a change in thinking on behalf of the development team. In the past, the development team has seen their involvement ending at the edge of their site plan, by utilizing the phenomenological method it may require the development team to reach out early to various other government agencies to encourage changes in the surrounding community that will make it more accessible to future tenants. It means that Housing York Inc. needs to take the lead in guiding communities to become more accessible around their buildings. This requires more work on the part of HYI but it also means that they will have happier tenants in the future, that are able to participate in and enjoy their new communities to the fullest. Ultimately, a bit more work during the development process means an easier time satisfying their tenants in the future.

While HYI does not appear to have practiced the aforementioned solutions in the past, they are making efforts to assist their tenants in participating in the communities in which they now live. This next section looks at two efforts that HYI has attempted in an effort to build better community and as an extension create more accessible communities surrounding their buildings.

6.2 Current Approaches to Improvement

Housing York Inc. appears to understand the importance of community to their tenants. As such they have made attempts to create and foster community, not only within their buildings but with the surrounding neighbourhoods and larger communities as well. However, sometimes community doesn't just happen and this is what happened at Lakeside Residences. Through interviews with Christina Bonham, Property Manager for Lakeside Residences an appreciation of one attempt at creating community can be gained.

Soon after Lakeside Residences opened, it was observed that the tenants were having difficulty coming together and, as Ms. Bonham describes it, they were “dysfunctional and disjointed”. As a result, HYI partnered with York Region’s Community Partnerships Branch and they together brought in a Community Coordinator through a third party, The Tamarack Institute. The purpose of this project was to identify gaps in the community and what it was the tenants wanted their community to look like. While the focus was on the community of tenants within Lakeside Residences, there was a secondary outcome in that it was discovered that the Lakeside tenants wanted to integrate into the larger community of their neighbourhood and Keswick as well.

The Coordinator then worked with the tenants at Lakeside, through numerous meetings, to discover what the tenants wanted from their community. From these meetings, it was discovered that many tenants wanted a community similar to that of their childhoods. Particularly, things like how neighbours knew one another, how neighbours shared resources and how people were simply aware of what was going on

in their community without being nosy. From this description it can be seen that these tenants were identifying some of the same elements of community that MacQueen et al identified in their research and used to create the definition of community that has been used throughout this research (2001).

Through these conversations between the Community Coordinator and the tenants the issues and barriers that were keeping the tenants from fully integrating into the community came to light. One of the largest being the inaccessibility of the surrounding community to those living with impairments. These issues have been fully discussed previously so it is unnecessary to repeat them here.

Once some of these issues were identified, meetings were set up with various municipal and regional actors (ie. Business Improvement Association for downtown Keswick, York Region Transit, etc.) to begin discussion on how the community can improve in regards to accessibility moving forward. It is important to note that some of these groups have responded. York Region Transit in particular brought one of their buses around to Lakeside Residences to let tenants attempt to get on and show that the buses were accessible for the larger electric wheelchairs. While it is still a very tight fit, York Region Transit now knows that it is and can work to make improvements, and make improvements to the local stop as well. York Regional Police have also attempted to improve enforcement of the traffic at the two crosswalks in an attempt to make them safer for the community.

This attempt at bridging the planning gap between social housing and built environment utilized a third party Community Coordinator. While they were initially brought in because there were issues with the Lakeside community coming together

and forming, one of the end results has been that a new appreciation and understanding of the need for accessibility in the communities in which these buildings are developed has occurred. As well, a dialogue has been opened between the Lakeside community and the surrounding community to discuss and make plans to ensure that tenants with impairments can adequately integrate into the surrounding communities. This process continues at the time of writing and while the tenants are frustrated at the pace of the conversations, at least the conversations are happening and the gap is beginning to be bridged.

The second attempt that Housing York Inc. is making involves developing their buildings specifically with space for community endeavours. This effort was identified through the interview with Joshua Scholten. The first building to incorporate this type of community space is The Richmond Hill Hub. This building currently houses a youth drop-in centre in its community space. Another new development in Woodbridge is being built with space for a community centre. As Mr. Scholten says “[the] buildings are becoming more than just units and homes”.

Therefore, by bringing the larger community into these buildings and having to navigate the built environments around them, the whole community begins to experience some of the accessibility issues and a larger voice can be made in regards to changing them. As well, this effectively deals with the upper tier-lower tier government responsibility issue. The lower-tier represents whatever community agency utilizes the space in the upper-tier government’s building. As such, now the lower-tier government has a vested interest in creating an accessible built environment around this new building so that the entire community can take advantage of this space.

Neither of these efforts are perfect in bridging the planning gap that has been identified within this research, but they are efforts nonetheless and need to be mentioned. Both are attempting to bring awareness to the importance of community and as such they shine a light on deficiencies that are barriers to community integration, specifically for marginalized individuals living with impairments. In both cases, using a third party Coordinator or developing buildings with specific community spaces, information about the surrounding built environment was or will be recognized. The result being that these deficiencies in inaccessibility can be addressed, and the bridging of the planning gap begin, reducing the amount of inaccessibility and therefore reducing the amount of disability.

7. Conclusions

To conclude, it is important to reiterate that the purpose of this research was to identify a gap in the planning process related specifically to affordable social housing. This gap allows these buildings to be built in communities that may be inaccessible for some tenants who live with impairment in some form. Often, these individuals are required, due to financial circumstances, to live in affordable social housing and therefore must live in the communities in which these buildings are developed, even if it was their choice to live there. Then, if the surrounding built environment is inaccessible, these individuals find it extremely difficult to integrate and become a part of the communities that they now find themselves in. The research above and the testimonies of tenants from Lakeside Residences indicate that this planning gap exists, the question as we conclude is what has caused it?

In some regards the issue is partly the fault of previous understandings of disability. As was seen in the research above, disability for a long time has been considered an issue for the individual with the impairment to overcome and adapt to. As such, built environments have been planned and developed for able bodied society, rather than to assist those with impairments. With this in mind, it is understandable that a planning gap emerged as developers for both municipalities and affordable social housing would have assumed that disability was for the impaired individual to adapt to either through behaviour changes, adaptation or technology.

However, recent changes in the understanding of disability, specifically the social model as elucidated by Michael Oliver, suggests that it is society who must work to reduce disability by changing the way that we build our environments. Therefore, disability is now an issue for society as a whole to work to avert, rather than simply the impaired individuals issue. The influence of this model is beginning to be seen in more recent developments, specifically in regards to streetscapes and crosswalks (ie. wider sidewalks, less obstructions, beeping crosswalk signals, and crosswalk identifiers on the ground). However, there is a certain amount of path dependency that was created from the previous understanding of disability. What this means is that buildings that were built to accommodate able bodied individuals are not so easily renovated to accommodate individuals with impairment now. Streets that were built to accommodate automobiles and able bodied pedestrians are difficult to change to now accommodate impaired individuals and reduce disability. So, while the understanding of disability is changing, the results of this new understanding are that changes are occurring at a very slow pace.

As can be seen, the understanding of disability has created a large gap in development that works to assist those with impairments. As such, this societal ideology is perhaps the largest player in creating the aforementioned gap in planning. Only the continued push of the newer social model of disability and the continued development of built environments that work to assist those with impairments will be the solution to finally closing this gap. Not to mention the continued renovation of older buildings and streets to accommodate persons with impairment as well.

Another reason for the planning gap, specifically as it relates to York Region, is the operation of two different tiers of government. In the case of York Region and the above case studies, it was shown that the upper tier government has the responsibility of building and developing affordable social housing, while the lower tier government has the responsibility for the built environment that surrounds the affordable social housing.

In this particular case then it is quite easy for the upper tier government to not concern themselves with the surrounding built environment in which they place their buildings. Their goal and priority is to build more affordable social housing as there is a great need. They ensure that their buildings are accessible based on the minimum AODA standards but anything beyond their site plan is the responsibility of the lower tier government. While they may include a sidewalk in front of their building to facilitate accessibility, beyond the site plan boundaries it is the responsibility of the lower tier government to connect that sidewalk to something, usually more sidewalk but this is not always the case.

It is also to simple to say that the upper tier government does not look beyond the boundaries of their site plan, because in reality they do. When searching for locations to build they do make an effort to determine if the location is walkable or close to transit. They look to see what services are nearby or are with transit range. So the upper tier government does take into account some of the surrounding built environment when looking for a location to build, but sometimes it does not go deep enough in relation to accessibility for future tenants that are impaired in some way.

The lower tier government is responsible for the surrounding built environment and as such they often have long range plans for their built environments and just because the upper tier government decides a certain location is where they are going to build, does not mean that the lower tier is ready to build or renovate the built environment around this new location. This is particularly evident with the Lakeside Residences case study. The lower tier government has their planning focused on the south end of Keswick, not necessarily the old downtown core. As such, much of the built environment surrounding Lakeside Residences is inaccessible for the impaired tenants that moved into the building. Therefore, while it appears that the identified planning gap was created through a societal understanding of disability, the two levels of government in York Region seem to exacerbate the problem. By having the responsibilities split and not much coordination between the two levels when it comes to matters of accessibility surrounding new affordable social housing the identified gap becomes more noticeably a planning issue.

The largest issue that seems to be the result of this planning gap, beyond inaccessibility, is the inability of tenants with impairments to fully integrate into the local

community. The research above reveals how important being a part of a community is for individuals particularly those with impairments. Community becomes a place where persons with impairment can participate, which improves their overall health. As noted through the tenant experiences with the built environment surrounding Lakeside Residences, their ability to participate in all that Keswick has to offer was incredibly hindered due to how the surrounding environment is built. They cannot access local beaches and local services due to barriers in transit and infrastructure and they cannot even participate in some chosen hobbies due to safety issues in travelling there. These are all examples of barriers to participation and as such these individuals are struggling to become full members of the local community.

This inability to participate in the community means that they are unable to access or contribute to any social capital that may come from being a part of the community. As noted above, social capital is essentially the benefits that arise from various relationships throughout the community. These benefits become assets that can be utilized by the community for the betterment of the whole. Unfortunately, if an individual is unable to participate fully in the community then they are unable to build up the same social capital available to community members that can fully participate. Therefore, while the inaccessible built environment prevents individuals with impairments from accessing the community, it also prevents them from becoming full members of the community, an issue that has effects on mental and physical health. As such, this built environment has the potential to increase disability in individuals who already are dealing with issues of impairment and disability.

Lack of participation can also lead to a lack of place attachment. Place attachment, referring to those feelings and emotions one has regarding a specific place, if not encouraged through participation in the community become non-existent, thus further discouraging community involvement. Place attachment is simply built by being out in the community and becoming a part of it, making memories that allow one to become attached to a place. However, if an individual is prevented from being a part of the community through an inaccessible built environment, they cannot make those attachments to place that would encourage them to become even greater participants in the community.

While the tenants interviewed expressed a certain amount of place attachment to Keswick through having grown up there and appreciating the natural beauty of the area, their inability to access all that the community has to offer will cause the attachment to wane. In spite of the barriers however, these tenants seem to be using their place attachment to Keswick to push them to demand better access to the community, rather than allowing the built environment to keep them isolated from it. This is an encouraging aspect of this research, that place attachment can act as a catalyst to demand better access to the community so individuals with impairments can actually participate more fully in the community.

It must also be noted that this research began with a certain assumption that individuals looking to live in affordable social housing did not have much choice in which community they chose to live. This assumption led to the idea that these individuals were then, in a way, forced to live in communities that were not accessible simply due to their financial situations and the policies and processes regarding affordable social

housing. However, this assumption was proven wrong. While the rent-up process does limit an individual's choices, they are offered choices of where they may want to live and they can even specifically request certain communities and buildings. As well, the wait list for persons looking for an accessible unit is often much shorter than the list for a regular unit, meaning these individuals can be housed rather quickly.

For example, all of the interviewed tenants wanted to live in Keswick for several reasons and they were able to eventually move to the community. They chose Keswick for the place attachment they had to the area already, not because of its accessibility. They were not forced through the wait lists and availability of units to go to a community they did not want to live in, they were able to move to a community that they already had a place attachment to. As such, the inaccessibility is part of the price they are paying to live in a community to which they have an existing attachment, but that attachment is also the catalyst that makes these tenants vocal and active in trying to change their surrounding built environments.

It was mentioned that HYI is trying new initiatives to foster community within their buildings. With Lakeside Residences they brought in an outside coordinator that helped the tenants find their voice and begin to build a community. The Richmond Hill Hub and some future projects are incorporating community space into their buildings in an effort to mix the surrounding community with the smaller community of the buildings. While these efforts do not do much to bridge a gap in planning process in regards to accessibility, they do point to HYI's understanding of the importance of community and integrating their tenants into the larger surrounding communities. Recognizing the importance of community is essential in moving forward to planning future

developments with the accessibility of the surrounding built environment in mind. If they are consistent with integrating their tenants with the surrounding communities then recognizing the importance of accessibility for some of their tenants beyond the boundaries of the site plan is the next logical step in their development processes. This could possibly be accomplished by including a community liaison in the development process that would then work with the lower tier government to move quickly to create an accessible community surrounding proposed development sites. In this way the community would be accessible or more accessible by the time the building is ready to be moved into.

As well, a phenomenological approach to planning these developments was suggested. Utilizing this approach would encourage talking with current tenants with impairments and learning what to look for for future developments through these experiences. This approach would recognize the experiences of tenants as valid forms of knowledge about the world and could then begin to integrate these experiences into solutions regarding accessibility for future tenants with impairments. The aforementioned community liaison idea could again be utilized to gather information about the proposed community and gather information about experiences with the surrounding built environment that would then help with the coordination of proposed building locations and the accessibility of the surrounding community.

In the end, there is definitely a gap in the current planning process in regards to affordable social housing that can sometimes place these buildings into communities that are inaccessible for some of their tenants. This gap creates an inability to participate fully into the community and this can lead to isolation and health issues

among tenants with impairments, further producing disability. Therefore it is essential that future developments work to look beyond the site plan and consider the importance of accessibility for ALL tenants, especially if there is a recognition of the importance of community integration.

This research shows how this gap in the planning process has come to be and what can happen if individuals cannot access their communities. It also shows how tenants with impairments are impeded in becoming full members of their communities as a result of this gap. A phenomenological approach to planning has been suggested as a possible alternative for planning affordable social housing with the conclusion that this approach would more ideally suit dealing with experiential knowledge about accessibility gained through tenants living with impairments.

8. Limitations and More Research

This research has many limitations that need to be noted. The first limitation is that this research specifically dealt with case studies in York Region in Ontario. This creates a very narrow scope for the research. While every attempt was made to broaden the application of the research, the fact remains that this research is very specific to an issue identified within York Region regarding accessible communities and affordable social housing. As such, more research is definitely needed to determine if this gap in planning exists within other social housing provider jurisdictions.

Another limitation is due to the lack of access to tenants for recruitment from Housing York Inc. management. While I made every effort to obtain permission to recruit on their premises, I was met with silence. Therefore, I was only able to obtain interviews

with tenants that I had personal relationships with at Lakeside Residences. This severely limits the experiential knowledge that could have been gained through these interviews. While every effort was made to extrapolate the experiences of the Keswick residents to Richmond Hill through an understanding of the built environment surrounding both sites, missing the actual experiences of tenants in Richmond Hill limits the research. It is not possible to conclusively say that the identified gap in planning effects tenants with impairments the same in differently urbanized communities. As such, much more research is needed to gain the experiential knowledge needed to conclusively state that this gap in planning effects accessibility to communities the same no matter how urban the location.

Another limitation was the lack of questioning regarding overlapping community involvement of the tenants. It was mentioned in the discussion on community that there are often overlapping communities that help individuals become members of the larger community. These can include involvement in smaller communities such as religious groups or other community associations. Identifying these smaller communities may have added to the reasons for place attachment and community involvement and given a much broader picture of the community experience. With this in mind future research into the various smaller communities that these tenants may be involved would be necessary. Questions about religious participation, local churches, involvement in community groups, and hobbies would be necessary to broaden this picture.

Since religious institutions can be such large catalysts to place attachment, and community formation and integration, further research needs to be done at the local level for both case studies. Understanding the role local churches play in reaching out to

the tenants in a new building could include asking questions such as: Are the churches accessible to those with impairments? And are the tenants even interested in joining a religious community? Are the local religious institutions welcoming of individuals with impairments? All of these need to be more fully understood to see in what way community is being formed at the local level and how it may effect place attachment and community engagement.

Finally, more research needs to be done on the phenomenological approach to planning and whether it can be an effective tool in bridging the gap in planning that has here been identified. This would involve actually utilizing a phenomenological approach through an entire development phase and seeing the outcomes in where the building is sited and whether the chosen community is more accessible than other options that were available. It is important to note that this would be difficult to judge concretely though as affordable social housing is necessary in all communities, and some communities are simply more accessible than others due to many of the reasons outlined in the contextual part of this research. However, it does not negate the fact that more practical study needs to be done on the phenomenological approach to planning.

In spite of these limitations and the questions raised, this research has shown that there does appear to be a gap in the planning process as regards affordable social housing and accessible communities. It is hoped that this research would be a catalyst to more work being done to explore this gap and ultimately close it. This would be done by having affordable social housing being built in communities that are much more accessible, either already, or they become more accessible during the development phase.

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Appendix A: Site Photos

*All images were taken by Jeremy G. Bonham



Image 1: Lakeside Residences, Keswick, ON.



Image 2: Uphill to northside crosswalk. Picture does not do justice to how steep the incline actually is.



Image 3: Northside crosswalk looking across the street. One can see the steep angle that a wheelchair would be on attempting to cross the street here.



Image 4: Local shops. Each one has a step up into it and standard sized doorways that are too narrow for wheelchairs.

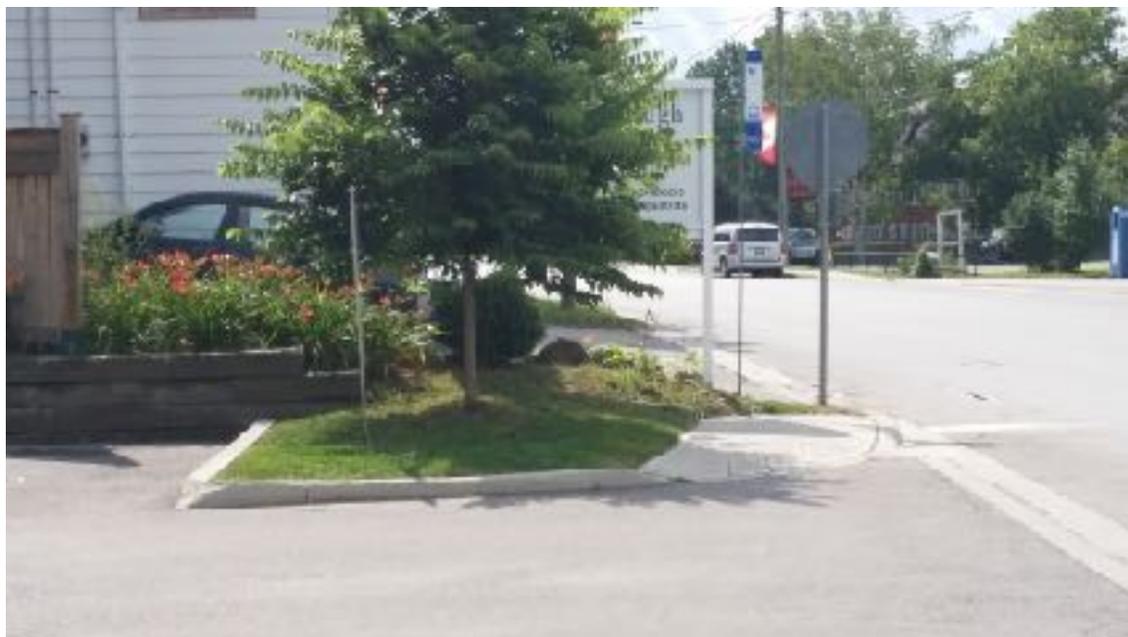


Image 5: Closest bus stop to Lakeside Residences. Sidewalk ends just before it, making it inconvenient to get to, and difficult to clear in the winter months.



Image 6: Southside Crosswalk. Traffic often goes through the stop sign according to tenants.



Image 7: Sidewalks are narrowed due to town planters and businesses.



Image 8: The Richmond Hill Hub, Richmond Hill, ON.



Image 9: View North along Yonge Street. Can see that topographically the are is much more level than Keswick.



Image 10: Covered bus stops located on wide sidewalks are much more easily accessible and safe.



Image 11: Local Pharmacy in Richmond Hill that has a step up and narrow doorway, similar to businesses in Keswick.

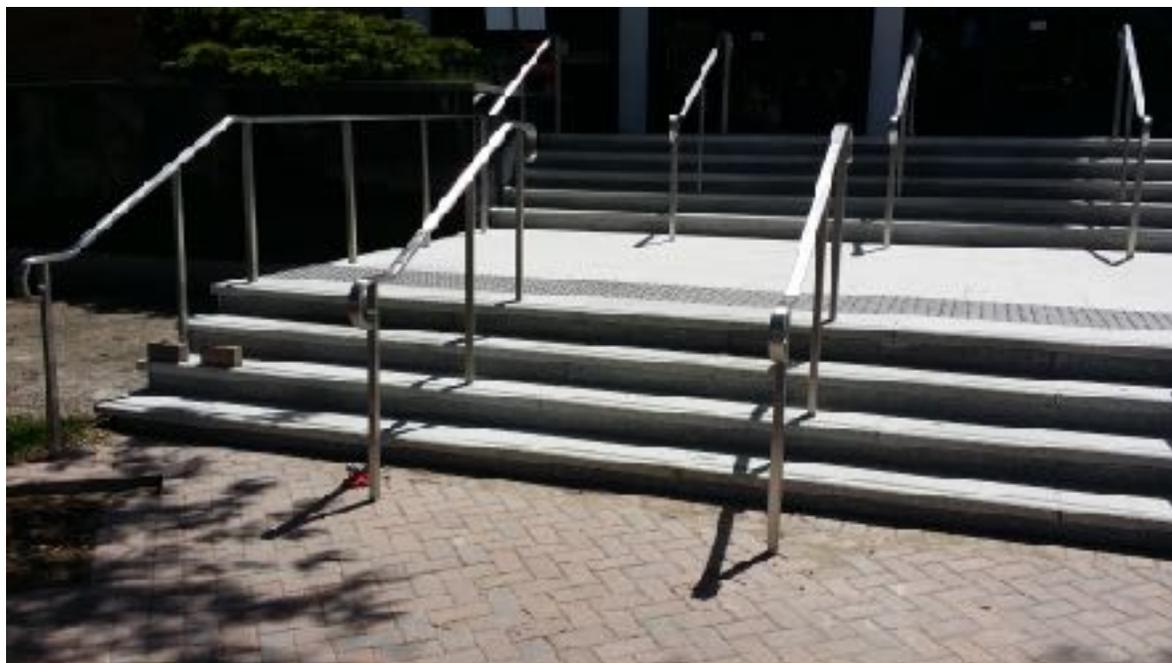


Image 12: Local church in Richmond Hill. Lots of steps, but at the time of photo, accessibility features were being added.