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Table of Contents / Table des matières

ÉDITORIAL / EDITORIAL

L'habitation sociale, communautaire et coopérative : des pratiques de pouvoir d'agir et d'équité aux services des personnes à faibles et modestes revenus / Social, Community and Cooperative Housing: Practices of Empowerment and Equity in the Service of People with Low and Modest Incomes Judith Lapierre & Jacques Caillouette	3 – 9
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ARTICLES

Social Housing with Community Support in Québec: A Sociopolitical Perspective Christian Jetté & Jean-Vincent Bergeron-Gaudin	10 – 27
Embedding Indigenous Knowledge Into Housing Design with the Homebuilding Students in Wasagamack and Garden Hill First Nations, Manitoba, Canada Catrina Sallese, Shauna Mallory-Hill, & Shirley Thompson	28 – 45
Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Micro-Area Program Margherita Bono, Judith Lapierre, & Paul Morin	46 – 58
Québec's Housing Nonprofits Experiencing the End of Federal Subsidy Agreements: Adaptability Without Renewal? Maroine Bendaoud & Peter Graefe	59 – 75
Supporting People and Living Environments Favorable to Residential Stability, Well-Being and Quality of Life Jacques Caillouette & Judith Lapierre	76 – 93
Systematic Integrative Narrative Review on Community Support Practices and Outcomes in Social and Community Housing Judith Lapierre et al.	94 – 129

ÉDITORIAL / EDITORIAL

L'habitation sociale, communautaire et coopérative : des pratiques de pouvoir d'agir et d'équité aux services des personnes à faibles et modestes revenus / Social, Community and Cooperative Housing: Practices of Empowerment and Equity in the Service of People with Low and Modest Incomes

Judith Lapierre & Jacques Caillouette

La crise du logement actuelle est sans précédent. Elle sévit depuis plusieurs années et contribue significativement à l'appauvrissement général des personnes à faibles et modestes revenus, touchant toutes les sphères personnelles et familiales de leurs vies. Cette précarité économique a non seulement un impact global sur la diminution de la qualité de vie mais aussi sur la santé des personnes qui la subissent. L'état de crise est avant tout celui des locataires, car pour les investisseurs immobiliers il s'agit plutôt d'une occasion de prospérité rapide. En effet, la marchandisation du logement crée un espace d'investissement toujours très lucratif pour les investisseurs, mais il engendre en même temps une paupérisation et une vulnérabilisation des locataires. La crise du logement participe donc à l'augmentation de la pauvreté et à l'accroissement des inégalités causées par la crise sociale et économique plus large que nos sociétés sont en train de traverser.

The current housing crisis is unprecedented. It has persisted for several years and is contributing significantly to the general impoverishment of people with low and modest incomes, affecting all personal and familial spheres. This economic precariousness has a global impact not only on the weakening of people's quality of life but also on their health. The crisis is above all one of tenants, because for real-estate investors it remains a time of rapid prosperity. The housing market creates an investment space that is always very lucrative for investors while leading to impoverishment and vulnerability for tenants. The housing crisis therefore contributes to an increase in poverty and a widening of inequalities in the context of the broader social and economic crisis that our societies are going through.

Suivant une perspective axée sur la justice sociale, le droit au logement et la sortie de la crise, ce numéro spécial souhaite apporter un éclairage sur les besoins des personnes, contribuer à la reconnaissance des pratiques de soutien communautaire en logement social et communautaire, apporter une réflexion collective sur les enjeux qui se posent dans le contexte politique et historique actuel—notamment auprès de groupes vulnérables—et offrir une perspective internationale sur les pratiques et innovations réalisées par les acteurs du soutien communautaire.

À l'origine de ce numéro spécial se trouve une initiative financée par le Fonds de recherche du Québec—Société et culture (FRQSC). Cette initiative, sous forme d'une action concertée, visait à mieux reconnaître les besoins des locataires et à comprendre comment les pratiques de soutien communautaire pouvaient répondre à ces besoins. Au Québec, un cadre de référence provincial sur les pratiques de soutien communautaire étant en révision, le moment semblait opportun pour lancer une initiative de la part de partenaires engagés, soit la Société d'habitation du Québec (SHQ) et le FRQSC. Notre équipe académique (Lapierre, J., Caillouette, J., Boucher, J., Bourque, M., Dupéré, S., Fontan, J.-M., Guillaumie, L., Jetté, C., Leblanc, N., Provencher, V., Robichaud, F., Roch, G., et Vissandjée, B.), accompagnée de plusieurs acteurs de l'habitation du réseau, d'OSBL et de coopératives, a été financée pour son projet intitulé « L'expérience d'habiter son logement subventionné : besoins et pratiques de soutien communautaire comme piliers du renforcement du pouvoir d'agir, de l'entraide et de la solidarité dans la communauté ».

Ce numéro présente six articles dont trois proviennent de notre équipe de recherche et présentent des données originales et trois proviennent d'autres équipes qui travaillent sur la question du logement social et communautaire.

From a perspective encompassing social justice, the right to housing and the need to overcome the crisis, this special issue aims to shed light on people's needs and to contribute to the recognition of community support practices in social and community housing. It also offers a collective reflection on difficult issues that are arising in the current political and historical context, particularly for the most vulnerable. It also provides an international point of view on the practices and innovations carried out by community support actors.

At the origin of this special issue is a research initiative funded by the Fonds de recherche du Québec—Société et culture (FRQSC). This initiative, in the form of a concerted action, aimed to better understand the needs of tenants and how community support practices could meet those needs. In Québec, a provincial reference framework on community support practices was under review at that time, and the moment seemed opportune to launch an initiative of this kind by two committed partners, namely the Société d'habitation du Québec (SHQ) and the FRQSC. Our academic team (Lapierre, J., Caillouette, J., Boucher, J., Bourque, M., Dupéré, S., Fontan, J.-M., Guillaumie, L., Jetté, C., Leblanc, N., Provencher, V., Robichaud, F., Roch, G., et Vissandjée, B.), in partnership with several actors in the housing sector, in nonprofit organizations and in cooperatives involved in health and social networks, received funding for its project entitled "The experience of living in one's own subsidized residence: Needs and practices of community support as pillars for strengthening empowerment, mutual aid and solidarity in the community."

This issue presents six articles, three of which come from our research team and present original data and three of which come from other teams working on the issue of social and community housing.

Le premier texte proposé est celui de **Christian Jetté et Jean-Vincent Bergeron-Gaudin**, « Social Housing with Community Support in Québec: A Sociopolitical Perspective », lequel jette un regard sociopolitique et historique sur l'approche de soutien communautaire au Québec et retrace l'institutionnalisation de cette approche. L'article vise à démontrer comment l'offre de soutien communautaire est devenue une norme centrale dans le champ du logement social à partir d'une perspective de « welfare mix » et de transformation de l'État-providence. Les auteurs traitent d'enjeux liés aux dynamiques de pouvoir, aux différentes tenures en habitation, au financement, et à la mise en application du cadre de référence.

Les deuxième et troisième textes présentent les enjeux pragmatiques et sociétaux de groupes qui vivent en situation de vulnérabilité, offrant d'une part une perspective inédite sur les besoins et priorités d'un groupe autochtone au Canada dans « Embedding Indigenous Knowledge Into Housing Design with the Homebuilding Students in Wasagamack and Garden Hill First Nations, Manitoba, Canada » (par **Catrina Sallese, Shauna Mallory-Hill, & Shirley Thompson**) et d'autre part sur une démarche innovante dans la ville italienne de Trieste pour développer son programme « *Habitat Microaree*, Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Microaree Program » (par **Margherita Bono, Judith Lapierre, & Paul Morin**).

Dans les communautés de Garden Hill et de Wasagamack à Island Lake au Manitoba, le taux de logements adéquats demeure faible pour les Premières Nations vivant en communauté (sur des réserves) et les risques pour la santé sont réels et inquiétants. Avec une population croissante et un surpeuplement dans les logements, ce taux est

The first article by **Christian Jetté and Jean-Vincent Bergeron-Gaudin**, “Social Housing with Community Support in Québec: A Sociopolitical Perspective,” takes a sociopolitical and historical look at the community support approach in Québec and explores the institutionalization of this approach. The article, from a perspective focused on the “welfare mix” and the transformation of the welfare state, aims to demonstrate how the provision of community support has become a central norm in the field of social housing. The article addresses issues related to power dynamics, to different housing tenures, to financing, and to the implementation of the reference framework.

The second and third articles present the pragmatic and societal issues of groups that live in a context of vulnerability. In the second, “Embedding Indigenous Knowledge Into Housing Design with the Homebuilding Students in Wasagamack and Garden Hill First Nations, Manitoba, Canada” (by **Catrina Sallese, Shauna Mallory-Hill, & Shirley Thompson**), the authors offer an unprecedented look at the needs and priorities of a First Nations group in Canada. The third article, “Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and its *Habitat Microaree* Program” (by **Margherita Bono, Judith Lapierre, & Paul Morin**), examines the city of Trieste’s innovative approach towards the development of its *Habitat Microaree* program.

On Island Lake in Manitoba, in the communities of Garden Hill and Wasagamack, the rate of adequate housing remains low for First Nations people living in communities (that is, on reserves) and the health risks are genuine and worrisome. With a growing population and overcrowded housing, the low

très préoccupant. Cependant, l'article décrit un partenariat prometteur entre des étudiants du programme universitaire « Homebuilders » et les communautés de Garden Hill et de Wasagamack pour la conception et l'aménagement de logements qui soient adéquats, sains et durables. Les auteurs proposent des politiques de décolonisation, des pratiques qui honorent le lien au territoire ainsi que des programmes de financement pertinents afin de répondre aux enjeux auxquels font face les communautés qui, par leur éloignement et leur isolement, sont durement frappées par les aléas économiques et climatiques.

En s'inspirant du mouvement révolutionnaire de Basaglia et de Rotelli des années 1970, les auteurs du troisième texte, « Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Micro-Area Program » par Margherita Bono, Judith Lapierre, & Paul Morin, retracent le fil historique et social de la lutte pour la désinstitutionnalisation à Trieste en Italie de personnes souffrant de troubles de santé mentale. En évoquant certaines périodes charnières, ils montrent comment Trieste est devenu une référence mondiale en matière de soins désinstitutionnalisés et de stratégies d'autonomisation pour les logements sociaux dans les territoires. En s'appuyant sur l'exemple du programme *Habitat Microaree*, les auteurs offrent une perspective inédite alignée sur une approche à la fois humaniste et intégrée aux niveaux des territoires et des services.

Le quatrième texte en est un de **Maroïne Bendaoud et Peter Graefe**, « Québec's Housing Nonprofits Experiencing the End of Federal Subsidy Agreements: Adaptability Without Renewal? » Cet article présente les perspectives et les décisions des associations et des administrateurs de vingt-six logements sociaux et communautaires permanents envers des coupures dans le financement fédéral et les répercussions

rate is of great concern. However, the second article describes a promising partnership between students from the "Homebuilders" university program and the communities of Garden Hill and Wasagamack for the design and implementation of adequate, healthy and sustainable housing. The authors propose decolonization policies, practices that honor territorial links, and financing programs adapted to respond to the challenges faced by communities that, due to their remoteness and isolation, are particularly vulnerable to economic and climactic challenges.

Through an examination of Basaglia and Rotelli's revolutionary movement in the 1970s, the authors of the third article, "Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Micro-Area Program" by Margherita Bono, Judith Lapierre, & Paul Morin, trace the historical and social context of the fight in Trieste, Italy for the deinstitutionalization of people suffering from mental health issues. In evoking certain pivotal periods, they show how Trieste became a world reference in terms of deinstitutionalized care and empowerment with regard to social housing strategies in the territories. Through the example of the *Habitat Microaree* program, the authors offer a fresh perspective aligned with a humanistic and integrated approach within territories and across services.

The fourth article, by **Maroïne Bendaoud and Peter Graefe**, is entitled "Québec's Housing Nonprofits Experiencing the End of Federal Subsidy Agreements: Adaptability Without Renewal?" This article presents the perspectives and decisions of associations and administrators of 26 permanent social and community housing units with regard to cuts in federal funding and their repercussions on

de celles-ci sur les milieux de vie des locataires. Des stratégies innovantes ont été mises en place pour s'adapter aux coupures et somme toute, malgré les contraintes imposées, le regard posé par les acteurs s'est avéré transformateur des pratiques. Cependant, un enjeu majeur perdure puisque les bâtiments de plus en plus âgés exigent des réparations et des rénovations qui seront non négligeables et pourront excéder les réserves accumulées.

Le cinquième texte, « L'accompagnement de personnes et de milieux de vie favorables à la stabilité résidentielle, au bien-être et à la qualité de vie » (par **Jacques Caillouette & Judith Lapierre**), porte sur les pratiques de soutien communautaire en logement social et communautaire (SCLSC). Cet article offre une perspective pragmatique sur le SCLSC au Québec tel que perçu par les intervenants et les gestionnaires de six régions de la province. Les propos de ceux-ci confirment l'apport des pratiques d'accompagnement dans le développement du pouvoir d'agir individuel et collectif. Un éclairage sur les modes opératoires des pratiques de soutien est proposé à la lumière du nouveau guide de référence sur les pratiques de soutien communautaire avec comme finalité l'inclusion sociale, le développement du pouvoir d'agir et la stabilité résidentielle.

Le sixième texte, « Systematic Integrative Narrative Review on Community Support Practices and Outcomes in Social and Community Housing » (par **Judith Lapierre** et al.), présente une revue systématique intégrative narrative systématique qui offre une réponse aux questions suivantes : quelles sont les pratiques de soutien communautaire exercées dans les logements permanents et quelles sont les retombées de ces pratiques? Il s'agit de la première étude à dresser l'inventaire des tendances et des effets perçus ou mesurés. Celle-ci recense 42 études, dont 20 qualitatives, 14 quantitatives et 8 axées sur la méthode mixte. De ces études, 34 por-

the living environments of vulnerable individuals. Innovative strategies have been put in place to adapt to the cuts and, despite the constraints imposed, the perspective taken by the actors has proven to be transformative. A major issue persists, however, since increasingly older buildings require repairs and renovations that are significant and can exceed the accumulated reserves.

The fifth article concerns community support practices in social and community housing. It is entitled "Supporting People and Living Environments Favorable to Residential Stability, Well-Being, and Quality of Life" (by **Jacques Caillouette & Judith Lapierre**). This text offers a pragmatic perspective on community support in social and community housing in six regions of Québec as perceived by stakeholders and managers. The latter's discourses confirm the contribution of support practices to the development of individual and collective empowerment. In this article, the authors propose to shed light on the operating methods of support practices whose aims are social inclusion, empowerment and residential stability in the wake of the new provincial reference guide on community support practices.

The sixth article, "Systematic Integrative Narrative Review on Community Support Practices and Outcomes in Social and Community Housing" (by **Judith Lapierre** et al.), presents a systematic integrative narrative review that answers the following two questions: what are the community support practices exercised in permanent housing and what are the repercussions of those practices? This study is the first one to focus on such global practices and their perceived impacts. It examines 42 studies, including 20 qualitative ones, 14 quantitative ones, and 8

tent sur le logement social, 4 sur le logement communautaire et 4 sur le logement coopératif. Les résultats pourraient informer les praticiens et décideurs sur les questions liées aux pratiques communautaires dans les logements permanents ainsi qu'aux orientations de différentes tenures et aux impacts potentiels de ces dernières. L'inventaire systématique des effets documentés offre des constats valides que des études ultérieures pourront évaluer et permet de jeter un regard critique sur l'apport des pratiques à la qualité de vie ainsi qu'à la santé individuelle et collective de personnes en contextes de vulnérabilité.

En tant qu'acteurs et bâtisseurs de capital social dans nos communautés lors d'une période de grandes transitions sociales, nous devons accroître notre vigilance envers les enjeux de justice sociale et d'équité. Après tout, les besoins des personnes se complexifient et sont exacerbés par une précarité résidentielle, économique et sociale sans cesse croissante. Le droit au logement et l'accès à un logement abordable et subventionné constituent la pierre d'assise d'une qualité de vie propice au développement personnel et social qui peut à son tour contribuer à une citoyenneté qui soit responsable et solidaire.

DÉDICACE MARGHERITA BONO

Nous dédions ce numéro spécial à Margherita Bono (1979-2023), notre bien-aimée collègue de Trieste, Italie, chercheuse associée au Laboratoire de sociologie de l'action publique *Sui Generis* (Département de sociologie et de recherche sociale, Université de Milan) et militante sociale en recherche-action de la *Cooperativa*



Margherita Bono par/by Irene Bono

mixed-methods ones. Of these studies, 34 bear on social housing, 4 on community housing, and 4 on cooperative housing. The results can inform practitioners and policy-makers on issues related to community practices in permanent housing and to their outcomes relative to different tenures and their potential impacts. The systematic inventory of documented effects provides valid findings that subsequent studies can further evaluate. It allows the readers to take a critical look at the contribution of practices to the quality of life as well as the individual and collective health of people living in vulnerable contexts.

As actors and builders of social capital in our communities in this time of major social transitions, we must be more vigilant than ever towards issues of social justice and equity. People's needs are becoming more complex and are exacerbated by ever-increasing residential, economic, and social insecurities. The right to affordable and subsidized housing constitutes the cornerstone of a quality of life conducive to a personal and social development that in turn makes it possible for there to be responsible citizenship and collective solidarity.

DEDICATION MARGHERITA BONO

This special issue is dedicated to Margherita Bono (1979-2023), our beloved peer from Trieste, Italy, associate researcher at the *Sui Generis* Sociology of Public Action Laboratory (Department of Sociology and Social Research, University of Milan) and an action-research social activist for the *Cooperativa Sociale*

Sociale La Collina. Sa carrière, son engagement et sa passion pour l'équité, la justice et l'inclusion au sein du programme *Habitat Microaree* ont contribué de manière significative à notre compréhension des facteurs clés relatifs à l'intégration territoriale des valeurs sanitaires, sociales, municipales et communautaires et des ancrages à mobiliser. D'autre part, son travail, tout en leur rendant hommage, a contribué à la continuité du travail pionnier de Franco Basaglia et de Franco Rotelli, ceux-ci ayant fait de Trieste—berceau de la réforme psychiatrique italienne—« *La città che cura* », la ville qui soigne. Trieste est désormais une ville exemplaire en matière de santé durable, reconnue par l'Organisation mondiale de la santé pour l'autonomisation de ses communautés et des soins qu'elle profère et pour la désinstitutionnalisation de ses citoyens les plus vulnérables.

La Collina. Her career, engagement, and passion for equity, justice, and inclusion within the *Habitat Microaree* program contributed significantly to our understanding of key issues related to the territorial integration of health, social, municipal, and community values as well as to what leverage points to emphasize. Her work contributed to the continuity of—and paid tribute to—the pioneering work of Franco Basaglia and Franco Rotelli that made Trieste—the cradle of Italian psychiatric reform—“*La città che cura*,” the city that heals. Trieste is now a World Health Organization-renowned sustainable-health exemplar city for community empowerment and care and for the deinstitutionalisation of the most vulnerable.

Social Housing with Community Support in Québec: A Sociopolitical Perspective

Christian Jetté & Jean-Vincent Bergeron-Gaudin, Université de Montréal

ABSTRACT

The 2022 adoption of a new policy framework on community support in social housing in Québec speaks to a convergence of a multitude of community, government, and municipal actors around this practice. This qualitative study delves into the process by which this approach was institutionalized to demonstrate how community support became a central norm of the social housing field in the province. Drawing from literature on the welfare mix, we situate this phenomenon in the broader context of the transformation of the welfare state, in which nonprofit organizations played an increasing role in providing social housing to vulnerable populations (e.g., people at risk of homelessness). This article demonstrates how power dynamics and negotiations between the state and the third sector were, in this case, a major source of institutional change over time.

RÉSUMÉ

L'adoption en 2022 d'un nouveau cadre de référence sur le soutien communautaire en logement social au Québec témoigne de la convergence d'une multitude d'acteurs communautaires, gouvernementaux et municipaux autour de cette pratique. Cette étude qualitative retrace le processus d'institutionnalisation de cette approche pour montrer comment l'offre de soutien communautaire est devenue une norme centrale dans le champ du logement social. En reprenant les écrits sur le welfare mix, nous situons ce phénomène dans le contexte plus large de la transformation de l'État-providence où les organismes sans but lucratif ont joué un rôle grandissant dans la provision de logements sociaux pour des populations vulnérables (ex. personnes à risque d'itinérance). Nous faisons ressortir que les relations de pouvoir et les négociations entre l'État et le tiers secteur ont été dans ce cas une source importante de changement institutionnel au fil du temps.

Keywords / Mots clés : social housing, community support, institutionalization, welfare mix / logement social, soutien communautaire, institutionnalisation, welfare mix

INTRODUCTION

In May 2022, the Québec government adopted a new policy framework on community support in social housing (Gouvernement du Québec, 2022). Initially developed in the late 1980s by the Fédération des OSBL d'habitation de Montréal (FOHM) to respond to housing needs among homeless populations, this approach is now used province-wide in nonprofit housing organizations, public housing and, increasingly, housing co-operatives (Caillouette & Lapierre, 2022). Community support seeks to ensure housing stability and improve the quality of life among social housing tenants with certain vulnerabilities (aging, mental health problems, disabilities, etc.) through home-based accompaniment. This practice includes a wide range of activities, including support with public services, conflict management between renters, crisis intervention, psychosocial intervention, support at tenants' committees, and community organizing.

This new policy framework was adopted following several years of pressure from Québec's main social housing advocacy groups (nonprofit housing organizations, housing co-operatives, technical resource groups and housing municipal offices), which called for improved government support for this approach. Since the first policy framework on community support in social housing was adopted in 2007, several issues were raised, including inadequate government funding, inequity in funding distribution between administrative regions, overly restrictive eligibility criteria, and a lack of coordination between partners involved in the practice. The new policy framework does respond to some of these criticisms. While it does not address funding, it more clearly defines the roles and responsibilities of the various partners involved and insists on a greater degree of collaboration and inter-sectoral action between the health and social services and housing ministries.

How can this convergence between a multitude of third-sector actors, municipal organizations, and government institutions around the model of social housing with community support be explained? This article delves into the history of this practice to demonstrate how community support became a central norm of the social housing field in Québec. Returning to the origins of the practice and retracing its evolution over time helps us see how its institutionalization is the result of a slow, gradual, and evolutive process, in which the nonprofit housing organization network played a very active role. Through political organizing and diffusing its approach toward vulnerable people, this network successfully changed practices in the field of social housing. It also successfully implanted the notion that simply providing people with housing is insufficient unless it is accompanied by community support.

The institutionalization of community support also evolved within the broader context of the transformation of the welfare state in Québec, during which the provincial government allowed for the third sector to play a significant role in developing and implementing public services in various domains (Jetté, 2008; Vaillancourt, 2012; Arsenault, 2018). The authors apply a welfare mix approach (Evers & Laville, 2004) to demonstrate that valuing community support goes to the core of the newly shared responsibilities between the state and the third sector in terms of providing social housing and ensuring the wellbeing of tenants in this type of housing. Through a detailed analysis of relationships between nonprofit housing organizations, housing municipal offices, and various government institutions, this article reveals that power dynamics and negotiations around welfare mix in a policy field can be a major source of institutional change.

This article is divided into three sections. Its first section focuses on certain institutional features of social housing in Québec and presents an overview of the literature on welfare mix and its points of interest for a study of the third sector. The second section presents the data and methodology used to develop our analysis. The third explores the main phases in the development of community support in social housing, from the first experiments by the FOHM in the late 1980s to the implementation of the first policy framework in the late 2000s and following years. The article concludes with an evaluation of how this research can increase understanding of the conditions under which innovative third-sector practices can influence social policy.

SOCIAL HOUSING AND THE WELFARE MIX

The history of social housing in Canada is closely linked to how the federal system operates and the tension between levels of government in this field (Suttor, 2016). In Québec, as in other provinces, the federal government was the primary leader in designing and funding social programs until the 1990s. Prior to this period, social housing largely took the form of public housing, where all residents paid a fixed percentage of their incomes in exchange for housing. Starting in the 1970s, the federal government also provided parallel funding for the development of housing co-operatives and nonprofit organizations, which were recognized as encouraging a greater degree of socio-economic diversity among tenants (Bouchard, Frohn, & Morin, 2010).

At the time of the federal government's retrenchment of social housing development in 1994, Québec was one of the only provinces to continue to fund these new projects (Suttor, 2016). In 1997, the provincial government adopted the AccèsLogis program, which exclusively served housing co-operatives and nonprofit housing organizations, collectively referred to as "community housing" in Québec. The program used a selection process that targets three population demographics through its various components: 1) moderate- and low-income households, 2) seniors who are losing their autonomy, and 3) populations with specific needs (e.g., homeless individuals). Its creation highlighted the shared responsibilities between the government and the third sector in social housing. Québec's social housing stock is currently composed of 62,000 public housing units (Fédération des locataires d'habitations à loyer modique du Québec, 2023) and 82,000 community housing units, of which 30,000 are co-operatives (Confédération québécoise des coopératives d'habitation, 2023) and 52,000 are nonprofit organizations (RQOH, 2023).

According to Bendaoud (2018), this shift toward nonprofit housing can be explained through a learning process that took place within the public administration, in which this type of social housing was found to be preferable to public housing due to its relative advantages, including its lower cost and broader ability to reach vulnerable populations. Other authors insist that it was collective action and significant organizing from community groups that was responsible for the program's adoption (Arsenault, 2018; Dufour, Bergeron-Gaudin, & Chicoine, 2020). According to Vaillancourt, Ducharme, Aubry, and Grenier (2017), AccèsLogis is an empirical illustration of policy "co-construction," meaning that civil society actors participated in its development, as well as "co-production" of services, meaning that they also participated in service implementation.

This reconfiguration of welfare mix in the social housing domain, observed in other domains (e.g., health and social services, child-care services, etc.) in Québec during the same period, was crucial

to understanding community support, as it was the nonprofit housing organization network that initially developed this approach. As we will see later, the FOHM, the instigator of community support, was quickly identified by government actors in the housing sector to develop a new model of social housing for homeless individuals, precisely because these actors were aware of its greater capacity to reach this population.

The concept of “welfare mix” was introduced in the literature to discuss the phenomenon of role redefinition that took place during the welfare state crisis of the 1980s and 90s. Questioning the classic opposition between the state and the market, this concept shines a light on the importance of family and community, including third-sector organizations (Evers & Laville, 2004), in producing wellbeing. This approach posits that the inter-relationships between this mix of actors is a key component of welfare state regimes (Esping-Andersen, 1999) and is also a lens with which to understand their transformations over recent decades (Powell & Barrientos, 2004). Indeed, the welfare mix can evolve and take on different configurations depending on the context and periods, from a simple privatization scenario to a veritable plural economy. In this case, actors mobilize a diversity of resources, both market-based (pricing), redistributive (public funding), and reciprocal (donations, volunteering, and activism) in nature to ensure their mission of wellbeing.

These various configurations of the welfare mix are based on its institutionalization, which makes it possible and determines the degree to which its characteristics are innovative or democratic (Lévesque & Thiry, 2008). Institutionalization thereby becomes a crucial angle from which to study how this mixing is negotiated between actors, leading to phenomena of hybridization (Billis, 2010), not only of resources, but also of governance and decision-making models (Evers, 2005). As such, the state, even while serving as a service provider in the context of a mixed economy, remains the central body that oversees the regulation of social dynamics. In this capacity, it has the power to attach orientations and specific dynamics to public policy that other actors cannot ignore (Lascoumes & Le Galès, 2018).

Analyzing institutionalization thus allows us to address the definition of welfare, the nature of providers, access to decision-making processes, power dynamics between different actors, and resource allocation. Using a sociopolitical perspective, this angle can also help reveal how the negotiation of the welfare mix in a policy field such as social housing can be a source of institutional change.

METHODOLOGY

The results presented in this article are part of a broader research study on the transfer of innovative practices from the third sector to the public sector.¹ Community support in social housing was selected as one of four case studies for this project. Each will be subject to an internal analysis and compared to the others.² Our research approach employs an essentially inductive and qualitative logic. Case study methodology was used to conduct a detailed empirical analysis (Yin, 2018) of innovative practices in the third sector and their institutionalization.

More specifically, the present analysis draws on a corpus of semi-directed interviews conducted with key informants involved in developing community support in social housing. These included representatives of nonprofit housing organizations and housing municipal offices, public officers

from the health and social services system and the housing sector, and researchers in the field of social housing. We conducted a total of 21 interviews to trace the practice's institutionalization at the provincial and the regional levels.³ Only interviews concerning the provincial level are used in this article (eight interviews).

Interview questions examined the main dimensions of the practice's institutionalization, such as relationships between actors, access to decision-making, negotiation of how the policy framework would be implemented and resource allocation. Lasting between 60 and 120 minutes, each interview was transcribed and subsequently coded by themes (Miles & Huberman, 2003). These data were supplemented by government and academic literature on community support.

This material allowed us to reconstruct and sequence the evolution of community support with great precision, following its main turning points. The authors previously published a report with our complete results in 2021 (Bergeron-Gaudin & Jetté, 2021). The following section contains a synthesis of these results.

PROCESS OF INSTITUTIONALIZATION

This analysis demonstrates that, overall, the institutionalization of practices from the third sector is a slow, gradual, and evolutive process—slow, in the sense that 20 years passed between the earliest experiments on social housing with community support and the adoption of the first policy framework on the approach; gradual, in the sense that the institutionalization of the practice took place in a stepwise manner and was not only limited by a formal framework from the government; evolutive, in the sense that this process is dynamic and ongoing, and progresses constantly based on the reconfiguration of relationships between the actors involved. We now turn to the five phases of community support development.

Early experiments, 1987–1993

The 1980s were marked by a major economic crisis that questioned the welfare-state model developed in Québec since the 1960s, which leaned heavily on the development of the public sector. This crisis had many consequences, including on the rental market, which offered fewer and fewer possibilities for disadvantaged people, leading to a significant increase in the number of people without housing. In this era, there were over 15,000 members of this community in Montréal (Roy, Noiseux, & Thomas, 2003). It was in this context that the first nonprofit housing organizations in Montréal were created. Some took the form of rooming houses and offered small-scale units. These organizations sought above all to provide economically disadvantaged people with decent, clean, and safe housing.

1987 was a crucial year in the history of community support in social housing. To begin, the United Nations named it the International Year of Shelter for the Homeless. Governments were invited to seriously examine this social problem to find solutions. 1987 also saw the creation of the FOHM, the organization that originated the practice of community support. At its start, it brought together 22 nonprofit housing organizations, comprising 900 units spread across 64 different buildings (Drolet, 1993). Tenants in these buildings had various demographic profiles but were united by

their difficulties accessing decent housing on the rental market and economically disadvantaged status. FOHM member groups distinguished themselves in their direct interventions with people at risk of homelessness, a population that public housing struggled to reach.

In 1987, following the United Nations' call to action, the Ministry of Health and Social Services (MHSS) released a non-recurring sum of \$800,000 for private nonprofit housing that included services for tenants (Gouvernement du Québec, 2007). Management of this budget was conferred to the Société d'habitation du Québec (SHQ),⁴ which decided to launch a pilot project to develop rooming houses that also offered services to residents. The Office municipal d'habitation de Montréal joined the project, but proposed that the FOHM oversee building management, given its expertise in the field. The two parties signed an agreement for a total of six rooming houses, for a total of 193 units (Jetté, Thériault, Mathieu, & Vaillancourt, 1998). As an SHQ representative involved in the project explained, "For funding community support, the budget was given to the [Municipal Housing] Office, but it came from the SHQ because it fell outside of the norm" (Interview 4).⁵ This agreement would prove fundamental for the practice because it was within these rooming houses that the FOHM would develop its approach.

From the late 1980s to the early 1990s, the FOHM committed to an intensive process of experimentation. Over time, it formalized its approach and noted the ensuing positive effects:

We define ourselves as a permanent housing resource with community support for people who have often experienced what we call "revolving door syndrome," meaning that they spent several short-term stays in the network of community organizations working with homeless people or in the institutional network. We're located at the end of one circuit and the start of another. (Drolet, 1993, p. 7, authors' translation)

As such, the FOHM filled a void in the service offer for homeless populations by prioritizing long-term interventions. The people who it welcomed in its units often had just experienced significant losses in their lives—their jobs, health, social network, social status, or home. In such a situation, "moderately priced housing with community support is the key to pulling out of the tailspin" (Drolet, 1993, p. 7, authors' translation).

The fundamentals of the practice—which remain unchanged today—were already established: the right to housing, the freedom to choose one's housing, the possibility for tenants to take on normal roles, social integration, experiential learning, and flexibility in terms of interventions. This practice was initially put into use by two support workers mandated with resolving potentially litigious situations, contacting external resources as needed, and leading various activities (selection committees, tenants' assemblies, etc.). Tenant janitors for the buildings were also brought into the practice to ensure a certain level of safety and to react in crisis situations (Drolet, 1993).

The outcomes were rather conclusive. "Because of the community support developed by the FOHM, residential stability statistics in [the] buildings show that 53% [of] tenants kept their units for at least 2 years" (Drolet, 1993, p. 10, authors' own translation). This success rate is significant, given that pilot project participants were already homeless or at risk of homelessness.

Public recognition, 1994–1999

The pilot project in the six rooming houses was renewed for the second half of the 1990s, but no additional funding was released for the practice. The FOHM needed to find ways to increase interest in social housing with community support among the housing and health and social services networks, especially as the homeless population continued to grow. From 1988 to 1998, the number of homeless people in Montréal increased from 15,000 to over 28,000 (Roy et al., 2003), and became more diverse. The proportion of young people and women experiencing homelessness increased and problems grew more dire (multiple addictions, mental health disorders, violence, and suicide). In addition, homelessness began spreading to other cities in Québec.

In this context, nonprofit housing organizations in Outaouais and Québec City took an interest in the FOHM's approach. At that time, neither region had a federation like the one in Montréal. As such, nonprofit housing organizations in these regions used the development of community support to justify the creation of political structures. A representative of housing groups in Outaouais comments: "In Gatineau the network of nonprofit organizations was not really organized, there were a few nonprofit organizations created over the past years, but not for vulnerable people who required community support. So there was no network, but there were needs" (Interview 21).

The research community also started to show an interest in the FOHM's practice at this time. The Canadian Mortgage and Housing Corporation (CMHC) published a report in 1995 on the primary initiatives in Canada and the United States pertaining to the issue of housing for homeless populations that recognized the innovative nature of the practice (Jetté et al., 1998). The first evaluative study of the practice was conducted by the Laboratoire de recherche sur les pratiques et les politiques sociales (LAREPPS) in 1995. This study sought to examine how community support improved residents' quality of life in three of the six rooming houses in the pilot project. It would go on to play a fundamental role in the history of the practice in three key ways. First, it helped formalize the FOHM's approach. The various forms of interventions and activities included in community support are described comprehensively and in detail. Second, it gave the practice more credibility. It provided the FOHM and its allies with scientific arguments to highlight the importance of developing a funding program specifically for community support. Finally, it provided values that measured the real impacts of the practice. As a FOHM representative said at the time, "[The study] opened up quite a few doors, and we had a bigger audience. Already at the Ministry, there was still, we had a certain amount of attention, but now we could draw from something that was verified" (Interview 3).

The study's conclusions were very positive: community support helped reduce the risks of homelessness, modified how healthcare services were used, reduced the risk of harm and recidivism, ensured better coordination and greater effectiveness of interventions, and strengthened social ties (Jetté et al., 1998). Above all, the study confirmed that community support has a real effect on residents' quality of life. Its authors directly called on decision-makers within the health and social services network to ask them to seriously consider the possibility of providing direct funding for the practice. According to them, it would only be logical for the MHSS to take on this role, considering that, in the absence of community support, FOHM tenants would solicit support from their institutions in any case (Jetté et al., 1998).

During this same period, in 1997, the Québec government adopted the AccèsLogis program, releasing its first funds for the practice of community support. The MHSS provided \$1,000 in funding per unit to allow for new housing projects to provide their tenants with support (Gouvernement du Québec, 2007). This announcement referred only to the second component of the AccèsLogis program, which was designed exclusively for people above the age of 75, or those who were experiencing a slight loss of autonomy. As such, the FOHM rooms did not qualify for this first wave of funding.

Yet this “\$1,000-per-home” measure still represented an important step for the approach. For the first time, the MHSS provided financial support for the development of social housing with community support. From 1997 to 2002, this initiative helped support the construction of 730 units for seniors (Interview 1). After five years, the budgeted amounts were renewed, but no additional funding was released. As such, it is still the case today that this measure only applies to 730 units that received funding between 1997 and 2002. It should be noted that this first wave of funding targeted seniors and not people at risk of homelessness. The provincial government decided at that moment not to extend funding to the third component of AccèsLogis, which did focus on clients with specific needs (e.g., homeless populations). This choice was far from trivial and would come to resemble future developments in the practice.

After approaching the FOHM in the mid-1990, nonprofit housing organizations in Outaouais and in Québec City sought to create their own regional federations. The Regroupement des OSBL d'habitation et d'hébergement avec support communautaire en Outaouais (ROHSCO) and the Fédération régionale des OSBL d'habitation de Québec-Chaudière Appalaches (FROHQC) were both created in 1998. This regional political structure-building was closely linked to the process of diffusing community support. The second half of the 1990s also served as a backdrop for the creation of the Association nationale des OSBL d'habitation et d'hébergement pour personnes âgées (ANOHPA). Created in 1995, this association was composed of over twenty members, but would close its doors in 2000 (Ducharme, Aubry, & Bickerstaff-Charron, 2005), for reasons we will explore in the next phase.

Extension of networks, 2000–2003

The creation of the Réseau québécois des OSBL d'habitation (RQOH) in 2000 ushered social housing with community support into a third phase. The approach spread to new destinations and was the subject of demands from new actors: first, the nonprofit housing organization community recognized on its own that the practice could be applied to other vulnerable populations, rather than being limited to people at risk of homelessness; second, municipal housing offices started to appropriate the vocabulary related to the practice.

When it was founded, the RQOH brought together five regional federations (Montréal, Outaouais, Québec and Chaudières-Appalaches, Saguenay and Lac-Saint-Jean, and Montérégie). The creation of the RQOH led to the dissolution of the ANOHPA, the seniors' housing association created a few years earlier. Following a meeting between this association and the three federations working to further community support in Montréal, Outaouais, and Québec City, the nonprofit housing organizations came to the conclusion, for strategic reasons, that there should only be two provincial associations in its sector (Interview 18). A representative from the community highlighted that the

discussions surrounding the creation of the RQOH were still lengthy and the FOHM had to accept some compromises along the way:

The FOHM was playing a provincial role, but it was a regional organization. So [the three federations built around community support and ANOHPA] discussed for a year and their conclusion was, “We’re going to take a model like co-ops, we’re going to make federations that include everyone, so the FOHM is going to have to make an effort to open up.” (Interview 1)

This convergence was not without its hitches, but it encouraged these various federations in their negotiations with the provincial government.

The nonprofit housing organization community also discovered in the 2000s that social housing with community support could be used for other types of vulnerable populations, including people struggling with mental health disorders, people with intellectual disabilities, or people experiencing a slight loss of autonomy. As a representative from the field noted, broadening community support to include other clienteles was closely linked to the creation of the RQOH:

The first mandate that [the nonprofit housing organizations network] had was, aside from being recognized as a network, was community support. And starting from that moment around the table, you didn’t just have nonprofit organizations (NPOs) for people living alone, you have NPOs for seniors, we started saying that community support was a practice that was good everywhere, that was also good for NPOs for seniors. (Interview 1)

Hoping to both increase recognition for community support and build unity among its members, the RQOH decided to extend the practice for strategic purposes. The association’s first objective was to have a specific funding program for the practice adopted (Interview 2). Several social groups also demanded improved funding for social housing with community support, including the Front d’action populaire en réaménagement urbain and the Réseau Solidarité Itinérance du Québec (Roy et al., 2003). Over the years, the RQOH developed a lobbying strategy and expanded its alliances.

This strategy netted results: the government agreed to create an inter-ministerial committee (MHSS and SHQ) to evaluate the costs related to developing the approach. In early 2003, the committee produced a brief that estimated annual needs in community support at \$1,200 per unit (RQOH, 2004). The provincial government reacted positively to the brief. In February 2003, the RQOH received an outline of a press release from the office of André Boisclair, the minister for housing at the time, announcing the adoption of a funding program for community support. However, provincial elections were called on March 12. And despite urging from the RQOH, André Boisclair did not make the planned announcement on investments for community support. On April 14, 2003, the Parti québécois was ousted by the Québec Liberal Party, led by Jean Charest. The agreement was then rendered obsolete. As a representative from the RQOH at the time explained, the opposite is important for nonprofit housing organizations: “When I arrived, everything my predecessor had done had basically vanished, or at least all of their contacts with the government had just vanished, so I had to start from scratch. But what we’d successfully developed in the previous year was proving that we had support from the SHQ” (Interview 1).

During this period, the municipal housing offices underwent sweeping transformations. In 2002, among a whirlwind of municipal fusions, the National Assembly passed Bill 49, which substantially modified the *Act respecting the Société d'habitation du Québec*. First, the bill recognized that a municipal housing office does not only manage buildings and that it can “implement any activity of a social or community nature that fosters the well-being of its clientele” (Gouvernement du Québec, 2023, article 57). This new legislation would facilitate the development of community support in public housing. Municipal housing offices were no longer limited to being responsible for the physical buildings they managed, but also for the social and community life present in those buildings. In addition, Bill 49 also sanctioned tenants’ right to form associations of lessees.

While community initiatives in public housing remained relatively disparate and largely concentrated in Montréal, Bill 49 reframed the role of municipal housing offices in the field. From there, the development of this type of activity in public housing took on speed. “The changes to legislation that took place in 2002 had an undeniable effect on reinforcing the practices of social and community development, already underway in some territories, drawing support not only from the offices but also from residents’ associations, community organizations and CLSCs” (Morin, 2007, p. 156, authors’ translation). From that moment, municipal housing offices began organizing more social and community events, information sessions, and educational workshops.

The municipal housing office network quickly tried to establish an understanding that its support activities approached community support in nonprofit organizations. The issue was important. Such recognition could help public housing access funding that would eventually be unlocked for community support. The Regroupement des offices d’habitation du Québec (ROHQ) would take on that work. In 2003, the ROHQ published a study that demonstrated the scope of need in terms of community support in public housing. The study noted that:

Offices intervened either directly or through partners in various support activities for residents in low-income housing: support for tenants’ committees, community organizing, conflict management, welcome and referral services, psychosocial support, civic accompaniment, support for recreational activities, and food or domestic support. (ROHQ, 2008, p. 4, authors’ translation)

The ROHQ sought to take a position in discussions on community support while highlighting that the practice was not strictly the prerogative of nonprofit organizations (Interview 5).

In the early 2000s, the federal government also returned to the issue of housing through the National Homeless Initiative (NHI), the budget of which was largely directed toward community action partnerships (Roy et al., 2003). Funds allocated to Québec as part of this budget could provide funding for social housing projects with community support. While it is impossible to determine the precise total of funds invested for community support, a source from the housing sector highlighted that the amount was considered large at that time: “there are several housing units with community support that have been added via NHI, many, several hundred only in Montréal” (Interview 4).

The City of Montréal, in turn, reacted in 2002. Concerned by the situation of homelessness in its territory, the municipal administration signed an agreement with the health and social services and housing networks that provided an annual investment of \$300,000 for community support projects. As part of this agreement, five buildings with a total of 232 units received funding. This investment brought the total funding for community support to nearly \$2 million per year, excluding the amounts made available from the federal government via the NHI. However, given the recognition acquired by the practice over the previous years, this amount remained modest.

Development of the First Policy Framework, 2004–2007

During its first few days in office, the Québec Liberal Party abandoned the idea of a funding program for community support. Rather, the new government decided to form an intersectorial committee charged with defining the conditions under which the practice would be transferred across the province. This was the start of efforts that would lead to the adoption of the first policy framework on the practice (Interview 4).

From the beginning, policy framework production was placed under the joint responsibility of the MHSS and the SHQ. A committee composed of stakeholders from the health and social services and housing networks was created, including representatives from nonprofit housing organizations and public housing. In total, the intersectorial committee counted 10 members.

The title of the document underwent several changes. The final title, *A Policy Framework on Community Support in Social Housing*, was only determined in 2007 (Vermette, 2012). According to one representative from a nonprofit housing organization, the government used different terms, largely to avoid the issue of a funding program. “They told us, ‘It’s not going to be a funding program because there won’t be money invested in it specifically, it’s going to be something that will use the existing budget lines in the agencies, it’s going to be a province-wide framework’” (Interview 1).

The committee’s work took place from 2004 to 2007. Tensions arose both between the health and social services and housing networks and within nonprofit housing organizations, certain members of which were concerned that the term would be clawed back (Interview 9). The RQOH sought to ensure that the framework would be as compliant a representation as possible of the approach that its members had developed. For its part, the municipal housing office network repeatedly insisted that its support workers had to manage increasingly complex issues and that community support therefore had its place just as much in public housing. While the committee was under the joint responsibility of the health and social services and housing networks, it was largely MHSS representatives who led the meetings. A government representative from the housing network, who contributed to work on the framework, commented on the dynamics within the committee:

One of the reasons it went so slowly was because of a lack of trust, the distrust that the community sector had for the health care system. You know the story of the elephant and the mouse? You don’t negotiate with the elephant, you don’t sleep with the elephant when you’re a mouse, because all he has to do is turn over and he’ll crush you, that’s what was said in the sector. ... There were some people who didn’t want a framework in the sector, even for NPOs, because they said, “They’re going to claw back our practice.” (Interview 4)

It is true that the issue of funding was never directly addressed by the committee. The framework needed to allow for a wide diffusion of the practice but was not supposed to provide indications for its funding. This point remained a major source of tension between the RQOH and MHSS (Interview 1).

In May 2007, the Minister of Health and Social Services, Philippe Couillard, announced a \$5 million investment for community support, without having alerted the stakeholders working on the framework. News got out discretely during the study of budget credits for 2007–2008. This investment was supposed to follow the implementation of the framework and targeted seniors. As such, housing for this population should have received priority in funds distribution. An MHSS officer involved in the case explains: “There was the 2005-2010 action plan on aging, it was part of that, it was a ministerial priority” (Interview 9).

The framework was officially adopted in November 2007, with the title *A Policy Framework on Community Support in Social Housing: An inter-sectorial intervention from the health and social services and housing networks* (Gouvernement du Québec, 2007). The document confirmed the shared responsibility of both the housing and health and social services networks as regards the practice. The framework also recognized that all social housing providers (nonprofit organizations, municipal offices, and co-operatives) could make use of community support, upon the condition that they offered permanent housing. In addition, the framework planned for the creation of a national committee to follow up and regional co-ordination bodies to foster the implementation of the practice.

This period saw several other major events. In 2005, well before the adoption of the framework, housing offices had already organized a series of regional meetings on community support, to transpose the experience of collaboration between the health and social services and housing networks to a more local level (ROHQ, 2008). The MHSS and SHQ agreed to support and fund this effort. Eleven regional conferences were organized from May 2006 to December 2007. A total of 1,315 support workers from across the province participated. This process allowed housing offices to be one step ahead on the diffusion of the policy framework.

Taken by surprise by this initiative, nonprofit organizations tried in turn to obtain support from the MHSS and the SHQ to organize a province-wide tour on community support. As a representative from this network explained, the MHSS and the SHQ had no choice but to accept this request, due to the pressure on them and in the interest of equity. “There was so much hue and cry that they were forced ... to shell out for a tour that was set to start the next year [2007]” (Interview 1). The format selected for this tour was somewhat similar to that used by the municipal housing offices with their regional meetings. From fall 2007 to summer 2008, the network held a total of eight regional meetings that brought together approximately 1,000 support workers (RQOH, 2011). Added to the municipal housing offices’ efforts, this made a total of 19 regional meetings on community support in the span of two years.

The \$5 million investment that accompanied the implementation of the policy framework was not the only funding measure taken between 2004 and 2007. In 2005, as part of its new action plan on mental health, the Agency of Health and Social Services of Montréal allocated \$703,000 in funding for community support (Gouvernement du Québec, 2007). This amount funded 23 nonprofit

housing projects for a total of 619 units. For the first time in the history of community support, funding for the practice extended beyond Montréal's city limits. In 2006, in preparation for the implementation of the policy framework, the Agency of Health and Social Services of Saguenay–Lac-Saint-Jean set aside \$100,000 in its budget for community support, divided between 12 nonprofit housing projects for seniors experiencing a loss of autonomy that managed a total of 222 units (Gouvernement du Québec, 2007).

Elsewhere, after having been renewed for a second phase from 2004 to 2006, the NHI was replaced by another federal program, the Homelessness Partnering Strategy. Active as of 2007, this second strategy represented another potential source of funding for social housing projects with community support in the field of the fight against homelessness, despite uncertainty around the amounts allocated to the approach.

Implementation of the First Policy Framework, 2008–2014

During the implementation phase of the policy framework, the MHSS sought first to allocate funding between the province's administrative regions. Generally, when new resources are allocated, as in this case, the MHSS uses a calculation method that considers the health and social services offered in each region as a function of population size. Regions already well served would therefore receive a lower percentage of funding, whereas those with less well-developed service offers would receive a greater share (Interview 1). Adopted in the interest of equity, this calculation method theoretically helped reduce inequities in services that were implemented here and there across the health and social services system. The \$5 million budget for community support was divided up following this method. Certain regions received more significant shares of funding, while others had to make do with less. The distribution of funding by region is presented in Table 1.

The problem with the MHSS method of calculation is that it fails to consider the specific nature of the program. Funding was distributed based on the service offer and number of inhabitants in each region, regardless of the actual scope of need to which the program could respond. As an SHQ representative explained, in the case of community support, this calculation did not even account for the number of social housing units in each region: "The problem with the distribution model from the ministry was that it wasn't indexed to the

Table 1: Funding for community support in 2007–2008 by region

Region		Funding
01	Bas-Saint-Laurent	\$103,373
02	Saguenay – Lac-Saint-Jean	\$153,088
03	Capitale-Nationale	\$276,330
04	Mauricie	\$385,140
05	Estrie	\$374,489
06	Montréal	\$578,582
07	Outaouais	\$229,199
08	Abitibi-Témiscamingue	\$108,430
09	Côte-Nord	\$87,609
10	Nord-du-Québec	\$57,471
11	Gaspésie-Îles-de-la-Madeleine	\$63,766
12	Chaudière-Appalaches	\$216,908
13	Laval	\$314,140
14	Lanaudière	\$258,587
15	Laurentides	\$512,214
16	Montérégie	\$1,280,673
Total		\$4,999,999

Source: Vermette (2012: 8)

amount of units already present in the territory. ... The people at the ministry that we were working with didn't [want] to get into that" (Interview 4). This model of resource allocation can also give rise to certain incoherencies. This issue is made manifest in the case of community support. As indicated in Table 1, certain regions, such as Montérégie, accessed very large amounts of funding despite little development for the practice in that area. Conversely, other regions, such as Montréal, received much smaller amounts of funding, which only partially responded to its needs.

Regional agencies of health and social services took over from the MHSS once funding had been allocated between the regions. These agencies were responsible for applying the policy framework in each region and selecting which projects could receive funding. Some opted to put consultation mechanisms in place to involve local actors from the health and social services and housing networks in the implementation of the framework. Most of these agencies issued a call for submissions and invited all social housing providers (nonprofit organizations, housing offices, and co-operatives) to submit projects. At times, funding was directly issued to local bodies in the health and social services system, allowing them to manage the next steps. The implementation of the policy framework at the regional level varied considerably from region to region. Multiple factors had an influence on this process, including the political power held by nonprofit organizations and municipal housing offices in the region, the degree to which actors involved in the implementation understood the approach, and the degree to which allocated funding corresponded with the region and its needs.

In total, 148 projects across Québec receiving funding as part of the policy framework implementation process, representing a total of 22,588 units and 24,234 people (MHSS, 2009, as cited in Vermette, 2012). However, this process had scant follow-up. At the regional level, annual reporting to health and social services agencies varied greatly from region to region. Some agencies simply asked organizations to submit their annual reports, while others asked for a specific report on their community support activities. At the provincial level, there was even less reporting. A committee had been put in place to oversee this task, but it only met once, in February 2009 (Vermette, 2012). However, the framework mandated this committee with "measuring the pace of implementation of the proposed approach and if needed . . . determining adjustments to be made" (Gouvernement du Québec, 2007, p. i). The application of the policy framework was never evaluated by the provincial government. A representative from the SHQ with knowledge of the process mentioned that the actors involved were already very busy with the implementation of the policy framework and that reporting and evaluation procedures for a program that only received \$5 million was not a priority for the health and social services network (Interview 4).

Funding for community support continued to increase after the implementation of the first policy framework, but at the regional level. Some agencies, as in Montréal, Saguenay Lac-Saint-Jean, and Chaudière-Appalaches, injected additional funding for community support from their own budgets. Others simply distributed funding received from the provincial government. The transfer of community support to the regional level followed a variety of models (hierarchical, administrative, or partnership) (Jetté & Bergeron-Gaudin, 2017). While the provincial government was fairly inactive in terms of funding following the implementation of the framework, it should be mentioned that its policy on aging, "Aging and Living Together," adopted in 2012, included objectives such as bolstering community support in social housing. The implementation report for this policy indicates that

this increased support translated to \$9.12 million invested in the practice by the health and social services network in 2013–2014 (Gouvernement du Québec, 2017).

CONCLUSION: A WELFARE MIX IN MOTION

Community support in social housing underwent several phases before being formally recognized by the Québec government. Despite the promising results shown by the first pilot project from the FOHM in the late 1980s, the approach did not receive official support and funding until 2007. A wide variety of actors intervened at different steps of this process of institutionalization. Nonprofit housing organizations, and later, municipal housing offices, had to be strategic in their efforts to convince the government that the practice should be disseminated across Québec. For its part, the government had to revisit its tendency to cordon off work between different ministries and understand that community support in social housing was a practice that involved the housing sector just as much as it did that of health and social services.

That being said, the overall amounts allocated by the provincial government proved to be well below the amounts demanded by social housing representatives, who in 2012 estimated total need for community support across the province at \$17 million (\$12 million for nonprofit housing organizations and \$5 million for municipal housing offices) (Vermette, 2012). Furthermore, the very methodology proposed by the government for funds distribution—based on the overall service offer in health and social services already in place in the territory as a function of the population—introduced major biases into resource allocation. A region such as Montréal, for example, was put at a disadvantage by this regimented distribution that failed to consider the number of social housing units in the region and other specific factors related to its social and economic characteristics.

These distortions in how funding was distributed could have been corrected over time had there been a greater degree of coordination between actors. However, little follow-up was done for the first policy framework. While certain regions established funding allocation procedures and set up co-ordination bodies, these agreements were made in the context of local arrangements with complex geometries that had no equivalent at the provincial level. Tensions experienced within the intersectorial committee that oversaw the adoption of the policy framework in 2007 were more likely than not related to this near-absence of follow-up until 2019, as the stakeholders involved had little interest in starting a new cycle of negotiations given that certain previously observed stumbling blocks had little likelihood of resolution over the short and medium term. In other words, the negotiation of this welfare mix led to conflicts that were not completely resolved by the 2007 policy framework.

In 2018, main representatives for social housing (nonprofit housing organizations, municipal housing offices, technical resource groups, and housing co-operatives) organized to demand a \$30 million increase in funding for community support. This joint demand reveals that the power dynamics surrounding the welfare mix were never definitive and evolved in parallel with alliances between stakeholders (RQOH, 2018). For a time, these representatives preferred to maintain relationships of collaboration rather than competition for resources. This convergence also speaks to a phenomenon of hybridization that would never completely transcend the normative boundaries by which these representatives defined themselves. They remained aware of the strategic issues involved in de-

veloping their practices, all the more so when instigating innovative practices that stemmed from their very identities, which protect these practices from being appropriated by institutional principles with which they do not identify.

According to the network of nonprofit housing organizations, the new policy framework adopted in 2022 was the subject “of consensus among all concerned parties, [and] allowed for the possibility of a more efficient deployment of community support interventions” (RQOH, 2022). Indeed, while the 2022 framework uses largely the same definition of community support presented in the 2007 document, it does specify that “it is now obligatory to implement or make use of an existing dedicated or contributive coordination body at the regional or territory level” (Gouvernement du Québec, 2022, p. 20). Thus, the welfare mix of community support in social housing remains in motion, reconfiguring itself according to new modalities. Other research will be needed to explore these new modalities of the welfare mix more in detail.

The critical issue of funding for community support, however, remains absent from the new policy framework. As such, the reconfiguration of this welfare mix does not herald a flattening of hierarchical relationships, nor a reduction in the regulatory power of the government in resource redistribution. These zones of discretion remain linked to relationships of power and influence that third-sector actors successfully exercised through the legitimacy of their demands in public spaces.

NOTES

1. This project received financial support from the Social Sciences and Humanities Research Council (SSHRC) of Canada. It has been approved by the Comité d'éthique de la recherche en arts et sciences de l'Université de Montréal.
2. The three other case studies focused on, respectively, medications to treat mental health conditions (Jetté, Benisty, Bergeron-Gaudin, & Éthier, 2019), Alzheimer's disease (Carpentier, Bergeron-Gaudin, & Jetté, 2013), and employability (Chalifour, Bergeron-Gaudin, & Jetté, 2016). The innovative practices selected all responded to needs that went unmet by the state or the market (social innovations). They all underwent a partial or complete process of institutionalization.
3. Our study examines the implementation of the first policy framework on community support in social housing in nine administrative regions in Québec to understand variations at this level (Jetté & Bergeron-Gaudin, 2017).
4. The SHQ is the government institution in Québec that is responsible for implementing all housing-related programs and services for the population.
5. All interviews were conducted in French. Excerpts cited here were translated into English to facilitate understanding.

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Embedding Indigenous Knowledge into Housing Design with the Homebuilding Students in Wasagamack and Garden Hill First Nations, Manitoba, Canada

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ABSTRACT

Wasagamack and Garden Hill First Nations in Island Lake, Manitoba, are experiencing a housing crisis, with severe overcrowding. This article describes a research analysis of local materials, building skill levels, environment, demographics, and cultural aspects completed by graduate students in interior design as part of collaborative design/build activities, training programs, and community workshops. This study is part of a First Nation community/university partnership. Healthy, culturally appropriate, resilient single- and extended-family homes were designed using local materials and labour. This pilot project offers a pathway to build capacity to fill the gap of 150,000 homes in a way that advances cultural, health, social, and economic development. Further, a decolonizing policy and the provision of adequate infrastructure, such as access roads, in Indigenous reserves are needed to create a sustainable home-building ecosystem.

RÉSUMÉ

Les communautés autochtones Wasagamack et Garden Hill à Island Lake au Manitoba font face à une crise du logement, y compris un surpeuplement sévère. Cet article décrit une analyse de recherche des matériaux locaux, des niveaux d'habileté en construction, de l'environnement, de la démographie et des aspects culturels complétée par des étudiants diplômés en design d'intérieur dans le cadre d'activités de design et de construction collaboratives, de programmes de formation, et d'ateliers communautaires. Cette étude fait partie d'un partenariat entre les communautés autochtones et l'université. Utilisant des matériaux et de la main-d'œuvre locaux, une équipe a conçu des domiciles sains, appropriés culturellement et résilients, soit pour une famille ou pour une famille élargie. Ce projet pilote ouvre une piste pour procéder à la construction de domiciles afin de combler un manque de 150 000 logements de manière à faire avancer le développement culturel, sanitaire, social et économique. En outre, une politique de décolonisation et la création d'une infrastructure adéquate telle que des routes d'accès dans les réserves autochtones sont nécessaires afin de créer un écosystème durable pour la construction de logements.

Keywords / Mots clés : housing, Indigenous, Northern, remote, inadequate housing / logements, autochtone, nordique, isolé, logements inadéquats

INTRODUCTION

First Nation communities are hotspots for inadequate and unsuitable housing, due largely to the *Indian Act* (Statistics Canada, 2022). Worse housing outcomes are attributable to the racialized law of the *Indian Act* legalizing discrimination against Indian reserves (IR). Compared to the broader Canadian population, more than six times the number of people on IRs live in inadequate housing needing major repairs (Statistics Canada, 2021a). Structural, mechanical, architectural, flood, or electrical hazards lead to inadequate housing needing major repairs for inhabitants' health and safety (United Nations, 2023). Further, IR houses are overcrowded, making housing unsuitable. This article explores a decolonizing approach to housing design with local postsecondary Anisinew homebuilding students and Elders in two First Nations in northeast Manitoba's Island Lake.

Wasagamack and Garden Hill First Nations in Island Lake, Manitoba, have some of the worst housing conditions in Canada. A community-university partnership started to explore improving housing in September 2018, which resulted in the formation of the Mino Bimaadiziwin (MB) Homebuilders. Mino Bimaadiziwin means good life as the creator intended. This post-secondary community-led education program trained 70 Indigenous students intent on building capacity and building houses for a better life (Oni, Martin, Bonnycastle, Wood, & Thompson, 2023; Mino Bimaadiziwin Partnership, 2020).

Working alongside the students and Elders in Island Lake, as part of the Mino Bimaadiziwin Homebuilders program, Catrina Salles developed her interior design graduate research practicum, which this article profiles. These designs and the Homebuilder program also led to the co-author, Shirley Thompson, producing an expert report to support the class action suit by Chief Elvin Flett in Island Lake, Manitoba. Chief Flett of St. Theresa Point First Nation leads the national class action litigation against the Attorney General of Canada for "damages caused by its negligence in creating and failing to remedy the lack of access to adequate housing on First Nation Lands" (Flett vs SCC, 2023, p. 3). This class action aims to hold the Government of Canada accountable for the IR housing crisis, asking for \$5 billion in compensation for past negligence, and demanding the federal government provide adequate housing to First Nations people on IRs (McCarthy Tétrault, 2024).

This article seeks to understand the needs and opportunities for housing design partnerships with First Nations, particularly the Homebuilding students (called Homebuilders) in Garden Hill and Wasagamack First Nations. These Island Lake First Nations lack infrastructure, including sufficient houses, access roads, and pipes, depending on cisterns or barrels for water and sewage. To understand the IR housing crisis, this article first looks at Canada's *Indian Act*. Second, IR housing adequacy is compared with off-reserve housing in Canada. Third, the high rate of overcrowding of First Nations people in IR houses is discussed. Wasagamack and Garden Hill First Nations housing statistics are profiled regarding overcrowded and inadequate housing. The Mino Bimaadiziwin Homebuilder postsecondary student program that designed and built houses is then introduced. The method of the community engagement process, home visits and participatory building work with the Mino Bimaadiziwin Homebuilder students, is profiled. Local Indigenous knowledge and materials are considered in creating designs for single- and extended-family homes. This research analyzing a community-academic partnership for designing and building homes contributes to the current literature on First Nations solutions to housing issues.

DIFFERENT LAWS AND POLICIES FOR HOUSING ON INDIAN RESERVES

Indian reserve housing (IR) is recognized as a distinct type of tenure (Statistics Canada, 2021b). Canada applies different laws and policies for IR housing, under the *Indian Act*. Statistics Canada found that neither rental nor ownership terms applied to this unique category of IR housing, due to “historical and statutory reasons” (Statistics Canada, 2021b):

For historical and statutory reasons, shelter occupancy on IRs or settlements does not lend itself to the usual classification by standard tenure categories. Therefore, a special category, ‘dwelling provided by the local government, First Nation or Indian band,’ has been created. (Statistics Canada, 2021b, para. 1)

The *Indian Act* (1985, s. 18 (1)) outlines who can live on the IR. Off-reserve, everyone, including First Nations and other Indigenous people, can own homes and apply for a mortgage to build or buy their house, but not on IR land. Statistics Canada (2021b) notes that people living in IR housing are restricted to those registered under the *Indian Act*: “Households who live in a dwelling on an Indian reserve or settlement are a First Nation or Indian band” [para. 1].

Financing for IR housing is very restricted. Land on IRs cannot be mortgaged to finance housing. The *Indian Act* (1876, s. 11) voids mortgages from banking institutions or other lenders, stating:

All mortgages or hypothecs given or consented to by an Indian and all leases, contracts and agreements made or purporting to be made by any Indian, whereby persons or Indians other than Indians of the band are permitted to reside or hunt upon such reserve, shall be absolutely void. [p. 5]

On IRs, the sole mortgage financier is the Canada Mortgage and Housing Corporation (CMHC). Even then, a ministerial guarantee is required, creating huge bureaucracy (Zingel, 2020). Canada can grant or withhold a certificate of possession, requiring many conditions. Many restrictions exist on the federal government solely responsible for funding IR housing. Through the discriminatory restrictions, First Nations people typically have no options for design, homeownership, and financing IR housing (Allary, Thompson, & Mallory-Hill, 2023; Oni et al., 2023; Indian Act, 1985).

HISTORICAL AND STATUTORY REASONS FOR DIFFERENT RULES FOR INDIAN HOUSING ON RESERVE

The *Indian Act* positions the Crown as the legal trustee to control First Nations peoples’ land, resources, and housing. The legal basis for this paternalistic legal relationship is the *Indian Act* (1876, s. 3-12) statement that a “person means an individual other than an Indian.” [p. 3]. Canada’s legal position that “Indian” people are not “persons” gives the crown trusteeship over land and resources on IRs and off-reserves.

Legal discrimination against First Nations people is racialized (Blacksmith, Thompson, Hill, Thapa, & Stormhunter, 2021). The *Indian Act* (1985, s. 4(1)) uses the term “race of aborigines,” to apply to “Indian,” not including Inuit (Indian Act (1985, s. 4(1)), stating: “A reference to this Act to an Indian does not include any person of the race of aborigines commonly referred to as Inuit” [para 27]. Canada currently excludes First Nations people from legal person status based on the *Indian Act* (1876), and the *Indian Act* (1985, s. 5).

First Nations people do not have title to the reserve land they live on, under Crown trust laws. The Crown, according to the *Indian Act* (1876, s. 6), holds title rather than the First Nations people living on the Indian reserve. Without title, the colonial government manages the land for their colonial interests, which differs radically from First Nations peoples' interests.

Most land in Canada is not IR land. Indian reserve land makes up only 0.02 percent of Crown Land (Joseph, 2018). Indian reserves vary in size from 640 acres to 20 acres per family of five. British Columbia reserves are the smallest (Indigenous Foundations, 2023) at 20 acres per family. This small size led to First Nation leaders protesting IR insufficiency for future generations:

From the late 1860s, First Nation leaders had protested their small reserves in every way they could, claiming, fundamentally, that their people would not have enough food and that their progeny had no prospects. In retrospect, they were right (Harris, 2002). [p. 121]

Canada segregated and imprisoned First Nations people on IRs (Joseph, 2018). A pass from the Indian Agent was required to leave IRs from their inception to 1935 (Joseph, 2018). Imprisoning First Nation people on IRs freed up land in Canada for newcomers to settle on (Ballard, 2012). Canada took the good, productive land for "the progress of white settlement," as Canada's Indian Reserve Commissioner Alexander McKinley explained in 1876:

This Government does not desire to see apportioned any unnecessarily large reserves such as would interfere with the progress of white settlement (ICTINC, 2023). [para. 9]

As a result of government policy, IRs are often small, swampy, unproductive, and isolated from settlements. Homes on land with a high-water table are at greater risk for flooding. Once flooded, homes quickly become inadequate. Water intrusion and dampness in housing frequently occur in IR housing (Kirychuk, Russell, Rennie, Karunanayake, Roberts, CSeeseequasis et al., 2022; Larcombe, Nickerson, Singer, Robson, Dantouze, McKay, & Orr, 2011). A 2022 study found that 67 percent of all houses in IR census subdivisions in Canada had some flood exposure, and many have high flood risk: "All high-risk CSDs [census-subdivisions] are located in Indian reserve" [p. 834]. The only exception was "the Carmacks village (VL) in the Yukon" (p. 834), which is home to the Little Salmon/Carmacks First Nations, although it is not an IR (Chakraborty, Thistlethwaite, Minano, Henstra, & Scott, 2021).

In Manitoba and across Canada, IR housing is heavily and inequitably impacted by unnatural water fluctuations due to hydro flooding and floodwater diversion (Ahmed, Geebu, & Thompson, 2019; Ballard, 2012; Standing Committee on Indigenous and Northern Affairs, 2022; Thompson, 2015; Thompson & Suzuki, 2022). Most houses, if flooded, require major repairs. Water damage and dampness, if not corrected in short order, can structurally deteriorate the home and cause mould and fungi growth (mildew). Studies show a correlation between dampness, increased damage, deterioration of buildings, and increased mould growth (Thistlethwaite, Minano, Henstra, & Scott, 2020).

The federal government's management of IR housing started in the 1960s and 1970s. The lack of proper planning for population growth, maintenance, and repair meant that IR homes were overcrowded and in disrepair by the 1980s (Belanger, 2016). Houses on many IRs were built without adequate services such as piped water, sewage, and road access to service centres, particularly in

the prairies (Hill, Bonnycastle, & Thompson, 2020). More than one-sixth (122 reserves) of the 633 reserves in Canada lack road access in 2024 (Thompson et al., 2023).

The *Indian Act* undermines creating healthy housing conditions on IRs (Zingel, 2020). Bailie and Wayte (2006) found the Canadian government's control of IR housing, under the *Indian Act*, perpetuates colonialism's deep-rooted effects, reducing self-determination and well-being. Carrière, Bougie, Kohen, Rotermann, and Sanmartin (2016) found higher disease rates for First Nations people living in IR housing compared with any other group, including Métis, Inuit, and off-reserve First Nations people. Disease rates for First Nations people living on IRs were three to five times higher than for non-Indigenous people. Rates for First Nations people living on IRs were almost five times higher for endocrine, nutritional, and metabolic diseases (rate ratio [RR] = 4.9) and three times higher for mental and behavioural disorders (RR = 3.6), respiratory system diseases (RR = 3.3), and injuries (RR = 3.2). Many health studies associate increased disease rates with inadequate and/or overcrowded housing on IRs. The rate of hospitalization for respiratory tract infection was quadrupled (OR = 4.09) for First Nations people living on IRs, and more than double for off-reserve First Nations people than other people in Canada (Carrière et al., 2016).

INDIAN RESERVE HOUSING IS INADEQUATE

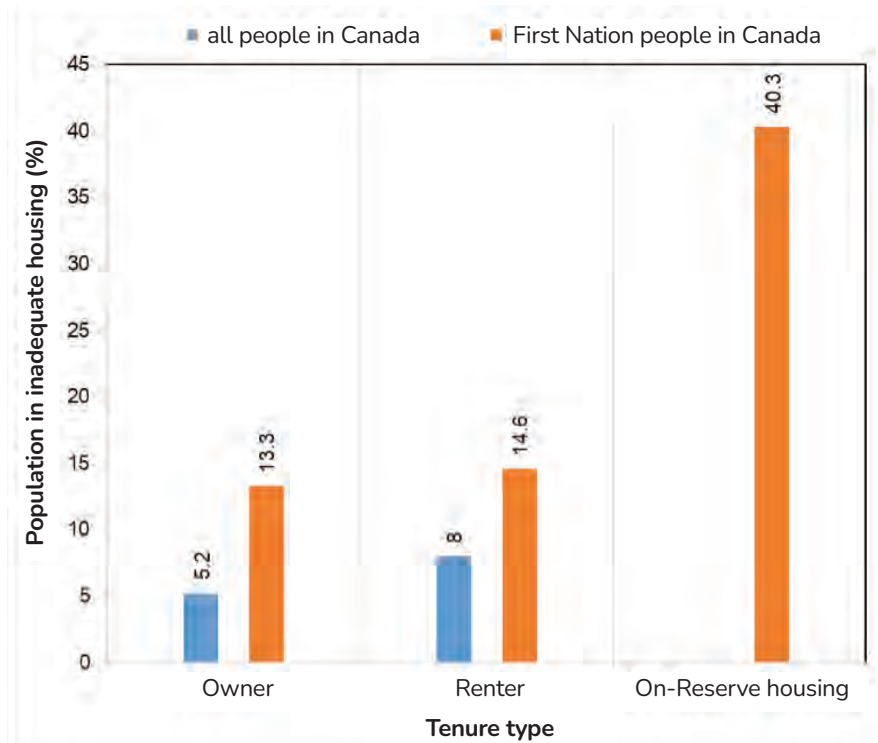
Housing on IRs is often inadequate, needing major repairs to protect inhabitants from extreme weather conditions, health hazards, or safety concerns. Substantive health risks are associated with inadequate IR housing including infant death (Shapiro, Sheppard, Mashford-Pringle, Bushnik, Kramer, Kaufman, & Yang, 2021), pre-term births (Shapiro et al., 2021), physical injuries (FNIGC, 2012), respiratory illness (Kovesi, Mallach, Schreiber, McKay, Lawlor, Barrowman, et al., 2022), and other diseases (Adegun & Thompson, 2021; Jones, Chiba, Fallone, Thomson, Hunt, Jacobson, & Goodman, 2012; Minuk, Zhang, Wong, Uhanova, Bernstein, Martin, et al., 2003; Eusebi, Zagari, & Bazzoli, 2014; Bernstein, 1999; Sinha, Martin, Sargent, McConnell, & Bernstein, 2002). Housing inadequacy is impacted by physical location, size, layout, building materials, quality, and ventilation (Rolfe, Garnham, Godwin, Anderson, Seaman, & Donaldson, 2020; FNIGC, 2012; Elash & Walker, 2019).

Higher Rates of Inadequate Housing for First Nations People on Indian Reserves

Forty percent of people living on Canada's IRs (93,015 people) live in inadequate housing (Statistics Canada, 2022). The inadequate housing rate for Canadians is much lower at 6.2 percent, with homeowners at 5.2 percent and renters at 8 percent. First Nations people on IRs experience inadequate housing at much higher rates than off-reserve First Nations and other Canadian people for both renters and homeowners, as shown in Figure 1 (Statistics Canada, 2022).

The number of First Nations people living in inadequate IR housing has been high for many decades. The rates were 40 percent in 2021, 49 percent in 2016, and 46 percent in 2011 (Statistics Canada, 2022). The inadequate IR housing rates for Manitoba are higher yet, as shown in Figure 2. In 2021, 47 percent of First Nations people lived in inadequate IR housing in Manitoba, which is 7 percent above that for Canada for the same census. In the rate of inadequate IR housing for First Nations people in Manitoba was 53 percent in 2016 and 52 percent in 2011 (Statistics Canada, 2022).

Figure 1: Inadequate housing rates for renters and owners in Canada compared with Indian reserve housing

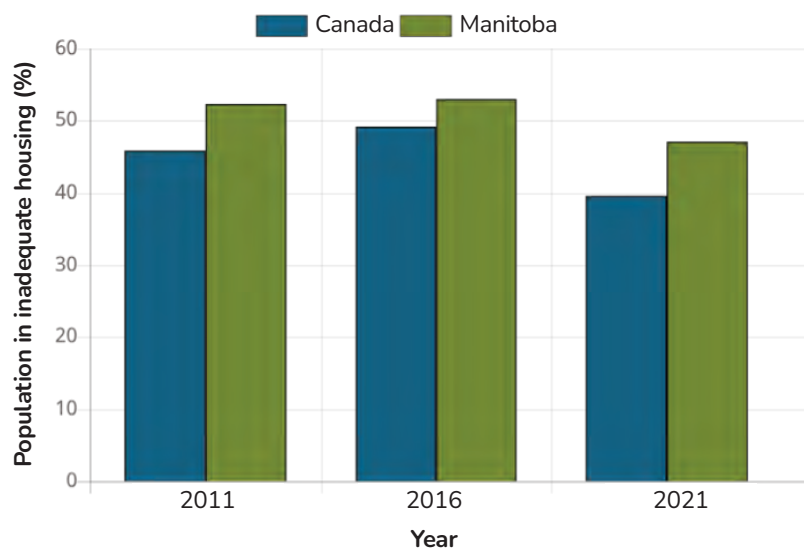


Source: Thompson, 2023

Impacts of Inadequate Water and Sewage Systems in Indian Reserve Housing

People need access to adequate water and sewage infrastructure in the home to prevent disease (World Health Organization, 2004). The lack of piped safe water in IR housing increases the spread of disease (Hennessy, Ritter, Holman, Bruden, Yorita, Bulkow, et al., 2008; Curtis & Cairncross, 2003; Boyce, 2001) for *H. Pylori* (Eusebi et al., 2014), COVID-19 (Adegun & Thompson, 2021), H1N1 flu (Elash & Walker, 2019), and viral hepatitis (Minuk et al., 2003). Many First Nations communities live under boil water advisories, without safe water for drinking or bathing. A national survey found about one-third (36%) of First Nations adults did not perceive their main water supply in their reserve home to be safe for drinking year-round (FNIGC, 2012).

Figure 2: Inadequacy of housing on Indian reserves for all ages in Canada compared with Manitoba



Source: Statistics Canada, 2021b

Inadequate Housing for First Nations People: Health Risks

Inadequate housing issues pose health risks. The need for major household repairs is associated with a moderately increased infant death risk in First Nation communities (Shapiro et al., 2021) and higher rates of children's respiratory illness (Kovesi et al., 2022). First Nations mothers living in inadequate IR homes had "slightly higher rates of preterm birth and substantially higher infant mortality rates" (Shapiro et al., 2021, p. 910). Inadequate IR housing is linked to higher rates of many diseases including respiratory tract infections and asthma, and higher levels of carbon dioxide, dust, mould, mildew, and endotoxins occur (Carrière et al., 2016). Inadequate air exchange contributes to the rampant spread of tuberculosis and COVID-19, made worse by overcrowding (Larcombe et al., 2011).

Overcrowding in Indian Reserve Housing

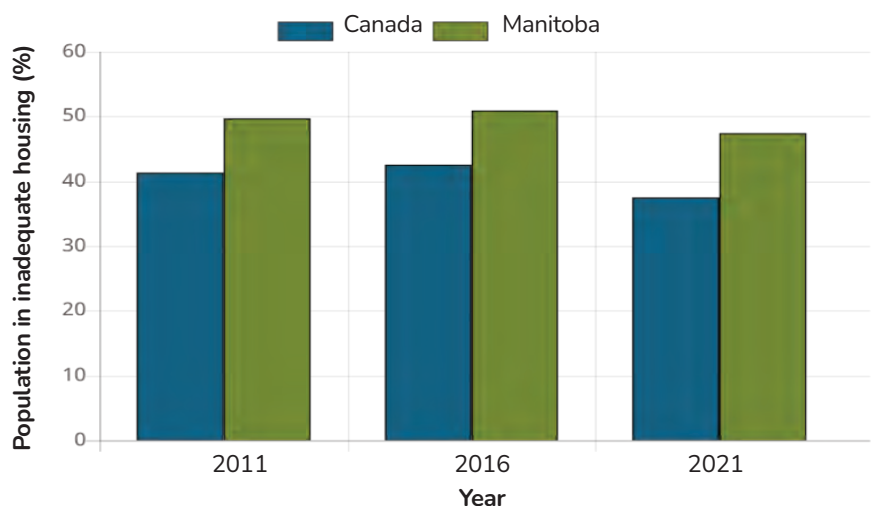
Smaller homes with bigger families on IRs result in extreme overcrowding (Kovesi et al., 2022; Statistics Canada, 2021; Larcombe et al., 2011). The National Occupancy Standard defines unsuitable housing as overcrowded based on the adequacy of bedrooms for the size and composition of the household (Statistics Canada, 2022). Overcrowding in homes is linked to increased spread of tuberculosis (Larcombe et al., 2011).

Overcrowded housing occurs on most IRs but reaches extreme levels in remote and rural communities (Harvey, 2016; Statistics Canada, 2023). The Assembly of First Nations (AFN, 2022) explains that decades of federal underfunding means \$44 billion is required to meet current housing needs. This funding is needed to repair the major issues with 80,000 existing IR houses and build approximately 150,000 housing units to house the current population suitably and adequately (AFN, 2022). A further \$16 billion is required to meet housing needs in 2040 for a rapidly growing population (AFN, 2022).

Unsuitable Housing Rates in Indian Reserves Results in Extreme Overcrowding

Overcrowding creates unsuitable housing in Canada's IRs. First Nations people living in IR housing experienced four times higher overcrowding housing rates (38 percent) than other Canadians (9.7 percent) in 2021 (Statistics Canada, 2022). Figure 3 shows high rates of around 40 percent for First Nations people living in unsuitable IR housing in Canada for the last 15 years (Statistics Canada, 2022). The rates reached 43 percent in 2016 and 42 percent in 2011 (Statistics Canada, 2022). Manitoba's inadequate IR housing rates for First Nations people were still higher, reaching 50 percent.

Figure 3: Unsuitable rates for First Nations people living in IR housing in Canada and Manitoba



Source: Statistics Canada, 2022.

SMALLER HOUSES AND LARGER FAMILIES IN ISLAND LAKE

The four Island Lake community's housing supply is low with small houses and big families (Statistics Canada, 2023). Housing is challenged by high population growth in Island Lake. For example, population growth from 2016 to 2021 was 17 percent for Garden Hill First Nation and 49 percent for Wasagamack First Nation (Statistics Canada, 2023). People returned from off reserve to the IR in large numbers during COVID-19 to live with their families. Also, very high birth rates are causing the population to grow rapidly, while house building is not keeping up, averaging about 1 percent of homes per year (Statistics Canada, 2023).

Despite all four of the IRs in Island Lake having higher numbers per household, the average home size is half that of Canada (Statistics Canada, 2023). The average size of five rooms in Wasagamack includes a dining room, living room, kitchen, and bedrooms but not washrooms and hallways. Figure 4 shows that St. Theresa Point Indian Reserve has an average household of 5.6 people and Wasagamack has five people, compared with Canada's 2.4-person average household (Statistics Canada, 2023).

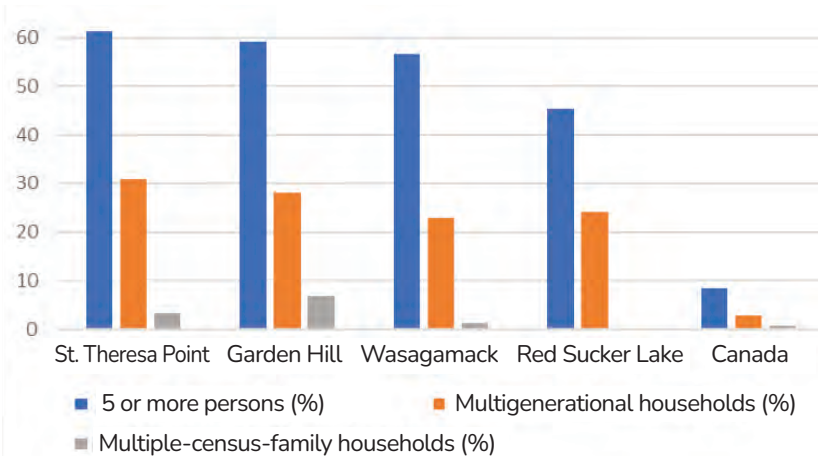
Figure 4: Comparison of house size on Island Lake reserve and Canada



Source: Thompson, 2023

The average household size in every Island Lake First Nation is more than double that of off-reserve households in Canada (Statistics Canada, 2023). Over 60 percent of homes in Garden Hill and Wasagamack have five occupants (Statistics Canada, 2023), compared with 10 percent off reserve in Canada (Statistics Canada, 2023). Extended-family households make up over 20 percent of homes in all four IRs in Island Lake, indicating overcrowding (Statistics Canada, 2023), at almost ten times Canada's rate of 2.9 percent (Statistics Canada, 2023), as shown in Figure 5.

Figure 5: Numbers of people living in Island Lake reserve households compared with the rest of Canada

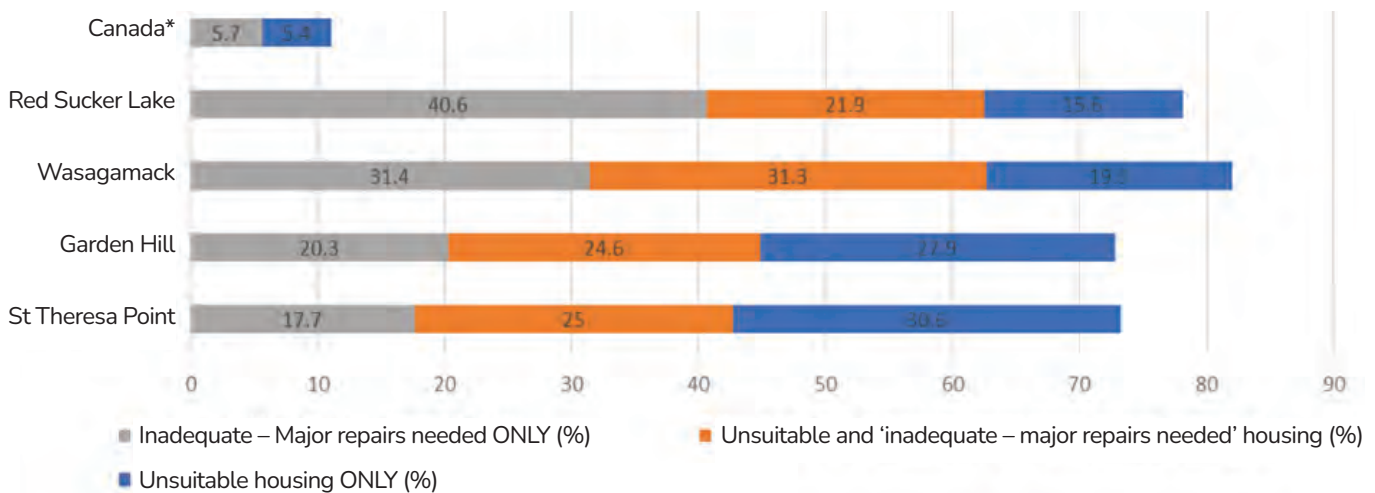


Long waiting lists of hundreds of families exist in Garden Hill and Wasagamack First Nations. Typically, First Nations prioritize housing places for large families with four or five children, due to their greater need. Single mothers, men, women, and Elders are lower priority and rarely receive housing, and instead must live with parents and other family members or rely on couch surfing.

Island Lake First Nation People in Double Jeopardy of both Overcrowding and Inadequate Housing

Over 70 percent of IR housing in Island Lake is either inadequate, overcrowded, or both (Statistics Canada, 2023; Figure 6). Although inadequate IR houses and unsuitable houses are separate issues, combined, these issues account for one-third (31%) of Wasagamack's housing, which is 78 times higher than for Canada. In contrast, very few houses in Canada (0.4%) face this double jeopardy situation of inadequate and unsuitable housing (Statistics Canada, 2021b). The inadequate and/or unsuitable off-reserve housing total for Canada is 11.5 percent, with six to seven times higher rates in the different Island Lake First Nations (Statistics Canada, 2023).

Figure 6: Rates of inadequate and/or unsuitable houses in Island Lake First Nations and Canada



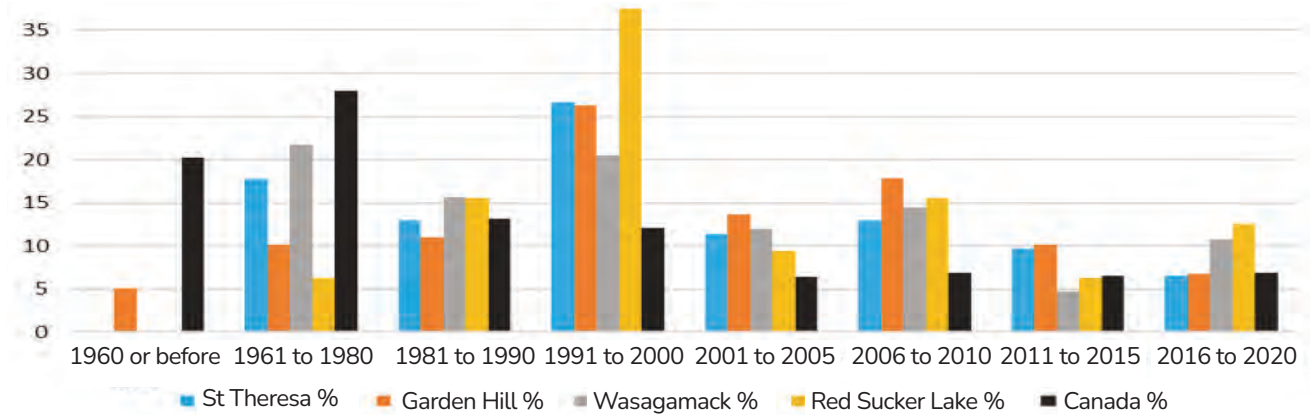
Source: Thompson, 2023

ISLAND LAKE'S HISTORY

Island Lake's history is relevant to its housing story (Thompson et al., 2019). Island Lake is a remote and difficult-to-access location. European settlers did not impact Island Lake's housing or culture until 1818 (Thompson et al., 2019). Due to being "as remote as the North Pole," the community escaped most colonial controls until the arrival of floatplanes after World War II (Thompson et al., 2019). In 1925, Island Lake commonly had log homes along the water's edge to access unpolluted water (Thompson et al., 2019) and nomadic houses on traplines. In 1956, government officials flew to Island Lake's traditional lands to forcefully take children from their parents and culture and brought them to far-away residential schools; many parents moved close to local mission schools to be near their children.

Housing changed in Island Lake in the late 1960s under government control. In 1969, the Canadian government split the Island Lake band into four IRs—Garden Hill, Wasagamack, Red Sucker Lake, and St. Theresa Point—banishing from Old Post at Linklater Island, to start the IR housing stock (Statistics Canada, 2023). Extended-family log homes were replaced by side-by-side nuclear-family homes typical of southern suburban design (Thompson et al., 2019), except without electricity or running water (Wasagamack First Nation, 2010; Thompson et al., 2019). Not until 2004 did piped water and sewage become available to the school and health centre, with most homes relying on

Figure 7: Age of housing on Island Lake's Indian reserves



Source: Thompson, 2023

pails for drinking and bathing water (Thompson et al., 2019). People, regardless the season, filled barrels from the lake or community pump. Until 2015, most houses had no running water or cisterns. Basic electricity came from generators until the Manitoba Hydro grid connection in 1999, with all heat generated from wood stoves (Wasagamack First Nation, 2010; Thompson et al., 2019).

Island Lake's IR housing builds have been insufficient to keep up with demand. Island Lake's IR housing is less than fifty years old. Although some houses were lost due to fire or decay, the age of the houses, shown in Figure 7, offers some building history. Figure 7 reveals that the housing builds in Island Lake have declined over the last few decades, despite dramatic population growth (Statistics Canada, 2023).

METHOD

Employment training at Wasagamack and Garden Hill First Nations developed a participatory research housing education program with co-author, Shirley Thompson, who had previously worked with Norah Whiteway and Ivan Harper on traditional land use and the Meechim Farm youth programming. The authors developed a successful partnership grant with memorandums of understanding to build local homebuilding capacity and houses in these communities. Students were hired through the program for a 2019 start and received a small stipend for their work. The First Nation Housing and Employment Training Departments provided most building materials. The university provided funding for a local carpentry foreman, Indigenous teachers, workshops, project managers, designs, and stipends for 70 local students.

To commence the Homebuilder postsecondary program, a design workshop was held in 2019. For this community engagement, two of the co-authors, Shirley Thompson and Shauna Mallory-Hill, travelled to Wasagamack for three days and then to Garden Hill by boat for a few days to conduct "design cafés" and home visits with Elders and youth. The authors documented the community cafés through film, design drawings, photos, and notes to assist with designs and programming (Oni et al., 2023). Further, co-authors Catrina Sallese and Shirley Thompson worked with Homebuilder students and the community with several week-long stays in the community to teach, visit, and build alongside Homebuilders (Figure 8). During that period, the authors participated in

cultural and community events to better understand the priorities of the community. Based on this research, Sallèse developed designs for a single-family home that were translated into professionally stamped construction drawings, which the Homebuilder students in Garden Hill and Wasagamack built, although COVID-19 lockdowns made finishing the interior very difficult.

Figure 8: Sawmilling for building materials in Wasagamack



Source: Sallèse, 2021

FINDINGS

In the community cafés focused on housing, Island Lake people shared how their relationship with the land should be visible in their home designs. Island Lake people wanted their love of nature, family, and culture reflected by using a local supply of materials, energy (biomass and passive solar), cultural elements, and larger family-sized homes. The Elders explained that Anisiniwew people are most at home amongst the wildlife, boreal forest, lakes, and land shaped from ancient mountains. People told us that wood stoves were always the centre of their homes, like in a teepee, to radiate warmth.

The three-bedroom design of the single-family house (Figure 9) was designed to accommodate the average Anisiniwew family size of five. Sallèse developed the design based on the community café findings and in collaboration with local experts. The housing design was constrained by its low budget, Homebuilder students' beginner construction skills, and high building costs in the north.

Figure 9: Anisiniwew single-family home plan (left) with interior view (right)



Source: Sallèse, 2021

This simple rectilinear wood framed house is designed to be easily constructed using local materials and labour. The open-concept kitchen-living room provides space for entertaining, family gatherings, and home-based wakes. It is custom in Island Lake to have a wake at home, to view the body and invite everyone from the community to pray. After this design was drawn, a professional engineer reviewed and stamped it before materials were ordered. The houses were built by local Homebuilder students in both Island Lake communities.

The multigenerational household is common in the four First Nations of Island Lake with three generations often living together. Extended families are seen as a positive way for children and youth to learn their culture and traditions from their Elders. Everyone helps share the high cost of living in the remote north. However, due to the shortage of housing, multigenerational living is also a necessity and results in overcrowding. The authors witnessed three families living in one house, with people sleeping in shifts on mattresses in living rooms and hallways. Parents often have to share bedrooms with their children, as other rooms are taken by other families or grandparents.

The desire to accommodate multigenerational families was the inspiration for the Anisininew extended-family home. The extended-family home provides a modular design for parents and their grown children and their families and other relations to live together in one building. Both communal spaces and separate nuclear-family spaces provide places for privacy and large family gatherings (Figure 10). The extended-family house includes a large family living and gathering space to accommodate 25 people or more for feasts, wakes, ceremonies, and celebrations. The universal design facilitates safe access throughout people's lifespans to accommodate Elders, children, and disabled people. Extended-family houses, although wanted, could not be built in Garden Hill and Wasagamack due to the colonial funding model.

The central large family living and gathering space is the heart of this extended-family longhouse design. The space features colourful, locally made art and textiles for quilts and furnishing covers (Figure 10). A full bathroom, along with shared laundry facilities are in a room off the main area. A shared kitchen facilitates cooking large game, such as moose, and other traditional foods. The communal kitchen features long, stone countertops, allowing

Figure 10: Anisininew extended-family plan



Source: SALLESE, 2021

Figure 11: Anisininew extended-family communal kitchen



Source: SALLESE, 2021

families to cook together and learn from Elders. The backsplash is made from an upcycled car roof (Figure 11), with an extruded diamond pattern to mimic the scales on two local fish. The sturgeon's sharp diamond-shaped scales and the trout's shiny blue-silver scales are displayed.

Both home designs consider nature, through local materials, and weatherproofing. At each entrance are mudrooms to store outdoor clothes and equipment. These spaces are important transition zones to halt cold drafts and isolate dirt from footwear. An exterior porch extends the living space to enjoy nature and process fish, game, and gardening. Country food is an important cultural element for Indigenous food sovereignty and food security, with the high costs of food in Island Lake. On one side of the large kitchen is an area to clean and process fish and wild game.

Figure 12: Anisininew extended-family communal space



Source: Sallese, 2021

Figure 13: Interior view of two-bedroom unit



Source: Sallese, 2021

Both the single- and extended-family home designs maximize the use of local wood including for walls, ceilings, floors, doors, siding, and furniture (see Figures 12 and 13). Unlike drywall, wood is not susceptible to mould or easily damaged and is washable. Lumber was obtained from nearby islands on Crown land in Island Lake's traditional territory. The Homebuilder students learned how to cut down trees safely and sustainably to supply the lumber under special woodlot permits, issued by the province. The Homebuilders used a local small sawmill to produce structural lumber. However, despite Homebuilder students being trained and certified as lumber graders, the lumber needed stamping by an industrial forestry stamp owner to meet national grading laws, which added costs and delays.

The house design applies some passive solar techniques and wood stoves to reduce the high cost of energy in the north. Bilateral windows, along with building orientation, allow for passive cross ventilation, as heat recovery ventilation often breaks and its noisy operation disrupts the peace. Clerestory windows provide opportunities for natural daylighting. Most windows face south to benefit from solar gain and reduce heat loss. The open-concept design and central woodstove are intended to allow heat to disperse throughout the home. Elders said that woodstoves were all they had growing up and remember cutting wood. The wood stove provides radiant, dry heat. Two removable racks for drying winter gear are adjacent to the wood-burning stove.

With the extreme cold and long winters in Island Lake, reliable heating is required. Island Lake homes get heat and power from Manitoba Hydro's electrical grid. The long transmission lines in-

crease Island Lake communities' vulnerability to power outages. Delays in the repair of downed grid lines can freeze water lines and cisterns before the power is restored. Renewables, such as wood, sun, wind, geothermal and/or small-scale hydro, are considered critical backup power sources. Woodstoves are considered the best way to heat their homes, as is the traditional practice, and gives local people control over fuels for heating and cooking. People see fire as a spiritual element. With the high cost of hydropower, savings from wood and solar and maximizing energy efficiency were key considerations.

Building houses in remote communities requires local resources and labour, but also access roads. Although the design with local labour and materials is a good start, Homebuilders in Island Lake faced many barriers to erect the houses. Despite having local stamped lumber, other materials including pipes, windows, insulation, foundation, roofing materials, and equipment are expensive to transport up long distances on winter roads. Island Lake First Nations get most of their supplies and equipment from Winnipeg, Manitoba, which is 1,500 km or 17 hours of winter road travel. In 2019, the winter road season was too short to ship building materials up to the community for the Homebuilder training. The lack of winter road delayed building for a year. Without trucked-in gas, construction and maintenance material prices skyrocketed (Oni et al., 2023). The house in Garden Hill was finished after the winter road delay, but a fire in Wasagamack's warehouse burned all building materials, with no insurance or funds to replace some things, although a standing house was produced. Despite delays and hiccups, Garden Hill and Wasagamack First Nations Homebuilder students designed and learned building skills. The community-university partnership allowed poorly funded, remote First Nations some resources to design and pay stipends for 70 local students to learn to build houses.

This Mino Bimaadiziwin Homebuilder model was adopted by other First Nation communities. York Factory First Nation (YFFN) adopted the model in 2023, as a Homebuilder trainer in Island Lake was from YFFN. When the trainer, Darryl Wastesicoot, became YFFN's Chief, he teamed up with co-author Shirley Thompson's community-university partnership to train twelve YFFN Homebuilder students. Several one-bedroom homes designed by Sallese were built in 2023. The YFFN partnership engaged in the CMHC rapid housing initiative proposal for northern housing. University of Manitoba's Shirley Thompson and Deanna Hill facilitated YFFN engagement with Chief Darryl Wastesicoot to successfully write the proposal and film a promotional video. This teamwork was a winning combination; YFFN received \$8.4 million to build a trades workshop, a housing materials warehouse, a dormitory for Homebuilding Trades students, and four prototypes. However, this money came with a timeline restriction of one year by CMHC. The strict timeline shows that these colonial program conditions and structures need more flexibility, particularly given climate change limiting both ferry use and winter road season. These unreasonable funding conditions set up the communities for undue hardship, potential disappointment and even incapacity to reach targets and deliverables.

CONCLUSION

The *Indian Act* creates inequitable housing, health crises, and human rights violations due to the shortage and poor quality of IR housing stock. Due to discriminatory restrictions on IR housing, First

Nations are hotspots for inadequate and unsuitable housing. Remote communities experience the worst housing, such as Wasagamack where over 80 percent of houses are inadequate and/or unsuitable. The AFN (2022) estimates that roughly 150,000 housing units are required to address overcrowding and inadequacy of IR homes. Another 80,000 IR homes need renovation.

Housing is not all that is wrong with IRs. Infrastructure and services are missing from most IRs, particularly the 122 lacking roads. Without roads, piped water, piped sewage, fire stations, banks, post-secondary education centres, hospitals, building warehouses, financing options, equipment, and hardware stores, Island Lake First Nations are lacking basic services and infrastructure. These missing pieces are needed to create a functional home-building value chain to construct quality housing for people in First Nation communities.

Despite the many barriers, Homebuilder students at Garden Hill and Wasagamack First Nations designed and built houses with Sallesse, Thompson, and other experts. The community-university partnership provided remote First Nations with resources to design culturally appropriate housing and pay stipends to 70 local Homebuilder students to learn to build houses. First Nation community-university partnerships offer some ways to both research, design, and build the needed 150,000 future homes, considering local needs. Culturally appropriate designs using local materials and labour need to be part of an action plan to build sufficient, sustainable housing and infrastructure on IRs to support cultural, health, social, and economic development. To realize Mino Bimaadiziwin, First Nations need more funding for houses, better infrastructure, including all-weather roads, community-university partnerships, and the decolonization of policy and programs.

First Nations face very limited financing for housing and infrastructure, controlled by colonial institutions and many other barriers despite the severe housing crisis. Designing culturally-appropriate, sufficient, and quality homes starts us on a reconciliatory, sustainable path for equitable housing and human rights. Contextually, culturally, and environmentally supportive conditions of program delivery and deliverables with flexible timelines need to be reconciled. Designing houses to work with local labour and materials are possible and positive if sufficient funding can circumvent the many systemic barriers. However, as everyone, including First Nations people, has a right to healthy housing, we need to not only design houses but remove inequitable laws and policies for housing that erect the barriers to healthy housing. This inequality breaches Section 36 (1) of the Canadian constitution. As the *Indian Act* undermines housing rights, human rights, and Indigenous rights, systemic change in housing, infrastructure, and other areas means overturning the *Indian Act*.

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Caring for People and Territories: Brief Historical Review of the Intersectoral Social Innovation Experience of Trieste and Its Habitat Micro-Area Program

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The important thing is that we have shown that the impossible becomes possible
Franco Basaglia (1924–1980)

The rose that is not there calls for another time, another generation,
a new effort, a new energy: a new love
Franco Rotelli (1942–2023)

ABSTRACT

This brief historical review presents the pioneering work of Franco Basaglia and Franco Rotelli that revolutionized community care in the 1970s in Trieste, Italy. Based on archival records of Micro-areas in Trieste at the social cooperative La Collina, this article addresses the chronology of key moments and components of that innovative community perspective. Trieste's mental health service, considered one of the best in the world, is a reference for deinstitutionalized care in social housing within territories that contributes to healing. Trieste has demonstrated that by adopting a "social enterprise perspective," it reaches targets of sustainable, intersectoral, local networks with responsiveness, agility, and efficiency. The program has demonstrated that it can create substantial gains in terms of inclusion, empowerment, and social economy by working from a rights-based, person-centred approach, thus contributing to social justice.

RÉSUMÉ

Cette brève revue historique présente les travaux révolutionnaires de Franco Basaglia et Franco Rotelli, ayant transformé les soins communautaires dans les années 1970 à Trieste, en Italie. Basé sur les archives des micro-zones de Trieste de la coopérative sociale La Collina, cet article aborde la chronologie des moments ainsi que les composantes clés de cette perspective communautaire innovante. Le service de santé mentale de Trieste, considéré comme l'un des meilleurs au monde, est une référence en matière de soins désinstitutionnalisés et de services dans les logements so-

ciaux au sein de territoires qui contribuent à la guérison. Trieste a démontré qu'en adoptant une « perspective d'entreprise sociale », elle atteint les objectifs de réseaux locaux durables, intersectoriels avec réactivité, agilité et efficacité. Le programme a démontré qu'il peut générer des gains substantiels en termes d'inclusion, d'autonomisation et d'économie sociale en travaillant selon une approche fondée sur les droits et centrée sur la personne, contribuant ainsi à la justice sociale.

Keywords / Mots clés : social housing; community practice and care; deinstitutionalization; housing policies; micro-area, Trieste / logement social; pratiques de soutien communautaire désinstitutionnalisation; politiques sanitaires et sociales du logement; microarea; Trieste

INTRODUCTION

In Trieste in the 1970s, under the leadership of Franco Basaglia and Franco Rotelli, the psychiatric hospital, once a place of exclusion and violence, was transformed. The codevelopment of an entirely substitutive and radical territorial innovative mental health service program with supportive living environments for people and care systems as open institutions was initiated with a perspective of care based on social determinants and social collective contexts. This vast societal project was deployed as an institutional, social, and cultural innovation of enormous magnitude. It influenced social, health, and housing policies specifically until the 2000s. Even today, its impact not only on public policy but on social economy is not fully documented.

Following Ota de Leonardis (2022) and the feminist approaches to which she refers, we understand care from a critical perspective of instrumental, efficientist, economist rationality toward the idea of reproduction and regeneration of life, linking it to the idea of institutional transformation as social enterprise elaborated in the Basaglian and Rotellian movement. In the first theme, we trace Trieste's path and approach in this perspective. In the second theme, we describe the Habitat Micro-Area Program, the latest evolution of this path, and analyze its resilience in view of the recent COVID-19 pandemic. In the third and final theme, a synthesis is presented to support adoption and implementation, highlighting the conditions for success.

TRIESTE: FROM HEALTHCARE SETTINGS TO CARING FOR LIVING AND SOCIAL ENVIRONMENTS WITH A SOCIAL PERSPECTIVE

Trieste is an Italian city located by the sea, on the Slovenian border. It has about 231,000 inhabitants, of whom almost 49,000 live in rented housing (ISTAT, 2021; ATER, 2019). More than 19,000 renters live in public housing (ATER, 2019). Italy is among the top countries globally for old-age index, with 179 individuals over the age of 65 for every 100 individuals under the age of 14. Trieste stands out as one of the Italian cities with the highest old-age index, reaching 266 individuals over the age of 65 for every 100 individuals under the age of 14. A Copernican revolution in psychiatry has occurred, shifting the focus of care away from closed institutions and the objectified treatment of illness and disease toward the territory, its various organizations, citizens, and the vulnerable citizens who have now become active and empowered citizens. With their complexity, their subjectivity, their needs, their resources, these individuals have taken centre stage in the care paradigm. Since 1971, Trieste has been driving fundamental innovations in this area, and became a Center of Reference for the World Health Organization (WHO) in 1987 (Mezzina, 2010; Frances, 2021).

Although still influential, in recent years, its promotion has sharply declined due to the political situation and changes. However, the city is recognized nationally and internationally¹ as the home of exemplar practice, not only in mental health but also in territorial health. The shift “from health care places to taking care of places” (de Leonardis & Monteleone, 2007) has been a hugely successful social endeavour.

Franco Basaglia, a psychiatrist who began his academic career in the 1950s but abandoned it in the early 1960s, focused his attention on the subjectivity of the sick person. He found no place in Italian academic psychiatry to engage with his vision. He thus became director of the psychiatric hospital in Gorizia (1961–1969) and later in Trieste (1971–1979), where he radically transformed psychiatry, both as a field of study and as an institutional service, and criticized the science that justified the practices he was witnessing (Colucci & Di Vittorio, 2020). Drawing on the perspectives of his team, his patients, and renowned scholars such as Erving Goffman and Michel Foucault, Basaglia questioned the reality in which he worked, and saw that the treatment approach in the asylum was rigid, hierarchical, violent, closed-minded, and harmful to the people that it was meant to care for (Basaglia, 1968). A strong determination emerged to eradicate the prevailing vision of such institutions, prompting a critical examination of complexity, rights, society, and subjectivity. These factors, previously overlooked but crucial in shaping people’s suffering and potential for healing, were integrated in the practice of psychiatry.

Basaglia did not want to create a new model to replace the asylum but aimed to “keep contradictions opened” so as not to restrict himself with new ideologies. He believed the therapeutic community that he founded in Gorizia in the 1960s, which humanized the psychiatric hospital, should not be taken as a model. Instead, he envisioned this community as a tool of institutional, social, and cultural transformation, enabling the inclusion in society of those previously excluded from it due to asylum internment. Like many other people who worked with him and after him, Basaglia was involved wholeheartedly in bringing forward this great innovation and believed that this was the only way to humanely practice psychiatry:

It is not true that the psychiatrist has two options, one as a citizen of the state and the other as a psychiatrist. He has only one: as a man. And as a man I want to change the life I lead, and for that I want to change the social organization, not by revolution but simply by practicing my profession as a psychiatrist. If all technicians practiced their profession, that would be a real revolution. By transforming the institutional field in which I work I change society, and if this is omnipotence, long live omnipotence! (Basaglia, 2000, p. 166)

In Trieste, in a process that actively engaged workers, patients, and volunteers from the city and from all over the world, the Basaglian group closed the psychiatric hospital in 1980, thanks to the revolutionary view that emerged in 1975 of fully substitutive territorial mental health services. This transformative approach resulted in Law 180 of 1978, national legislation that restored civil rights to psychiatric patients and provided for the gradual closure of all asylums in Italy and the creation of fully substitutive territorial services. In the same year, the National Health Service was established in Italy (Law 833 of 1978). Throughout the 1980s and into the 2000s, thanks to psychiatrist Franco Rotelli, successor of Basaglia, and those who worked with him and his colleagues, the Basaglian approach to mental health was consolidated and expanded, with: 1) the establishment

of territorial Health Districts in 1995,² 2) the development of the Habitat Micro-Area Program in 2005, and 3) the development of territorial health and social and housing policies (Rotelli, 2015).

Eradicating institutionalization to align with the WHO guidelines soon became an important goal, not only for people living with mental illness but for everyone, especially people living with chronic diseases and the elderly (Saraceno, 2014). This path and approach highlight the central role of the institutional dimension in shaping reality, vision, and sense of self of those immersed in it. The term *deinstitutionalization* (de Leonardis, 1990; Rotelli, 1990) emerged to describe the shift “from health care places to taking care of places. Deinstitutionalization does not mean to radically dismantle institutions; rather, it is about improving them. Deinstitutionalization is a powerful process of reflexivity and innovation that involves literally and theoretically deconstructing the isolating, undignified, exclusionary institution (Rotelli, 1988, 2015), and rebuilding them as open, progressive, supportive, inclusive facilities. This is a process that never ends. Asylum closures as frequently reported by Rotelli (1979) are “ideological, administrative, organizational, professional, walls of convenience, of obtuse and limiting regulations, of segmentation of competencies” (Mauri & Rotelli, 2018, p. 98).

In conclusion of this theme, the shift from healthcare settings to taking care of places redirects the focus from institutions and their rigidity to people and their needs, strengths, and collective resources. It signifies a move away from treating people's deficits as something to be addressed solely in dedicated places and with prepackaged solutions, toward proposing alternative humanistic approaches based on territories with their networks, contexts, and synergies. Territories are understood as “a social aggregate to be changed, reconstructed, organized” (de Leonardis & Monteleone, 2007, p. 171). This shift is exemplified by the Habitat Micro-Area Program.

MICRO-AREA PROGRAM AS AN INNOVATIVE SOCIAL ENTERPRISE

The Italian administration model offers great power to local authorities where political parties have strong local roots. Since 1970, municipalities have major responsibilities and legislative power in the delivery of public and welfare services (Lippi, 2011, as cited in Benadusi, Consoli, De Felice, Mazzeo Rinaldi, Pennisi, & Rizza, 2020). However, inequality in social service provision is a feature of the contemporary welfare system in Italy, as the main source of funding for social services comes from municipalities' own resources, which finance over 67 percent of the total expenditure on local welfare policies (Lippi, 2011, as cited in Benadusi et al., 2020). In addition, poverty and social exclusion receive less funding by local authorities. In this context, the emergence of social enterprise in Italy was clearly a bottom-up phenomenon based in territories and local networks (Poledrini & Borzaga, 2021). In that sense and considering the history of the Basaglian and Rotellian movement, the authors postulate that the Habitat Micro-Area Program shares the basic tenets of a social enterprise. The Habitat Micro-Area Program promotes a mutual self-help movement through the continuous presence and availability of a professional team representing public services in each designated territory. The main activities include knowledge, community development, and health intervention (Castrionta, Giangreco, Cogliati-Dezza, Spanò, Atrigna, Ehrenfreund et al., 2020). The program promotes experiences that are in complete opposition to the deficit perspective, in which most vulnerable people, with some targeted help, will come to adapt to treatment contexts. Micro-area programs are committed to transforming contexts and caring for social environments, so that they may become better suited to the

needs of the people who live in it, starting with the most vulnerable, “enriching it with social resources, links and spaces for action that support people and together enhance their capacities for choice and action” (Castrionta et al., 2020, p. 172). Indeed, the work on contexts is not distinct from the work on the health of individuals since physical and social environments do determine individuals’ choices very often. This approach is aligned with WHO’s work on social determinants of health, both theoretically and pragmatically. Central among these are housing conditions. Home is more than a resource but a right. Dwelling becomes a process in which the contractuality of the person is expressed with respect to the home and to its organization and also to the broader social Habitat Micro-Area Program and neighbourhood in which the home is located (Saraceno, 2021).

The idea of social enterprise has been elaborated within the Basaglian and Rotellian movement (Rotelli, 1991; de Leonardis, Mauri, & Rotelli, 1994) not only and not so much to describe specifically a type of organization like the social cooperatives that serve integration objectives for example but above all, to identify the type of collective strategic process and the values that guide the process. It is still about deinstitutionalization and the shift from healthcare places to taking care of places, but more specifically, it is about describing the process. The shift was made possible through a process of social actions and participation, focusing on the separation between the world of assistance and the world of work. It provided and integrated perspective with a recognition of the people’s resources, even residual ones, to use institutional resources. The use of institutions was moved from “invalidate and protect the invalidation” to “enhance, activate, animate, interpret, do” (Rotelli, 1991, p. 76), and to liberate and sustain the people’s strength as individuals and as a collective, that had been present but until then, suffocated by institutional closures. Social enterprise, therefore, is an endeavor that involves a mixed strategy where the public and private combine their resources and produce social value (de Leonardis et al., 1994), subjectivity, capacity (Sen, 1992; Appadurai, 2004), sociality, and social quality. Public spending in this view is not a cost but an investment, because it increases these resources, in the direction of social justice.

HABITAT MICRO-AREA PROGRAM AND RESILIENCY IN THE PANDEMIC CONTEXT

The Habitat Micro-Area Program was initiated by the health authority under the leadership of Franco Rotelli, in close collaboration with the health districts. It was conceived as a mechanism for strengthening knowledge and capacity for integrated care in disadvantaged territories. The program applies to micro-territories with 400 to 2000 inhabitants, characterized by a strong presence of public housing and a more disadvantaged, older population than the rest of the city. It involves the health authority, the municipality, the public housing authority (ATER, 2019), social cooperatives, and active citizenship in continuous integrated processes of place and living environment care, health, and community welfare.

After an initial experimentation on five pilot areas in 1998, in 2005, the health authority intensified its involvement by allocating full-time operators to the project and signing an agreement with the Municipality of Trieste and Azienda Territoriale Edilizia Residenziale Trieste (ATER) that committed the partner institutions to continue and extend the joint intervention. The project is now known as the Habitat Micro-Area Program. Today, there are 17 Habitat Micro-Area Programs including more than 19,000 inhabitants. The program promotes reconversion and optimization of public spending

and provides a detailed account of a territory's needs and resources. The micro-area work, based on daily and continuous presence in the territory and a flexible and open approach, is oriented toward active knowledge of the population and intra- and inter-institutional integration. In partnership with the third sector, it facilitates service access and response appropriateness, intervention optimization against institutionalization, participation, and community developments. These primary care concepts are all aligned with the values of community social participation and welfare.

At the core of the comprehensive and holistic approach is the concept of accompaniment—living side by side with tenants in a non-hierarchical relation, with the goal of empowering individuals. It requires the development of a trusting and caring relationship that can only develop and nourish itself with time, investment, and authentic engagement in social justice and advocacy. That perspective is closely connected to the work around the social context and environment, in which individuals can find opportunities for inclusion, support, expression, empowerment, and collective practice. The micro-area acts, then, as an incubator of collective initiatives by facilitating coordination among all actors (doing together) and connecting needs and resources. There are a number of significant resources that make this program possible and that support the Habitat Micro-Area Program: 1) the micro-area referent is an operator (often a nurse) made available by the health authority or the third sector, in co-projecting with the partner institutions, dedicated full-time to the project and present on a daily basis in the target area with an operative coordination role; 2) social gatekeepers, who are social cooperation workers who work on behalf of the Municipality of Trieste, providing social activities and individual support; 3) ATER (social housing provider), which acts as a mediator between those who reside in ATER homes and this institution and a facilitator of processes of caring for places. These resources work in an integrated manner with the micro-area referent; 4) young people within regional and ministerial annual volunteer programs or people (often residents of the neighborhood), supported with a socio-occupational inclusion program; 5) residents who, in a voluntary capacity, contribute to the activities, social networks and collective capacity of the Habitat Micro-Area Program; 6) the Territorial Technical Group that is comprised of the micro-area team and the operators of the services (health district, mental health, addictions, social service, ATER) and the third sector that, in their ordinary work also deal with that territory. The group meets formally once a month, but members connect in their daily work as often as needed; and 7) the micro-area base, a physical space, is usually located in an apartment made available by the ATER and is as visible and accessible as possible. Preferably equipped with a kitchen, it is operated as a multi-functional space, with partial resident's self-management time for collective activities and planning by the Habitat Micro-Area Program inhabitants.

The Habitat Micro-Area Program has been investigated by the institutions that promote it themselves and by scholars and by others.³ There are many qualitative accounts of the effectiveness of the program, which are better suited to capture the multiple aspects of activities that are not based on standardized procedures. There have also been two quantitative program evaluation studies. These, too, have shown the positive impact of the habitat micro-area, on the one hand, in ensuring a more effective response to health needs (Castriotta et al., 2020), and on the other hand, in enhancing the social capital available to the most vulnerable people to cope with problems that are beyond their ability to control (Di Monaco, Pilutti, D'Errico, & Costa, 2020).

The COVID-19 pandemic strongly impacted the global context in 2020 with heavy consequences on many aspects of social life. It also intensely affected the most vulnerable population groups. The authors explored the resilience of the Habitat Micro-Area Program at this time of adversity. Two recent qualitative methodology studies were conducted by Bono and Morin (Bono & Del Giudice, 2022; Bono & Morin, 2022). The Habitat Micro-Area Program has shown great resilience and an ability to maintain services and proximity to the population, even in a time of crisis and physical distancing. The Habitat Micro-Area Program persevered throughout the pandemic. Both inhabitants and operators interviewed often emphasized that in the pandemic context, it was crucial that the micro-area resources and personal were there, present in the territory and close to the people. Referents maintained proximity in the micro-area during critical times; thanks to their flexible approach, they were able to stay and work and decide, on a daily base, what to do in relation to COVID-19 events. In addition, the main success factors included: 1) the in-depth knowledge of the population and context, developed by the referents over the years of continuous presence and close contact in the area, and 2) the population's trust in the referents. Remaining in the field during the pandemic period consolidated and further enhanced the population's trust. In that time of great loneliness and uncertainty, it was reassuring to see that the micro-area resources and personnel did not abandon the territory or its people. Moreover, the continued presence made it possible to promptly detect emerging needs and to react with responses and strategies.

However, this presence on the ground was not guaranteed by all three institutional partners or all program actors and this made it weaker in some instances (Bono & Morin, 2022). During the pandemic, efforts among the partner institutions were not coordinated. Each agency focused on its own priority and made its own decisions on how to interpret government directions and whether to work remotely or not. Many program team members worked remotely, which weakened both the proximity approach perspective and the program integration.

Despite this, the Habitat Micro-Area Program maintained services thanks to the continuous presence of the referents who facilitated the integration of services. The municipal social workers interviewed emphasized specifically the constant collaboration they had with the micro-area referents during the pandemic period and the importance of it, who in the most critical moments reduced physical presence. Habitat Micro-Area Program referents also helped bridge relations with inhabitants and general practitioners and other health services, and actively collaborated in the vaccination campaign. Due to their knowledge of the people and of the social contexts, they also facilitated early detection and containment of COVID-19 outbreaks in housing settings and territories.

Citizen participation also contributed to the program's success. The pandemic and its management disrupted the ways of working in this sector. Inhabitants were mandated or strongly encouraged by government measures to stay at home and not visit the micro-area physical base, and to avoid interactions. Both inhabitants and operators interviewed emphasized the strong impact this change had on citizens' relationship with their micro-area place or referent. When the time came to resume community development activities and to encourage people to get outside, the operators were met with resistance. However, it was noted that some relationships built over the years among the people who attended the micro-area continued during and after the pandemic; some physical encounters and phone calls occurred, and inhabitants offered help to each other. From the very beginning of the

pandemic, within the program, there were efforts to work on citizen participation, socialization, and inclusion in alternative ways. During lockdown periods, for example, social cooperatives involved in the Habitat Micro-Area Program were able to develop a radio program dedicated to territory inhabitants, with the addition of phone support from referents to sustain social connections.

In summary, the Habitat Micro-Area Program showed resiliency at a time of crisis. The approach was consistent with the imperative of preparedness emphasized by WHO, highlighting the importance of readiness and resilience in the face of unknown and unpredictable threats such as the pandemic (Bifulco, Centemeri, & Mozzana, 2021). The Habitat Micro-Area Program developed new ways and strategies to remain active and serve the most vulnerable. Unpredictable threats cannot be defeated by prevention strategies that apply to known risks. Preparedness requires institutions to take control of acting and reacting in the territories, outside standard technical solutions. They must become “capacitated” or empowering environments that will coordinate and mutualize all strengths and resources of public and social actors toward the goal of quality of life, collective well-being, safety, and health.

CONCLUDING CONSIDERATIONS

Benedetto Saraceno's vision (2021) helps link this research with some issues that the recent pandemic has made more evident: the inadequacy of territorial health and welfare that should be strengthened and made more integrated; the need for public and democratic services with the support of private entities, while limiting privatization; the profound inadequacy and danger of the residential model of care for all those living in context of vulnerabilities, starting with the elderly; the centrality of living environments and places as privileged spaces of care and humanistic relational work; the consideration of ecological values in a holistic and integral way with the care of humanity; the need for real processes of empowerment for the most vulnerable, whose capacities must be recognized and enhanced, in the direction of the deep democracy described by Appadurai (2001).

It is in the territory and not in closed institutions that quality of life and health protection can be best ensured. The Trieste case study teaches us that accompanying, caring, and empowering people at home does not cost more than institutionalizing them. On the one hand, institutionalization has more to do with private interests, not the interests of the person being institutionalized. On the other hand, it has to do with the lack of territorial services or their ineffectiveness, that is linked to poor social-sanitary integration and an excessively top-down and rigid vertical approach. The city slogan that Trieste is known for being *the city that heals* through its attention to taking care of places (Rotelli, 2016; Gallio & Cogliati Dezza, 2018), also well describes Trieste's path of deinstitutionalization and invention of new institutions more open to territories and to citizens. It also evokes its aesthetic, ethical, social, and political dimension political because democracy, when really practiced, has to do with health. A different idea of care is therefore outlined (de Leonardis, 2022), which is not reduced to healthcare services, whether ambulatory, home-based, or hospital-based, but seen as a collective, social economy, societal enterprise that involves the entire city with the institutional and non-institutional partners that inhabit it or work in the area. The *city that heals* is also the city that needs to be healed.

Contexts of life are often fragmented, overly institutionalized, isolated, isolating, and injured: healing helps everyone live better. There are multiple examples from the Habitat Micro-Area Program. The

former psychiatric hospital in Trieste has become home to various territorial health services, university courses, social cooperatives, associations, a museum, several bars, a cultural festival, fairs, and a beautiful rose garden. In the Habitat Micro-Area Program, there are: affordable apartments for co-housing of elderly people and the care they need, thus avoiding institutionalization; a collective garden owned by the inhabitants; an association of inhabitants that is self-financed through workshops; “participatory cleaning” initiatives for the ward with the involvement of institutions, inhabitants, associations, including an association that deals with the inclusion of migrant people; experiences of reconstruction and enhancement, with past inhabitants and the history of the ward is intertwined with the history of their lives, by publishing a booklet or making a video and presenting it publicly, with the support of the third sector and the municipality; daily meetings, open to all, and in which participants ask themselves “what can we do together to improve the quality of life for everyone?”; events where intellectuals, artists, students, and visitors discuss life with residents and do small things together to improve it; finally, an “assisted self-maintenance project” involving the public housing company, a social cooperative for job placement where some inhabitants with frailties are hired to take care of the ward’s outdoor areas.

These collective and empowering practices require constant social enterprise work as borderline work between usually separated worlds: the world of work and the world of care. By “experimenting with hybrids” (de Leonardis, 2009, p. 138), inhabitants simultaneously experience health and social protection and social and health promotion. This means providing the necessary conditions so that a strategy that redefines borders can emerge: “border contexts, borderlands, which as such function as laboratories of transformation” (p. 138). This strategy is a collective municipal and territorial living lab, like the Habitat Micro-Area Program.

These mixed ventures of public-private partnership living labs can provide unique job opportunities for those who are vulnerable. It is a matter of taking action to improve employment opportunities on the one hand, and on the other hand, aiming to enhance and empower people in ways that are also not directly related to a traditional employment relationship, yet following the social enterprise values and principles, while freeing and growing energies and capacities on a territorial basis (de Leonardis, 2009).

As de Leonardis and Emmenegger (2005) point out, the notion of social enterprise is often used to define experiences that instead have little to do with this strategy. It is then important to identify some discriminating elements. First, the pivot lies in people who experience social disadvantages, are excluded, or are irreconcilable with social norms. Social enterprise strategies offer possibilities for life and self-fulfillment, validate rather than invalidate, and make them visible rather than invisible. Second, the combination of assistance and empowerment means caring for living contexts and building social conditions to improve well-being and increase agency. Third, entrepreneurial activities bring to life “collectives of belonging that support people, protect them and together enhance their abilities and desires” (de Leonardis, 2009, p. 139). There should not be a separation between the two poles of work and humanistic relational care.

The Habitat Micro-Area Program aligns well to the social enterprise strategy described in this article. The institutional proximity practiced by referents, with their daily accessible, proactive, reactive, and continuous presence in the target territories improves integration among all actors and services.

This enriches the context and opportunities for well-being, equity, and inclusion. It provides a social safe space to build a relationship of trust, closeness, and collaboration with vulnerable inhabitants of a territory that, in turn, facilitates active participation and collective capacity building and advocacy. However, this potential is not always optimized. During the pandemic, the potential of this approach was evident, but there were physical constraints and social limitations that contributed to the frailness of integration between different agencies and actors.

As de Leonardis (2009) points out, making this process of social enterprise possible calls into question public policies that must be able to recognize, enhance, and integrate institutional, territorial, and personal resources. This approach owes its effectiveness to the transformative tension that accompanies it and requires that this tension be kept alive, on a continuum from confrontation between stakeholders, to cooperative, open, and transparent conflict resolution and to joint endeavor toward mutual collective interest. The co-design and co-management of activities with alignment of practices of all concerned actors is preferred over delegating responsibilities to different partners. It requires more effort and time, but the outcomes reached are sustainable and more far reaching as the basis of intersectoral work.

Basaglia, speaking of his own involvement, states that personal involvement is required of all those directly concerned: managers, operators, and citizens, from the most vulnerable to the most resourceful. Social enterprise means getting involved, and it applies to everyone. Public policies must create the conditions that make this active participation and personal involvement possible and sustainable. Only then will public spending constitute an investment that enables the multiplication of resources. The Trieste case has shown, through challenges and adverse conditions and contradictions, that it is possible. It is now a matter of promoting the Habitat Micro-Area Program more in a diversity of territories and places and with a diversity of win-win societal partnerships. As Basaglia taught us, it is not about nourishing closed and self-referential “therapeutic communities” but about engaging social networks and solidarity to transform society into a more equitable safe environment for all.

NOTES

1. Burns and Foot (2020) provide an overview of the international influence of the Basaglian experience.
2. In Italy, health districts are an important administrative device of the National Health Service but are rarely valued as such. In Trieste in 1995, four districts were set up, each for an area of about 60,000 inhabitants, which concretely assumed the value of integrated area organizations, with a function therefore not only of medical care but of integration with all the entities and partners of the community that can contribute to the health of the population. Several specialist physicians are available in each district, in addition to nursing services, including home-care services, which, unlike in the rest of Italy, are active seven days a week, 24 hours a day, and managed directly by the public. General practitioners, although not represented in the health authority, also work closely with the districts. Despite the quality of this organization, a healthcare reform is taking place in the Trieste region that is greatly weakening it.
3. Bono (2022) recalls the main materials related to the Habitat Micro-Area Program in Italian. Of note in English are De Vidovich (2017, 2020); Thiam, Morin, Hyppolite, Doré, Zomahoun, & Garon (2021); and two videos available with English subtitles: Rossi (2018) and Manenti (2019).

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Margherita Bono at la Collina. Visit from the FQRSC- Action concertée research team, October 2021.

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Québec's Housing Nonprofits Experiencing the End of Federal Subsidy Agreements: Adaptability Without Renewal?

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ABSTRACT

Nonprofit organizations have become pivotal actors in the delivery of services. Many of them receive public funding to carry out their activities. However, this funding can be interrupted or even stopped for various reasons, political or not. This article examines how 26 housing nonprofit organizations in Québec, Canada, coped with the withdrawal of federal government subsidies to house low-income households. Drawing on structured interviews with managers, this article reports how they perceived this withdrawal and what they reported as the main challenges and the most effective strategies or “best practices” for addressing these. The discussion ends by positioning the housing case in relation to other organizations in the third sector.

RÉSUMÉ

Les organismes sans but lucratif (OSBL) sont devenus des acteurs indispensables dans la prestation de services. Plusieurs d'entre eux reçoivent des fonds publics pour mener à bien leurs activités. Cependant, ce financement peut s'interrompre ou même s'arrêter pour diverses raisons, qu'elles soient politiques ou non. Cet article examine comment 26 OSBL de logement au Québec (Canada) se sont adaptés à une réduction de subventions provenant du gouvernement fédéral pour loger des ménages à faible revenu. Cet article se fonde sur des entretiens structurés avec des gestionnaires pour montrer comment ceux-ci ont perçu cette réduction, et quels étaient selon eux les principaux défis et les stratégies les plus efficaces ou les meilleures pratiques pour relever ces défis. Ces réflexions se concluent en situant ce cas sur le logement par rapport à d'autres organismes du tiers secteur.

Keywords / Mots clés : housing, cooperatives, funding, retrenchment, affordable housing, strategy / logement, coopératives, financement, réduction, logement à loyer modique, stratégie

INTRODUCTION

What do nonprofit organizations do when faced with revenue cuts, particularly those coming from the state? This issue is topical given the now very large number of public policies implemented by the third sector (Grønbjerg & Smith, 2021; Morgan & Campbell, 2011; Salamon, 1987). The literature looking at nonprofit organizations' loss of funding not surprisingly concludes that organizations either cut costs or seek other revenues. In almost all cases, these responses involve "losses" for the nonprofit's mission, its employees, and the people that it serves. The nonprofit cuts services or the wages and working conditions of its workers. Its clients lose services, receive less attention from less experienced staff, or must pay user fees. Generally, the literature puts a brave face on the efforts of all involved, but is pessimistic as to the outcome (Vacchelli, Kathrecha, & Gyte, 2015; Jones, Meegan, Kennett, & Croft, 2016).

Having said that, much of the literature emphasizes human service organizations that are heavily dependent on state funding to serve their clientele. When looking at nonprofits in the parks sector, where clientele are the public at large and state funding less central, Cheng and Yang (2019) find slightly different dynamics, suggesting that the impacts of cuts varies depending on funding structures. The way nonprofit organizations operate does influence how the loss of the subsidy is perceived, as well as how the continuation of activities is planned. This article takes up an unusual context, namely the cancellation of subsidy agreements in the Canadian nonprofit housing sector. To the authors' knowledge, this is the first analysis conducted in this policy area based on a considerable sample size. Results suggest that the impact of the cancellation was not large for most organizations, and indeed was likely positive for many of them. The impact was also foreseeable, allowing organizations time to plan. Unlike many human services, the delivery of housing does not require the management of many employees but does involve making long-term decisions about capital commitments and managing housing assets. These are all features that open the possibility of different strategic responses to changed funding, as observed in other countries (Crook & Kemp, 2019; Mullins, Milligan, & Nieboer, 2018).

This article begins with a discussion of the literature on nonprofit responses to funding cuts in general, before describing the subsidy agreements in the Canadian nonprofit housing sector and the complicated ways that their expiry affects nonprofit providers. It then provides an overview of a survey conducted by the authors of 26 Québec-based nonprofits whose funding agreements for a total of 2465 housing units had expired. From the survey, four sets of findings are discussed. First, the discussion underlines how the expiry of these agreements was treated in a positive fashion by the majority of the sample and did not occasion a lot of internal reflection by boards of directors. Second, challenges, especially regarding ageing buildings and the forms that the support offered to low-income households may take, are discussed. Third, the authors observe that the strategies adopted to respond to the end of the subsidies tended to involve increasing rental income, thus showing a slight isomorphism with private sector practices. Fourth, while the headline numbers show a strongly positive assessment, for several providers, the period around the end of the agreements produced a "gut-check" exercise, testing their desire to sustain their existing portfolio. Ultimately, 8.3 percent of the units held by the surveyed nonprofits were transferred or sold. All told, the nonprofit response had a direct and immediate impact on users in a small number of cases. Despite an apparently marginal negative impact on organizations, there were nonetheless transfers

and sales of units, but these seem to be explained by various contextual and management issues. The final section reiterates the main findings and expands the discussion on the characteristics of the housing sector where entrepreneurship and commercial values shape nonprofit management.

THE IMPACT OF STATE FUNDING CUTS ON ORGANIZATIONS

There is a considerable body of work on the impact of state funding cuts on third-sector organizations. While the research tends to be nationally specific rather than broadly comparative, there is a fair bit of convergence in the conclusions.

The literature finds that cuts usually lead these organizations to adopt strategies such as trimming their activities, seeking new resources at the risk of mission creep, and reducing attention given to non-funded activities (such as relational aspects of delivering services or advocacy) (Chouinard & Crooks, 2008; Jones et al., 2016; Vacchelli et al., 2015). It may also be the case that these cuts encourage forms of institutional isomorphism, where survival strategies involve adopting private sector-based approaches such as non-subsidized fees and prices or the abandonment of loss-producing activities (Ascoli & Ranci, 2002).

For instance, Cheng and Yang (2019) characterize the two main financial responses to government budget cuts as finding new revenues and reallocation. New revenues include finding “more private donations, borrowing and using accumulated reserves, or diversifying revenue portfolios” (p. 678) in addition to increasing earned income (see also Johnson, Rauhaus, & Webb-Farley, 2020; Jones et al., 2016). Reallocation is a kind of retrenchment strategy, where internal costs are reduced to make up for funding loss. Given the importance of staff costs, the usual impact are cuts to staff or their conditions of employment, as well as work intensification (Cunningham, Baines, Shields, & Lewchuk, 2016). These findings echo those of Chouinard and Crooks (2008), who find that disability nonprofits in British Columbia and Ontario dealt with the reduction of core funding by either networking and collaborating with other organizations, finding non-governmental funding, or reducing overhead costs. In this instance, reducing “overhead costs” often meant cutting staffing levels.

These strategies have an impact on the ability of organizations to meet their missions or serve their clients' needs. A common response to reduced funding is to constrict the range of programs and services offered to clients or to reduce the number of clients served (Chouinard & Crooks, 2008). This often takes the form of shrinking non-funded activities (such as relational aspects of delivering services or advocacy) (Cunningham et al., 2016). The search for new sources of funding can lead to a commercialization of organizations that distances them from their original mission (Evans, Richmond, & Shields, 2005). The danger is institutional isomorphism, as these organizations adopt survival strategies that mimic private sector practices (Ascoli & Ranci, 2002).

This work also emphasizes the role of internal and external decision-making structures. Internally, fraught decisions about reallocation and retrenchment fall to boards, who must make difficult decisions about staffing levels, salaries, and programs, to say nothing about existential questions about whether the organization has the resources to continue to pursue its mission (Mordaunt & Cornforth, 2004). Externally, organizations can try to work in partnership and solidarity to engage the state in the hopes of stopping cuts, or at least to distribute the cuts across the sector in a way that protects

certain values, organizations, or activities (Vacchelli et al., 2015). The silver lining is that the “blitz mentality” of a period of cuts can allow for innovation. This can take the form of pushing existing organizations to recognize complementarities or ways to be more productive, or by increasing the willingness of both state and third-sector actors to experiment with new forms of interaction (see Jones et al., 2016).

Cheng and Yang (2019) underline that much of the literature on the impact of cuts is focused on human services providers, which are a part of the nonprofit sector that rely heavily on government funding or contracts to sustain their operations. Cheng and Yang consider if cuts are experienced differently by organizations in other sectors or those less dependent on state funding. They demonstrate that parks nonprofits navigate their response to funding cuts in a different manner, and in some cases can expand their mission if funding cuts are part of a broader policy of state austerity that reduces government commitments to park programming.

There is literature on the impact of policy measures affecting housing owned and managed by third-sector organizations, although it is quite nationally fragmented given the specificities of national regulatory and funding frameworks. Early work from the United States emphasizes how federal policy changes in the 1980s and 1990s squeezed community housing organizations that had emerged out of the community activism of the 1960s and 1970s. The response was generally to consolidate into larger community development corporations (CDCs) and professionalize. In the process, the economic bottom line won out over the social bottom line (Koschinsky, 1998), and community-wide housing agendas got lost in the competition between CDCs for funding (Bockmeyer, 2003). Recent work on European cases seems less keen to adopt this conclusion of market isomorphism, and instead underlines the “hybridity” of the sector, as different organizations pursue different responses to a tightened financial situation and may even swing back and forth between commercialization and decommercialization as the availability of credit and state regulations change (Mullins, Milligan, & Nieboer, 2018; Morrison, 2016). Nevertheless, the work underlines a multiplicity of responses. In many instances, organizations grew through mergers to better tap economies of scale and access private market funds, have created for-profit subsidiaries to cross-subsidize affordable homes (Crook & Kemp, 2019), and have been more aggressive in recycling assets to capture gains in property values (Morrison, 2016). In situations where such entrepreneurial strategies are not possible, for instance, due to the regulatory regime, housing associations still adopt more of a market focus by seeking budget savings and efficiency in the management of their existing housing stock (Nieboer & Gruis, 2016).

This emphasis on the context of cutbacks and the value of looking beyond the “usual suspects” helps motivate the research reported below on the nonprofit provision of social housing in Canada. Canadian studies of cuts to human services tend to focus on state funding cuts, whose impact is felt more or less immediately, as it has a direct impact on organizational budgets in that budget year or the next. For housing nonprofits, the big financial event in the past decade has been the expiry of funding agreements that subsidized the mortgage payments of housing providers in return for commitments to provide reduced rent for a share of their units. Unlike typical cuts to human services, these cuts could be foreseen well ahead of the expiry of the agreements. Moreover, while their expiry involved an immediate financial challenge for a small number of providers, for many

others the challenge was a “life-cycle” one, namely of meeting expected capital costs for maintaining ageing buildings. The next section describes the context of this sector and the financial challenges related to the expiry of these agreements, before discussing what nonprofit housing providers in Québec said about their strategies and challenges in navigating this change.

THE CASE OF CANCELLING SUBSIDIES TO CANADIAN NONPROFIT HOUSING PROVIDERS

In broad terms, the federal government’s social housing policy from the 1970s to the early 1990s involved entering into long-term operating agreements with nonprofit housing associations (i.e., housing providers) and co-operatives that spanned the 35–50-year mortgages on the social housing buildings (Bendaoud, 2018; Suttor, 2016). By design, these agreements provided subsidies to the housing associations in exchange for agreeing to details about the management of the building and the eligibility for subsidized units, for the duration of the mortgage. By the 1990s, roughly half the social housing stock (593,000 units) was either managed by nonprofits (244,000) or co-operatives (61,000) (Canadian Housing and Renewal Association, 2014), with most of the remainder being provincially or municipally owned public housing.

In a context of budgetary constraint and provincial demands for a stronger role, the federal government withdrew from social housing and offered to transfer the funding and responsibility for the operating agreements to the provinces (Carroll & Jones, 2000). Québec did not agree to the transfer, but this did not change the narrative: the federal government abdicated responsibility for the social housing beyond the expiry of the federally designed agreements. Nonprofit organizations might face challenges in providing the same extent of subsidized housing once their mortgages came to maturity, in many cases starting in the 2010s. With the subsidy gone, the nonprofits had to find the money elsewhere. For instance, they could raise the rents for some tenants to subsidize others or increase rents for all.

The shock of the end of the subsidy was nevertheless tempered by the fact that the organizations’ mortgages were paid off. The financial situation of a housing provider was therefore dependent on two questions: 1) would they have positive net operating income at the moment of mortgage expiry/end of the operating agreement? and 2) would they have sufficient reserves (Pomeroy, 2012)? Providers with positive net operating income and sufficient reserves would not be affected by the end of the agreements. Indeed, they might be in a positive situation because they were freed from the conditions of the operating agreements, and therefore had more freedom in pursuing their mandates. Co-operatives could, for instance, use spaces in their buildings to create new programs and activities, or housing providers could borrow against the equity to build new housing (Cooper, 2014).

For housing providers with insufficient capital reserves, the cash flow freed up by the end of mortgage payments could prove ephemeral (Cooper, 2014). Given that the buildings were now 35 to 50 years old, there were often longstanding plans to refinance the buildings to pay for renovation and repair. While the operating agreements required the associations to keep reserves for such repairs, these may not have been set at sufficient levels to accommodate major life-cycle renovations, particularly if boards had emphasized keeping rents low (Pomeroy, 2012). For other nonprofit hous-

ing providers, and especially those with a high number of rent-geared-to-income units built between 1986 and 1994,¹ the end of the agreements would almost necessarily lead to a negative net operating income. In a rough calculation, Pomeroy (2017) estimated that about 4 percent of the 600,000 homes covered by operating agreements were at high-risk of losses. As for the other apartments owned by housing nonprofits, such as those included in this research sample, the risk of losses depended on various characteristics, which must be analyzed on a case-by-case basis.

This ambiguous situation, where the end of the subsidy could move organizations close to the financial status quo (or even be a benefit) or be a potential burden, led representative organizations in the sector, such as the Canadian Housing and Renewal Association, to develop diagnostic tools for nonprofit housing providers to anticipate the likely outcome and to plan accordingly (e.g., British Columbia Non-Profit Housing Association, 2018; Housing Services Corporation, 2016; Pomeroy, 2012). For providers facing negative operating income, solutions include choosing higher income tenants for rent-geared-to-income units, transforming some rent-geared-to-income units into market units, or jettisoning rent-geared-to-income rents in favour of low break-even rents. In dealing with insufficient reserves, solutions include adding capital levies to rent or borrowing against an operating surplus (see Pomeroy, 2012). In all these examples, the net impact is to either remove the number of units available to the least well off, or to increase the rents collected from existing tenants. In other words, protecting an organization's mission when faced with the loss of subsidy requires imposing some losses on the organization's clients. Yet, imposing these losses erodes the core goal of providing shelter and moves organizations toward simply "becoming landlords" (Cooper, 2022). There are solutions that do not follow this path, such as negotiating with senior levels of government for supplementary assistance or new funding. Other proposals include the consolidation of the many small providers in the sector into larger scale nonprofit organizations with the hope of increasing professionalism in property management and development (see Pomeroy, 2017; Salah, 2017).

The situation of the nonprofit housing actors analyzed in this article is therefore unique in two regards. First, unlike many of the grassroots and service-oriented nonprofits in studies of funding cut-backs, the nonprofit housing associations of interest to this study manage assets of significant value and enjoy long-term agreements. They are less immediately threatened by closure or implosion from cuts and have a larger margin of manoeuvre to respond to state funding cuts (Carroll, 1989). Second, they are dealing with a much longer time-scale in terms of planning. The people in the association when the typical 35-year agreements come due are likely not the same ones who signed those agreements in the 1970s and 1980s. In choosing how to respond to the end of the subsidies, the members of these associations must consider their ability to sustain the organization over similarly long periods (Cooper, 2022). The loss of certainty and predictability provided by the long-term operating agreements is likely to affect the calculus about the desirability of different responses to the loss of funding. As it is, small nonprofit providers have difficulties in recruiting new directors, and boards have become less active due to challenges finding funding to respond to increasingly complex demands (Cooper & Zell, 2023; Pomeroy, 2017). This question takes on a particular salience given the difficulty of the current National Housing Strategy to deliver the kind of deep affordability that was delivered by nonprofit providers from the 1970s to the early 1990s.

Deng, Leviten-Reid, and Thériault (2023) report that developing new proposals is a complex process fraught with poor communication and slow reviewing by the Canada Mortgage and Housing Corporation (CMHC). Given the lack of funding support for deeply rent-geared-to-income units, other organizations may consider projects somewhat higher up the affordability spectrum, but that present their own challenges as the organizations may need to change their identity and ways of working (see Mitchell, 2023). In either case, such activity requires nonprofits to come through the operating agreement expiry era with boards with expansionary ambitions.

In sum, there is interest in understanding the impact of the end of the subsidy agreements as a financial shock akin to a cutback for some nonprofit housing providers. Do the features of this policy area produce different patterns of response by nonprofit organizations?

METHOD

In 2018, the authors partnered with the Réseau québécois des OSBL d'habitation (RQOH) to study how nonprofit housing providers in Québec were managing the transition. The RQOH is Québec's largest association of nonprofit housing providers (1200 providers running 53,000 housing units). Its members are nonprofit organizations with a board, which sets them apart from housing co-operatives, which exist under a different legal framework. Its mission is to offer services to its members to support their activities, in addition to advocacy with political bodies on behalf of its members. The RQOH wished to develop a clearer portrait of how the expiry of operating agreements affected its members. To do so, the authors and the RQOH co-developed a survey instrument of open- and closed-ended questions that gathered information about the nonprofit organization and the number of housing units it operated, the process through which it planned for the expiry of its subsidies, the strategies deployed to respond to the end of the subsidies, and the impacts of the change. Given the breadth of information sought by the RQOH, and a desire not to burden the time of organizational leaders, the interview guide did not leave space for follow-up questions. This, unfortunately, limits the depth of the analysis provided below. The project and related interview protocols received clearance from the McMaster Research Ethics Board.

Data collection took place from February to May 2018. According to a list provided by the RQOH, 56 nonprofit organizations were identified as potential respondents given that the end of their operating agreement with the federal government occurred before April 2016. That cut-off date is significant, as the federal government provided for various measures to continue supporting third-sector organizations whose agreement expired after April 1, 2016, as part of the National Housing Strategy (Government of Canada, 2017). After several email and telephone requests, 32 managers or administrators agreed to complete the questionnaire over the telephone with one of the researchers. Since a manager was responsible for two nonprofit organizations, his responses for both were noted on the same questionnaire. The interviews lasted 45 minutes on average. This data collection enabled researchers to acquire information for 33 nonprofit organizations. The response rate of 59 percent (33 out of 56) is satisfactory by the standards of survey methods.² That said, for the purposes of this article, the research focuses on the 26 nonprofit organizations that offer permanent housing to various households in urban and rural areas across the province, and exclude the seven nonprofit organizations that offer temporary accommodation (the latter differ in their financing mech-

anisms, do not charge rent to residents, those residents are not bound by a rental lease, etc.). These organizations are located in 11 of Québec's 17 administrative regions. The 26 nonprofit organizations in the sample were affected by the expiry of the operating agreements for 2,465 housing units, but it should be noted that 11 out of 26 nonprofit organizations also have other units (residential or commercial) in their portfolio so not all their units were affected by the expiration. The smallest organization was responsible for three units, while the largest oversaw a portfolio of over 2000 units. Table 1 divides the organizations into three tiers based on the number of units in the overall portfolio. The table shows that the lion's share of units affected by the expiry were held by the largest organizations. What it does not show is that the two largest nonprofits had more affected units than the 19 smallest organizations combined. The smallest organizations in the sample nevertheless stand out in having non-renewal affecting all their portfolio, a situation that remains frequent in the middle tier of organizations. While this was the case for two of the largest organizations, overall, the expiry only affected slightly more than a third of their portfolio in this period.

Table 1: Characteristics of survey respondents

Total number of units held by Housing Non-Profit	Number of organizations	Total number of units in this category affected by non-renewal	Share of total units in this category affected by non-renewal	Assessment of impact of non-renewal (Positive/Neutral/Negative)
100+	8	1983	36.6%	6/1/1
21-100	9	370	78.7%	7/0/2
1-20	9	112	100%	4/1/4

A qualitatively driven mixed-methods analysis is employed to reconstruct the decision-making logics. Data collection consists of qualitative material taken from coded interview responses of nonprofit administrators to our questionnaire. We relied heavily on manifest content when classifying answers into themes. Those themes were thus identified inductively using a technique often labelled as thematic analysis (see Drisko & Maschi, 2016). The coding process was facilitated by the ranking attributes of the questionnaire, which ensures greater internal validity, reliability, and reproducibility. In short, our aim was to understand decisions through the experience of those who lived it, but also to compile the results numerically to identify the most important (from the interviewees' perspectives) and recurring themes.

FINDINGS

Most providers see the expiry as positive

Overall, nonprofit providers held a positive assessment of the expiry of the subsidy agreements. Seventeen respondents saw the expiry as positive, seven saw it negatively, and two had mixed views. These are the results obtained by compiling the responses provided by respondents to the question "With the benefit of hindsight, what has been the main impact of the withdrawal of the government subsidy on your organization?" The results in Table 1 indicate that the size of the housing projects (number of units) has little impact on the responses from the middle and larger organ-

izations, but negative responses were more common in the smallest, and indeed the four negative replies came from the four organizations with the least units.

To explain these results, it is necessary to understand the context and especially the specificities of the government funding program. The federal grant consisted of lowering the interest rate to 2 percent. This was one of the main features of the program under section 95 (formerly 56.1) of the *National Housing Act*. On one hand, this meant that the government subsidy was equivalent to the difference between the organization's actual mortgage charges and what they would have been at a rate of 2 percent. Thus, when the Bank of Canada's key interest rate exceeded 20 percent in the early 1980s, the subsidy granted to these same nonprofit organizations was very large. On the other hand, the very low interest rates recorded since the end of the 2000s, and especially after the international financial crisis, had the effect of reducing the subsidy they received simply because the interest rate the nonprofits paid on their mortgage charges was already low. In short, and as mentioned earlier, nonprofits were now freed from their mortgage payments and the government subsidy was less than these payments anyway. In a nutshell, nonprofits had more money left in the coffers.

Beyond the decrease in expenses, as mortgage charges were the main budget item for nonprofits, the other most common positive impact was that of being no longer accountable to CMHC, the federal agency that funded the program. Many administrators were delighted that they no longer had to comply with the agency's requirements (accounting reports, forms, etc.) and appreciated the increased autonomy they now had in the management of their resources.

That said, seven nonprofit organizations out of 26 identified negative impacts linked to the end of the agreements. The majority pointed to the financial aspect, namely the difficulty or the uncertainty of having enough funds to continue to support poor households and to carry out necessary renovations. They deplored the non-sustainability of funding.

It is difficult to explain the difference of opinion between the managers who concluded that it had a positive impact and those who considered it rather negative. As mentioned, this does not seem to be related to a significant difference in the financial situation of the nonprofit or subsidized households, but more to a difference in perspective. Among the seven nonprofits identifying a negative impact, the concern seemed to be about the continuation of long-term activities, support for less fortunate households and renovations. For the smaller organizations, this was a more difficult concern as fewer units reduced degrees of freedom in developing a response. Yet, for most managers who viewed the end of agreements as a positive development, this sort of fear or pessimism was not noted. Finally, the two nonprofit organizations having mixed or less clear-cut opinions took up some of the positive elements discussed above and some of the negatives discussed here.

Generally, the expiration of grants did not spur much debate or reflection by nonprofit administrators. The median number of hours spent on transition planning in the six months around the end of the agreement was 15 hours, while the average was 33 hours. The median gives a more accurate picture because the average includes three cases of 100 hours or more devoted in particular to the planning of renovations or other major restructuring. Two of these cases were found in the category of the largest organizations, and both saw the expiry as a positive event. One of these two would

sell some of its units, judged to be poorly located, two years after expiry, with the intent of creating others. The third case was the largest of mid-sized organizations. It viewed the change negatively due to the uncertainty it introduced, and felt abandoned by CMHC.

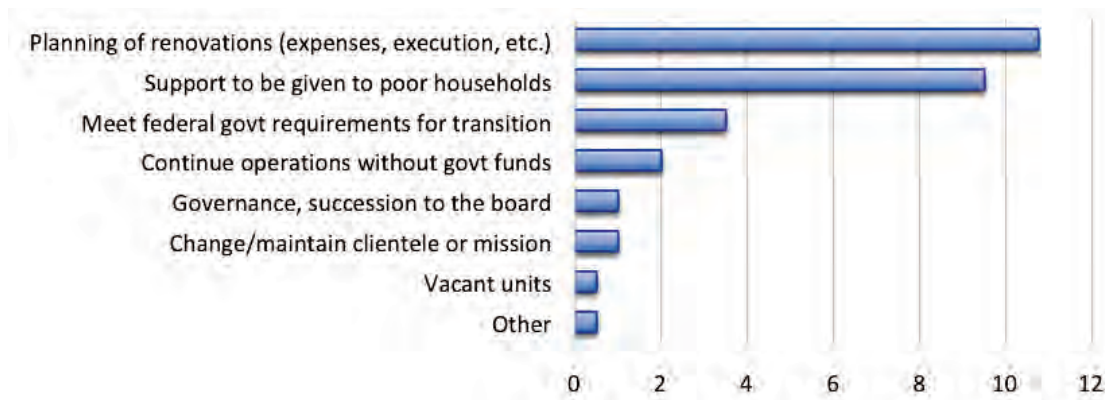
Difficulties faced by housing providers regarding expiring agreements

It is worth mentioning that four nonprofit organizations (two of the larger organizations and one each of the middle and smaller ones) reported having no difficulties to overcome. In general, these organizations said they had enough resources to go through the transition and had prepared themselves well on all fronts, specifying that the federal government's grant was rather modest in recent years, as mentioned above. In contrast, three nonprofit organizations (two of the smallest and one in the middle group) explicitly mentioned that one of their main concerns was their ability to continue operations without the government subsidy.

The main difficulty experienced by the nonprofits surveyed was the planning of renovations, including the associated costs and execution. Considering the nonprofit organizations in the sample, all the buildings they own are now over 35 years old, or even older; some were acquired through "purchase-renovation." The questionnaire was not intended to identify the main renovations or to prioritize them. Yet, virtually all building elements were mentioned as needing renovations during the interviews. Inside buildings these included obsolete electrical panels and plumbing, as well as cabinets, sinks, windows, toilets, floors, and patio doors. Exterior renovations emphasized the renewal of wall cladding and roofing. These lists are not exhaustive and attest to the seriousness of the repairs needed or even to the state of degradation of certain buildings, as explicitly mentioned by some managers. In short, renovations were a major issue for all managers.

The other major concern, identified in Figure 1, was the support to be given to poor households. For nonprofit organizations, discussions focused on maintaining subsidies in their current state, re-

Figure 1: Main difficulties when subsidies ended



Notes: Answers to the question "What were your greatest difficulties during the transition? Rank in order of importance, starting with the main difficulty." The first answer given receives a score of 1, the second response a score of 0.5, the third a score of 0.25, and the fourth a score of 0.125. In exceptional cases, when two answers (i.e., corresponding to two themes) were on the same line in the interviewee's formulation, the score is divided between two themes for the purposes of the analysis. 4 interviewees had no difficulty, did not provide any answer.

viewing them, or even stopping them immediately or eventually. Beyond the lack of funds, one of the dynamics observed in some organizations was the unease experienced by some administrators and tenants to charging “full price” rent to subsidize a handful of poorer tenants. In other words, when the subsidy came from the government (and, by extension, anonymous citizen-taxpayers), it was not an issue. However, after the end of the agreements, some took a dim view of tenants paying the full price, subsidizing those benefiting from a reduced rent.

A final recurring difficulty was compliance with CMHC's requirements at the time of transition. Some nonprofits were bothered by the agency's requests for the submission of final documents, especially accounting documents.

Strategies implemented by housing providers

The 26 nonprofit organizations surveyed have mandates to serve a specific clientele such as seniors, families, or single people. While they were more stringent at the start, over time, some have relaxed the selection criteria to accommodate “just about everyone,” without necessarily setting an income ceiling.

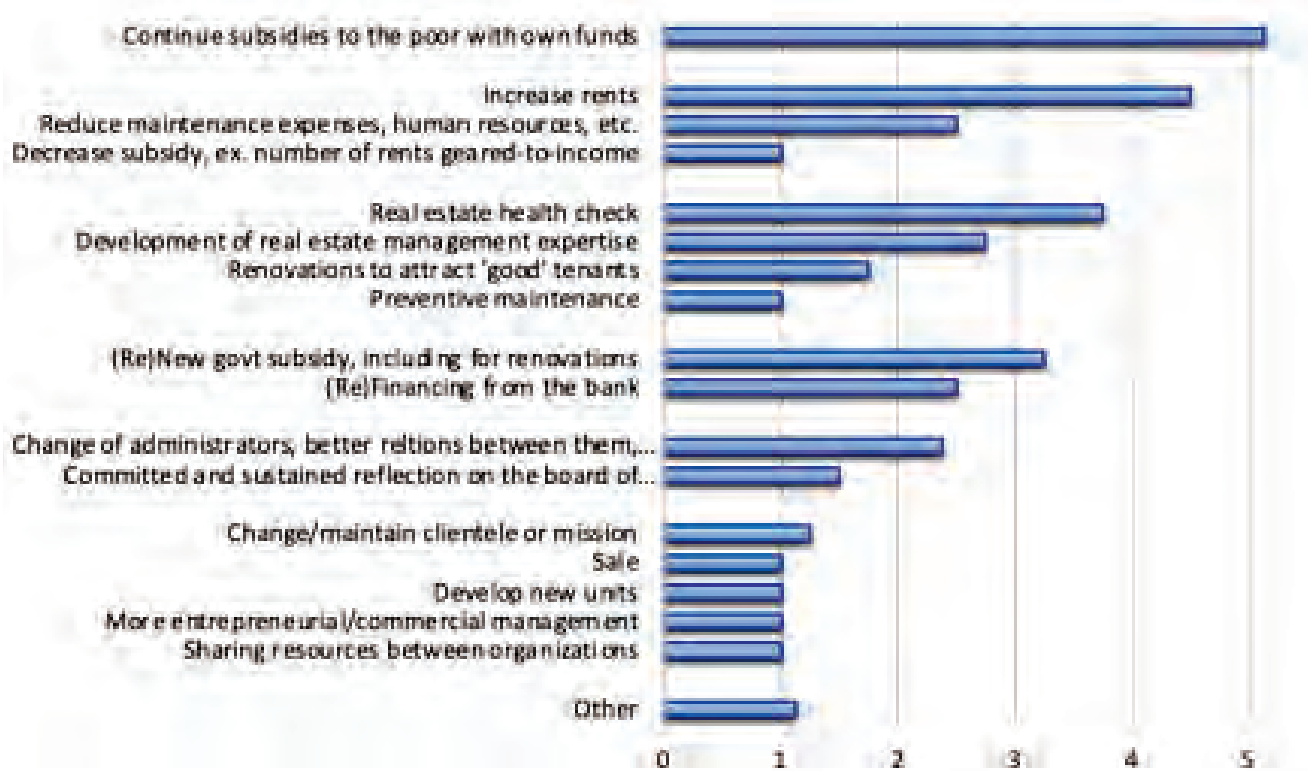
According to the administrators interviewed, the most effective solution was to maintain support for certain low-income tenants with the nonprofit's own funds. It is part of the organization's mission, said some administrators, having decided to use the income from other rents to continue to offer cheaper rent to less fortunate households. Thus, some directors did not have to change the rental structure.

Some nonprofits have cut maintenance or human resource expenses, but the main trend is setting higher rents, especially for tenants who benefited from reduced rent. For these providers, this is a form of subsidy reduction, which is often not attributed to the expiration of the agreements since the two elements are not systematically linked to each other. To be precise, it appears that for 15 nonprofit organizations out of 26, the rents have not changed significantly. Several organizations continued to offer uniform below-market rents for units of the same size, regardless of household income. Other providers rent a few apartments to poorer households; for example, tenants pay rent set at 25 percent of their pre-tax income or receive some other form of rebate. These organizations have continued to provide the same types of subsidies over time, generally using surpluses generated by income from other rents. Seven percent of the 2465 units in the sample received a rent-gear-to-income subsidy.

Nevertheless, for nine nonprofit organizations, upward pressure has been noted on rents. This inflation goes beyond the annual increases linked, for example, to the increase in taxes or the cost of living, which would be around 2 percent on a yearly average in the decade preceding our study. Most of the revenue from these increases was targeted to subsidized households. The main practice observed at eight nonprofits was to increase the rent-gear-to-income formula from 25 percent, as mentioned, to between 28 and 33 percent of the tenant's income. By questioning managers, we learned that the changes occurred before agreements expired and sometimes well before. In fact, this type of increase seems to be linked to the end of the agreements in only two of eight cases. The ninth organization simply stopped offering rent-gear-to-income arrangements. This decision was taken two years after the expiration of the federal subsidy agreement due to lack of funds.

While this leaves it as an outlier, it is worth noting that several of the 15 organizations that did not significantly increase rents mentioned this kind of scenario. In other words, if their organization lacked financial resources, they would be likely to revise or even abolish the subsidies.

Figure 2: Strategies deemed “Most effective” by respondents



Notes: Answers to the question “Which strategies have been most effective or useful for your organization? Rank in order of importance, starting with the most effective.” The first answer given receives a score of 1, the second response a score of 0.5, the third a score of 0.25, and the fourth a score of 0.125. In exceptional cases, when two answers (i.e., corresponding to two themes) were on the same line in the interviewee’s formulation, the score is divided between two themes for the purposes of the analysis.

For the two other nonprofit organizations, the portrait is nuanced. One nonprofit has seen a reduction in the number of subsidized households over the years, which is unrelated to the expiry, but the administrator mentioned that the number could rise again if new tenants have very low incomes. Finally, one nonprofit organization increased the rents for everybody, but also increased the number of households benefiting from a rent-geared-to-income, thanks to a non-permanent subsidy program from the Québec government.³

The other group of solutions widely promoted by administrators relates to property management. Regular “real estate health checks” were useful for forecasting repairs, in the short and long term. There was also an identification, especially among the largest organizations, of the importance to develop real estate management expertise, internally by improving the skills of managers or administrators or externally by using the services of specialized firms. Preventive maintenance of buildings was also mentioned, while other administrators have clearly justified renovations to attract or retain a “good” clientele and ensure all their units are rented.

The administrators also sought funds from government agencies including at the provincial level, to continue to support low-income households as well as for renovations. (Re)financing obtained from banking institutions was pointed out by some interviewees.

Another group of solutions deemed useful by managers concerns governance. Some solutions focused on the human dimension of management, as opposed to the financial dimension, and stressed the renewal of the board of directors or simply the improvement of relations between them. The more engaged and sustained reflection by the managers on the issue of the end of agreements also allowed some to prepare well for the transition.

A final group of solutions includes sharing resources between organizations (human resources, bureaucratic), more entrepreneurial management, notably illustrated by remunerating the person in charge, as well as developing new housing units, which was mentioned by two interviewees. The limited financial impact of the expiry meant that providers avoided the defensive reactions predicted by Cooper's (2014) dire scenario, but also lacked incentives to engage in the more offensive strategies to rebuild the sector foreseen by Pomeroy (2017).

Long-term generational renewal: An issue separate from expiring agreements

As is also the case with for-profit organizations, the longevity of nonprofit organizations prompts fundamental questions about their existence and the continuation of their activities. Having been in operation for decades, the nonprofits surveyed in this study delivered nuanced stories about the successes and setbacks of housing management. A concrete example is the sale or transfer of the assets, in part or in whole, of four nonprofit providers. In total, 205 units (8.3% of the 2465 units) were sold or transferred to other organizations. That said, it is important to underline that the expiration of the agreements was not directly linked to the sales/transfers, which took place a few years before or after the expiration.

Specific and more contextual reasons were given by the managers in these four cases. In the first case, a small project (three housing units) was sold to the private sector after having recorded financial losses partly due to ransacked housing. Exhaustion and a lack of new administrators within the board was also mentioned in this first case, as well as in a second case where 20 dwellings were transferred to another nonprofit organization, which, to the researchers' surprise, is also part of the sample. In a third case, a small project (six housing units) for seniors in a very rural area was sold to the private sector, because the housing units were unoccupied due to lack of demand in the area. Finally, a very large project (176 housing units) was sold to the private sector in a central district of Montréal. The manager claimed that new units could eventually be developed with the proceeds, but no actions have been taken yet.⁴

It is hard to know what to make of these cases as they are not directly tied to the expiry of the agreements, and it is uncertain whether the 176 units sold will eventually be fully or partially replaced. These units represent more than the 4 percent deemed "at risk" by Pomeroy (2017, p. 4), but it is not obvious that the sale was motivated by the expiry. It remains that the expiry of a program that left most providers better off has resulted in a slightly smaller envelope of housing units that are slightly more expensive for users. There was little evidence in the short term of organiza-

tions using their financial situation to develop more units or foster a more professionalized approach to management. The organizations surveyed varied greatly in scale and professionalization, but there was generally muted enthusiasm for building significant numbers of new units.

The 2017 National Housing Strategy and related initiatives such as the National Housing Co-Investment Fund are a step in the right direction in addressing some of this fatigue. The National Housing Strategy has put community housing back in the picture, a change that was welcomed by many observers given that Ottawa's withdrawal from the sector in the 1990s had dire and long-lasting consequences. As part of the 2017 strategy, an array of initiatives have been pursued to create new stock or renovate existing stock, build capacity and share good practices or knowledge within the community sector (see for example CMHC, 2023). To date, the strategy has responded reasonably well to the renovation needs of nonprofit housing providers, but less so in terms of spurring new building or the acquisition of existing buildings by nonprofits.

Two important issues on the latter front include government grant levels that are insufficient to allow nonprofits to provide deeply affordable rents, and an administratively heavy approvals process that demands too much from nonprofit organizations (see Blueprint ABE, 2022; Pomeroy, 2021; Deng, Leviten-Reid, & Thériault, 2023). In other words, to date it appears to address the fundamental concerns shared about being able to afford to rehabilitate the rental buildings but does little to entice these experienced nonprofit organizations to expand their portfolios.

CONCLUSION

Having paid off their mortgages, most of the nonprofit organizations studied now have considerable financial leeway, which exceeds the amounts associated with the grants they were receiving. It is therefore unsurprising that the end of federal subsidies under section 95 (or 56.1) of the *National Housing Act* was not seen as a crisis by most respondents. Managers and administrators did not have to spend a lot of time planning the transition. This outcome stands in contrast with the alarmist portrait provided by Cooper (2014). Yet, it is true that this study is solely based on the answers given during the interviews. If other housing managers operating with another government program had been questioned, the results might have been quite different. Nevertheless, this analysis allows us to observe a sector subject to certain pressures, namely, the aging of buildings. In short, the end of the subsidies does not seem to have dealt a heavy blow to the organizations, although some smaller ones appear to have faced harder challenges. Still, it does not seem to push many nonprofits to imagine an expansion or to renew their role to support more poor families and individuals.

As Cheng and Yang (2019) point out, context greatly influences how the funding cuts are interpreted as well as the reactions of nonprofit organizations. In this study, there does not seem to have been much of a "reallocation" or "scaling back," largely because these organizations do not have a lot of staff providing an array of daily services, with large overhead costs, etc. The results neither suggest a change to other mandates at the expense of the initial activities, but rather the search for new revenues. Yet the new earned income comes from the same clients, namely the tenants of the same buildings run by nonprofit providers. In a nutshell, managers have made various interventions to extract more income from existing buildings, largely to ensure their sustainability. As this

analysis did not focus on the impact on households living in these buildings, and researchers did not collect data on their personal finances, it is difficult to draw a complete picture of the consequences. However, we can assume that at least some of those households must devote a larger proportion of their income to shelter costs, to the detriment of other incompressible expenses such as food, electricity, medication, or child-related expenses.

Finally, this study leads us to go beyond “nonprofit managerialization” as broadly defined in the literature (see Beaton, 2021) and consider the specificity of housing as a sector. Indeed, since buildings represent important assets, in addition to the fact that some administrators themselves live in these buildings, the incentive to increase their value and desirability is then greater. In line with observations made by other researchers long before us regarding nursing homes or day care centers (see Hansmann, 1980), housing providers also appear to be a type of nonprofit organization where management is permeated by entrepreneurial and commercial dimensions. For some, the end of the subsidy agreements might have allowed for the consolidation of the many small providers in the sector into larger scale nonprofit organizations able to engage in the kind of strategies discussed above in the literature review. Proponents of this idea believe that it will increase professionalism in property management, maintenance, and bookkeeping. It may also enable a more social entrepreneurial orientation by providing a sufficient basket of assets to permit new investment and construction, a nimbleness to respond to new funding environments, and a capacity to engage private-sector developers in projects (see Pomeroy, 2017; Salah, 2017). The survey instrument did not allow for much insight on the criteria affecting nonprofit organizations’ decisions about building or acquiring new housing units. This would appear to be a question worth pursuing, especially for larger organizations who ultimately manage the lion’s share of units affected by expiring operating agreements.

NOTES

1. Construction of buildings in this sample took place in the early 1980s and 1970s and so this does not apply to them.
2. Response rates of surveys of the executives of organizations have decreased over time, and this study’s rate compares favourably to the overall rate of 32 percent reported by Cycyota and Harrison (2006) in their analysis of studies appearing in top management journals between 1992 and 2003. That said, the researchers are not able to check for non-respondent bias.
3. The Operating Agreements were a solely federal program, and the respondents did not discuss the expiry in terms of linkages to other forms of subsidy or to relations with the Société d’habitation du Québec, with the exceptions of two mentions of a support program for organizations facing the end of their operating agreements just before April 2016.
4. While nonprofit organizations were barred from making sales to the private sector under the operating agreements, there are ways to achieve this once the agreement expires. The survey did not explore the modalities by which these sales occurred.

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Les pratiques de soutien communautaire en logement social et communautaire (SCLSC) : l'accompagnement de personnes et de milieux de vie favorables à la stabilité résidentielle, au bien-être et à la qualité de vie

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RÉSUMÉ

Cet article définit le soutien communautaire en logement social et communautaire au Québec comme relevant de pratiques d'accompagnement à la fois individuelles et collectives. Il analyse les propos de personnes intervenantes et gestionnaires provenant de six entretiens de groupe réalisés en 2020 et 2021 dans le cours d'une recherche plus ample sur les besoins et les pratiques de soutien communautaire au Québec. L'hypothèse défendue est que la finalité du soutien communautaire et ses modes opératoires tiennent d'un accompagnement tout autant collectif des milieux de vie qu'individuel des personnes locataires, mais cela toujours dans une optique d'inclusion sociale, de développement du pouvoir d'agir et de stabilité résidentielle, et non de prise en charge. D'un point de vue théorique et axiologique, les auteur.e.s font appel à la théorie critique de la justice sociale de Nancy Fraser et à la théorie du *care*, mettant l'accent par la même sur la vie ordinaire et la prévention.

ABSTRACT

This article defines community support for social and community housing in Québec as relating to both individual and collective support practices. It analyzes the comments of stakeholders and managers from six group interviews carried out in 2020 and 2021 as part of broader research on the needs and practices for community support in Québec. The hypothesis defended is that the purpose of community support and its operating methods are as much a collective accompaniment for living environments as an individual accompaniment for tenants, always with a view towards social inclusion, empowerment, and residential stability rather than towards the management of people. On a theoretical and axiological level, the authors base themselves on Nancy Fraser's critical theory of social justice and on the theory of care with an emphasis on ordinary life and prevention.

Keywords / Mots clés : soutien communautaire, logement social, accompagnement collectif et individuel, justice sociale, théorie du *care* / community support, social housing, collective and individual accompaniment, social justice, theory of care

INTRODUCTION

Il est important de mieux comprendre les pratiques de soutien communautaire en logement social ou communautaire pour en arriver à une meilleure reconnaissance de celles-ci sur le plan social et à une meilleure compréhension des finalités et stratégies d'action sur le plan du savoir. À partir de propos de personnes intervenantes et gestionnaires, nous visons dans cet article à définir ces pratiques selon leur double dimension d'accompagnement individuel des personnes et d'accompagnement collectif des milieux de vie. Nous n'aborderons pas ici d'autres dimensions essentielles à la définition de ces pratiques, à savoir la co-construction des partenariats, l'intersectorialité, notamment avec le réseau de la santé et des services sociaux, la concertation régionale et provinciale, ou la contribution au développement des communautés des territoires locaux, villageois ou de quartier, bien que ces dimensions soient constitutives des pratiques de soutien communautaire et présentes dans le corpus de nos données de recherche. Nous limitons notre objet d'étude à comment le soutien communautaire constitue à sa base une pratique d'accompagnement autant des personnes que des milieux de vie. Ce rapport de l'individuel et du collectif, parfois en hybridation, constitue l'objet de notre analyse.

L'hypothèse émise est que la finalité du soutien communautaire tient d'un accompagnement tout autant individuel que collectif des milieux de vie, mais cela toujours dans une optique d'inclusion et de justice sociales et de développement du pouvoir d'agir et de la stabilité résidentielle, et non de prise en charge. Pour soutenir cette hypothèse, nous nous appuyons sur les propos de personnes intervenantes, et parfois gestionnaires, en soutien communautaire. Dans le cadre d'une recherche sur les besoins et pratiques de soutien communautaire en logement social, en habitation communautaire et en coopératives d'habitation (Lapierre et al., 2024), nous avons entre autres mené, en 2020 et 2021, vingt-deux ($N = 22$) entretiens de groupes, dans neuf ($N = 9$) régions du Québec—Outaouais, Montérégie, Montréal, Laval, Chaudière-Appalaches, Capitale-Nationale, Bas-Saint-Laurent, Gaspésie-Îles de la Madeleine, Côte Nord—auprès de personnes intervenantes et gestionnaires afin de connaître leurs perspectives sur les besoins et pratiques de soutien communautaire.

Les propos spécifiques des personnes intervenantes et gestionnaires que nous analysons et citons pour appuyer notre réflexion proviennent de six ($N = 6$) de ces entretiens de groupe, soit, pour les personnes intervenantes, ceux de Montréal, Chaudière-Appalaches, Bas-Saint-Laurent, Capitale-Nationale et Outaouais et, pour la personne gestionnaire, celui de Capitale-Nationale.

Nous entamons notre exposé en reliant les pratiques de soutien communautaire aux parcs immobiliers relevant de l'économie publique et de l'économie sociale. La crise du logement au Québec provoque l'appauvrissement et l'instabilité résidentielle de plusieurs personnes locataires, souvent à faibles et modestes revenus. Il devient donc important de montrer que des éléments de solution existent pour juguler cette crise et créer des logements abordables et favorables à la stabilité résidentielle et nécessaires au bien-être et à la qualité de vie. Ensuite, nous abordons historiquement les pratiques de soutien communautaire en rattachant leur développement au travail de rue et au travail de milieu, une approche qui nous permet par la suite de développer notre analyse du soutien communautaire d'abord en tant qu'accompagnement individuel des personnes, tout en distinguant cet accompagnement des services relevant de la responsabilité du secteur public, et, ensuite, du point de vue collectif, comme accompagnement à la production de milieux de vie favorables au

pouvoir d'agir, au bien-être et à la qualité de vie, y compris la santé. Nous nous rapportons alors à la théorie de la justice sociale de Nancy Fraser et de ses principes (redistribution, reconnaissance et participation) et à la théorie du *care*, mettant l'accent sur la vie ordinaire et la prévention. Nous nommons enfin trois principes d'intervention du soutien communautaire : la création du lien, le « devenir acteur » par le pouvoir d'agir, et la participation citoyenne interne, collective et communautaire.

DES PRATIQUES SE DÉPLOYANT DANS LE SECTEUR DE L'ÉCONOMIE PUBLIQUE ET COMMUNAUTAIRE

Au Québec, les trois types de tenures auxquelles se rattachent les pratiques de soutien communautaire en habitation répondent à des principes d'économie publique ou d'économie sociale ou solidaire, c'est-à-dire à un type d'économie qui a « pour but plus ou moins explicite le service de l'intérêt collectif ou général » (CIRIEC-Canada, s.d.) et non une finalité convertie étroitement en recherche de profits de location ou de spéculation immobilière (Laflamme, 2019). Le récent Cadre de référence sur le soutien communautaire en logement social et communautaire (Québec, 2022) note lui aussi que les tenures publiques ou communautaires immobilières relèvent d'une « finalité sociale plutôt qu'une finalité de profit ». Cette finalité à caractère social est centrale si l'on veut juguler la crise du logement. Il importe, en effet, de comprendre que la crise du logement au Québec est vécue par les locataires et non par les propriétaires ou les investisseurs immobiliers qui ne cessent de s'enrichir. Pour ces derniers, le vécu en est plutôt un de prospérité. Les individus ou groupes immobiliers qui investissent dans l'immobilier, de même que les acteurs financiers qui, avec la financiarisation du logement, prêtent à ces promoteurs (FRAPRU, 2022), connaissent un marché—exception faite du logement abordable—propice à l'investissement et à l'enrichissement. Véronique Laflamme exprime bien cette situation, de deux vécus fort différents avec la crise du logement, quand elle dit que « le marché immobilier demeure une *business* payante ... [et que] c'est le droit au logement qui passe à la trappe » (Laflamme, 2019). La crise du logement constitue une source importante d'appauvrissement pour les personnes à faibles et très faibles revenus qui ne vivent pas en logements sociaux, communautaires ou coopératifs, sont déjà fragilisées socialement et économiquement, et doivent consacrer souvent une grande part de leur budget au logement au détriment de leurs autres besoins fondamentaux comme la nourriture, le chauffage, le transport et l'éducation. Bien que pour les logements subventionnés la part dédiée au logement ne varie pas, les répercussions de la crise économique se font ressentir sur d'autres plans (alimentation, éducation, biens et services divers, etc.).

Définissons l'espace du logement social et communautaire où se déploient les pratiques de soutien communautaire et voyons dans quelle mesure nos gouvernements investissent dans ces types d'espaces locatifs comme remède à la crise du logement et des problèmes d'appauvrissement qu'elles entraînent. Gaudreau (2022) définit ainsi le secteur du logement relevant autant de l'économie sociale et de l'économie publique que du logement social hors marché :

Le logement social se définit comme un type d'habitation dont la construction a été financée par l'État et dont la gestion est confiée à des acteurs non marchands, soit à des organismes municipaux ou à but non lucratif. Il a aussi la particularité d'offrir, en totalité ou en

partie, des logements dits subventionnés dont le loyer est calculé en proportion du revenu des locataires et qui, en règle générale, ne peut dépasser 25% de ce dernier. (Gaudreau, 2022, p. 46)

Cette définition recouvre les trois types de logements sociaux auxquels les pratiques de soutien communautaire renvoient, soit : 1) les habitations à loyer modique (HLM), qui sont du secteur public et gérées par les Offices municipaux d'habitation (OMH); 2) les organismes à but non lucratif d'habitation (OSBL-H), eux aussi financés par l'État, mais gérés par des organismes communautaires reconnus dont le conseil d'administration se compose le plus souvent de personnes représentant les locataires, d'acteurs communautaires et sociaux locaux et parfois d'acteurs municipaux; et enfin 3) les coopératives d'habitation, gérées collectivement par leurs occupants, lesquels, pour une partie ou le tout, bénéficient, s'ils y sont éligibles, du programme de supplément au loyer (PSL) (Québec, 2022; Gaudreau, 2022).

Ce parc de logement lié à l'économie sociale ou publique est un espace important d'offre de logements abordables ou subventionnés selon les revenus des personnes locataires et devrait donc être fortement encouragé par nos politiques publiques. Or, Gaudreau (2022) affirme le contraire et soutient que, dans le parc immobilier locatif global, ce type de logement a toujours été relégué à une position marginale pour ne pas nuire au développement du logement privé. Nous reviendrons sur ce point quand nous présenterons les pratiques de soutien communautaire en lien avec la justice sociale.

LA SPÉCIFICITÉ DE LA PRATIQUE DE SOUTIEN COMMUNAUTAIRE : ENTRE TRAVAIL DE RUE ET TRAVAIL DE MILIEU

Nous voyons que les pratiques de soutien communautaire s'inscrivent dans un cadre résidentiel relevant de l'économie publique et de l'économie sociale. Innovantes socialement (Bergeron-Gaudin et Jetté, 2021), ces pratiques de soutien communautaire émergent à Montréal dans les années 1980. Pour s'attaquer à la problématique de l'itinérance et de l'exclusion sociale, les OSBL d'habitation montréalais voient que les personnes itinérantes ou proches de l'itinérance ont besoin, outre l'accès à un logement, d'un soutien individuel et collectif pour se créer des lieux d'appartenance. Ce soutien devrait être double, soit l'accompagnement de la personne et la création ou la préservation de milieux de vie propices à l'inclusion sociale. Dans ces pratiques de soutien, ce qui émerge d'innovant est l'intégration, ou du moins le côtoiement, de pratiques d'accompagnement individuel et communautaire, le tout en référence aux milieux de vie concrets où les personnes locataires évoluent.

Ce qui caractérise ces pratiques est qu'elles relèvent, d'une part, d'une méthodologie d'intervention collective qui « suppose de développer l'aptitude à l'animation des groupes, des réseaux locaux d'action, et à la résolution des conflits, de même que l'habileté à repérer, conforter et promouvoir chez autrui des compétences » et « également une proximité et une connaissance fine des territoires, de leur dynamique collective et des réseaux locaux d'action qui les composent » (Bourque, 2017, p. 34) et, de l'autre, de capacités d'accompagnement d'aide individuelle à la personne.

Dans les deux cas, individuel ou collectif, l'accompagnement renvoie à un travail sur le terrain dans les milieux de vie, c'est-à-dire à une intervention hors des murs d'établissements (Boucher et al., 2017) ou à un service de proximité (Morin et al., 2015; MSSS, 2023) réalisé dans des territoires vécus (Caillouette et al., 2009). La proximité se définit spatialement en « référence aux lieux de la prestation des services » et relationnellement à « une approche personnalisée, qui prend compte de l'utilisateur plutôt que de son problème » (MSSS, 2023, p. 4). Un parallèle peut être fait avec l'approche par les forces que l'on retrouve en sciences infirmières (Gottlieb, 2014) et en travail social sur la santé mentale (Khoury et Chaput, 2021), approche fondée sur les forces plutôt que les déficits, avec comme fondements d'être centrée sur la personne, basée sur les aspects relationnels, favorable au pouvoir d'agir et misant sur les capacités et les forces innées (Gottlieb, 2014). Nous reviendrons plus loin sur cette convergence (Figure 1).

Le travail de proximité au cœur des espaces vécus prend historiquement au Québec la double figure du « travail de rue » et du « travail de milieu ». L'Agence de la santé et des services sociaux du Saguenay-Lac-Saint-Jean (2009) définit en effet le « travail de rue » comme ressortant d'une « visée davantage individuelle » pour répondre aux « besoins exprimés » des personnes, et « le travail de milieu » d'une « visée davantage collective » en réponse aux « besoins d'un groupe ou d'un milieu » (Agence, 2009, p. 24). Dans ce dernier cas, la cible d'intervention devient le milieu de vie et les projets potentiels que l'on pourrait y développer. En ce qui nous concerne, pour aborder successivement ces deux aspects du travail de proximité du soutien communautaire en habitation, nous parlerons de « l'accompagnement individuel des personnes » et de « l'accompagnement collectif des milieux de vie ».

Mais avant d'aborder le soutien communautaire de l'accompagnement individuel, il est important de prendre le temps de distinguer cet accompagnement des services publics, car le soutien communautaire individuel vise à faciliter l'accès aux services publics, et non de pallier leur absence ou détérioration.

La détérioration de la qualité et de l'accessibilité des services publics est une menace pour le travail de soutien communautaire, car sa fonction est de faciliter leur accès. Voyons d'abord comment des personnes intervenantes rencontrées et le cadre de référence sur le soutien communautaire (Québec, 2022) insistent pour différencier la responsabilité du soutien communautaire de celle des services publics. Les propos suivants traduisent bien ce que nous avons entendu à maintes reprises dans nos entrevues de groupe :

Les intervenants ne doivent pas devenir des travailleurs sociaux et [se faire] domper les responsabilités des intervenants des réseaux. ... Vraiment un rôle d'animation de milieu, de création d'un milieu de vie, la personne en soutien communautaire est dans le milieu de vie On n'est pas dans l'individuel, on est dans le collectif. Il va avoir les yeux et va l'accompagner [la personne locataire] dans les services au lieu de déprimer. Le rôle est de l'amener à aller chercher les services. L'intervention communautaire est un complément au réseau de la santé, on va ramener la personne au service. (Personne intervenante, Montréal)

Le cadre de référence sur le soutien communautaire (Québec, 2022) insiste lui aussi à différencier le soutien communautaire des services publics :

Le SCLSC [soutien communautaire en logement social et communautaire] présente un caractère préventif et favorise une intervention précoce. Il est important de préciser qu'il est distinct des services offerts habituellement par les établissements du RSSS [Réseau de la santé et des services sociaux], mais qu'il les complète. Ainsi, le SCLSC ne vient pas suppléer les services directs aux personnes qui relèvent de la responsabilité des établissements du RSSS, comme les services de soutien à domicile, le suivi intensif dans le milieu, les interventions psychosociales ou le soutien à intensité variable (Québec, 2022, p. 9).

Comme nous le verrons en abordant la question des inégalités sociales en santé, le soutien communautaire d'accompagnement individuel a pour but de permettre aux personnes locataires d'avoir accès aux services auxquels ils ont droit. Cependant, dans le réel, faute de services extérieurs adéquats, les personnes intervenantes en viennent parfois à des activités qui se rapprochent de la prise en charge qui les éloignent de leur mandat de soutien communautaire. Par exemple, une intervenante nous dit :

C'était du suivi intensif au quotidien. Donc la personne qui avait besoin d'aide toutes les semaines, tous les mois, qui avait besoin de se faire appeler, car elle est anxieuse, et là, elle a perdu son intervenante, qui en principe, l'appelle sur une base régulière. Il a comme fallu pallier à ça un peu et cela a paru. (Personne intervenante, Chaudière-Appalaches)

Une autre personne intervenante en soutien communautaire signale combien la détérioration d'accès aux services publics complexifie le travail de soutien communautaire :

Les gens qui ont le plus besoin de ces services-là, souvent ils ont déjà une perte de confiance envers le système qui les fournit ces services-là, parce qu'ils ont vécu déjà un roulement d'intervenants par exemple, ou alors des listes d'attente très longue. Ils développent l'impression que ça sert à rien. ... Puis si je prends les travailleurs du CLSC ..., ils ont toujours un contrôle très fort sur leurs propres fonctions de travail, là. Ils peuvent être en assignation temporaire, là. Ils peuvent se ramasser tout d'un coup avec des dossiers supplémentaires parce qu'un ou une collègue est parti en congé maladie, congé de maternité. Des fois, y a beaucoup d'instabilité Le milieu communautaire n'a pas les ressources pour tout compenser ça. (Personne intervenante, Bas-Saint-Laurent)

Retenons que le soutien communautaire peut jouer son rôle de passerelle vers les services publics ou communautaires en autant que ceux-ci existent et sont accessibles. Leur absence oblige à répondre à des besoins qui ne sont pas la responsabilité du soutien communautaire, ce qui entrave son rôle de facilitateur d'intégration sociale. Définissons maintenant ce soutien communautaire comme un pont d'accès aux services publics ou communautaires.

L'ACCOMPAGNEMENT INDIVIDUEL DES PERSONNES

Le travail d'accompagnement individuel en soutien communautaire se veut un accompagnement

punctuel de personnes locataires selon trois finalités, soit la facilitation d'accès aux services, la meilleure intégration au milieu résidentiel par l'exercice du pouvoir d'agir et l'évitement de la détérioration du milieu de vie comme ensemble résidentiel.

La facilitation de l'accès aux services publics ou communautaires dont la personne a besoin pour son développement ou le maintien de sa santé représente un aspect central de l'accompagnement réalisé grâce au soutien communautaire. À ce titre, le soutien communautaire est un pont :

On est un tiers présent neutre, pour au besoin la guider [la résidente] ou y aller avec elle. [C'est] le rôle du pont entre les besoins et les ressources du milieu, un pont qui peut être proactif. (Personne intervenante, Montréal)

En facilitant l'accès aux services auxquels les personnes ont droit, ce pont contribue à réduire les inégalités sociales en santé. Les populations locataires en logement public (HLM), en habitation communautaire (OSBL - H) et également en coopérative d'habitation (CH) sont en grande mesure des personnes éprouvant la pauvreté ou une vulnérabilité sociale ou culturelle. Comme nous l'avons vu, plusieurs d'entre elles, étant donné leurs faibles ou modestes revenus, sont éligibles au programme de soutien au logement (PSL) ou à une subvention du programme HLM. De plus, cette population subit souvent des processus d'isolement, de marginalisation ou de stigmatisation sociaux :

C'est des gens à faibles ou modestes revenus en général, là, et ça crée d'autres besoins aussi, parce que la pauvreté, ça crée l'isolement beaucoup, ça crée une absence d'accès à beaucoup de ressources, la culture, l'alimentation, les loisirs, donc toute ça, ça devient aussi des besoins des personnes, là, d'avoir besoin de services, de aussi connaître les services de leur communauté environnante, pis de s'intégrer parce que je pense que comme je disais tantôt un des principaux problèmes en situation de pauvreté, c'est l'isolement. (Personne gestionnaire, Capitale-Nationale)

Comme le souligne la Chaire sur les inégalités sociales en santé de l'Université de Montréal (Chaire, 2023), les populations vulnérables rencontrent beaucoup plus de barrières d'accès aux services sociaux et de santé que le reste de la population alors qu'elles ont le plus besoin de ces services. Les pratiques de soutien communautaire cherchent à répondre à ce paradoxe en mettant les locataires éprouvant des difficultés en contact avec les services, les programmes et les ressources pouvant les aider.

Cette mise en lien avec les services passe par l'établissement d'un lien de confiance. Comme le souligne une personne intervenante de l'Outaouais, le soutien communautaire veut dire avoir « des références, beaucoup de références » et mettre les personnes « en contact avec un intervenant du CLSC ou d'un organisme communautaire », et il sous-entend la présence d'un lien de confiance. Or, comme nous le dit cette personne intervenante :

C'est pas simple faire confiance, c'est vraiment pas simple. ... Les amener à comprendre qu'est-ce que l'intervenant du réseau peut faire, c'est quoi son rôle, puis des fois de les accompagner dans ça pour vraiment l'aider [la personne] à se faire confiance ou [faire confiance] à l'intervenant. (Personne intervenante, Outaouais)

L'accompagnement individuel vise également la meilleure intégration possible au milieu résidentiel. La personne intervenante que nous venons de citer fera valoir qu'elle intervient auprès de personnes locataires pour les aider à « créer des liens sécurisants » avec leur voisinage, à « trouver des solutions à leurs problèmes », à briser leur isolement, à « prendre la parole en groupe », à « exprimer leurs idées ou leurs besoins », ou encore à organiser ou participer à des activités telles que « prendre l'autobus ensemble pour aller voir un film ». Ces actions se déclinent à divers niveaux sous la forme d'agentivité et de pouvoir d'agir accrus. Mais au-delà du quotidien, ajoute cette personne, ce sont parfois des besoins auxquels il faut répondre dans l'urgence, des besoins « plus au niveau de la santé mentale : les aider à recadrer des perceptions ou des délires ou des... Ça peut aller jusqu'à la psychose, des idées suicidaires ou des choses comme ça ». Il peut s'agir également de répondre à « des besoins physiques très concrets : la personne a eu une rechute de jeu, puis là ... elle n'a pas d'argent »; une autre personne a besoin de « faire des ententes de paiements de loyers parce [qu'elle] n'a pas pu payer son loyer ».

Dans ces exemples d'aide à la personne, il est important de comprendre que ces interventions visent également à éviter la détérioration du milieu de vie de l'ensemble des personnes qui occupent cet espace résidentiel. Il s'agit ici de la troisième finalité que nous identifions au travail d'accompagnement individuel de soutien communautaire. En présence de problèmes de sécurité, de santé mentale ou de relations, l'accompagnement de la personne locataire devient du même coup une intervention pour préserver ou développer la qualité du milieu de vie de l'ensemble des personnes partageant l'immeuble ou le complexe d'habitation. Toutefois, tel que nous le dit une autre personne intervenante, il est important d'éviter le surnombre de personnes avec des problèmes spécifiques, ce qui pourrait avoir lieu en certains endroits où se côtoient une diversité de problématiques contribuant à accroître la complexité :

C'est qu'il y a une pression de plus en plus pour desservir des gens avec des besoins spécifiques, des fragilités particulières. Tout ça finit par colorer aussi le type de milieu de vie qu'on construit, l'environnement social des gens. ... Si t'as une personne qui a un peu de la misère avec ses relations dans un immeuble de trente logements où la plupart sont quand même capables de faire la part des choses, pour intervenir un petit peu, ça va bien aller. Mais si la moitié du monde ont toutes chacun leur petite obsession ..., là, l'ambiance se dégrade et tout le monde le sent. Puis même les gens qui normalement iraient bien finissent par faire, « Voyons c'est donc ben pas un bon milieu dans lequel je vis ». Fait que le moral décline, puis là l'effort d'empathie décline. Fait que ça fait un cercle vicieux. Fait que finalement tu es obligé d'y mettre beaucoup d'énergie pour remettre la qualité de vie dans ton milieu. (Personne intervenante, Bas-Saint-Laurent)

Cette conscience de l'interdépendance entre la qualité des milieux de vie et le bien-être des personnes locataires est un trait distinctif de la pratique du soutien communautaire, d'où la place centrale en son sein de l'intervention collective.

L'ACCOMPAGNEMENT COLLECTIF DES MILIEUX DE VIE

Nous définissons la dimension collective de l'intervention de soutien communautaire sous deux aspects : il s'agit d'abord d'une action dans les milieux de vie ordinaires des personnes locataires

pour en faire des lieux favorables à l'exercice du pouvoir d'agir par la stabilité résidentielle; ensuite, pour atteindre ce but, il s'agit d'établir des stratégies de création du lien, de formation des acteurs et de soutien à la participation sociale et à l'action citoyenne.

La production de milieux de vie favorables à l'exercice du pouvoir d'agir par la stabilité résidentielle

Une lecture minimaliste des pratiques de soutien communautaire posera la stabilité résidentielle comme le fait pour une personne de conserver son logement le plus longtemps possible. Toutefois, comme le propose le Réseau québécois des OSBL d'habitation (Dion, 2019), la stabilité résidentielle se lie à une finalité individuelle et collective *d'empowerment*, d'inclusion et de participation sociale. Pour le soutien communautaire, la stabilité résidentielle répond à « la nécessité de soutenir collectivement des personnes vulnérables ou qui risquent de le devenir pour leur permettre de demeurer dans un milieu de vie de leur choix, de maintenir ou d'améliorer leurs capacités ou d'éviter une détérioration de leur situation » (Dion, 2019). Le développement du pouvoir d'agir fait référence au renforcement des capacités par la valorisation de l'estime de soi, le développement de compétences, le soutien à la participation et la conscience critique (Ninacs, 2003).

Le soutien communautaire intervient dans des milieux de vie comprenant souvent des personnes en situation de vulnérabilité. Le défi est d'agir pour que ces milieux deviennent des environnements capacitants (Sen, 1999) plutôt que stigmatisants. Si l'accès à un logement social ou communautaire qui soit abordable constitue une mesure adéquate pour lutter contre les processus sociaux d'exclusion, il convient d'éviter que ces ensembles habités renvoient à « un milieu social marginalisé, peu visible et peu audible » (Demoulin et Morin, 2016) ou à un lieu stigmatisé et stigmatisant (Morin et Rori, 2007). Pour contrer ces processus possibles de marginalisation, le soutien communautaire vise la production de milieux de vie favorables à l'exercice du pouvoir d'agir, au bien-être et à la santé par la stabilité résidentielle et le développement global des personnes habitant et interagissant dans ces milieux. Après des locataires, il s'agit de créer des liens, un sentiment d'appartenance et un vivre-ensemble positif :

Désaffiliation—y a énormément de personnes qui ont pas de réseau. ... Les gens sont souvent très désaffiliés. [Le] soutien social, c'est de créer un sentiment de communauté, de rebâtir ça et ... jouer sur tous les aspects : physiques, mentales, dépendances, la COVID ... Avec l'isolement, y a de plus en plus de surdoses, plus d'isolement, [un] changement des habitudes de consommation. ... Le soutien social a la capacité de créer du lien social, vient à créer de espaces favorables à la santé mentale saine, par rapport à l'isolement ..., la détresse psychologique... Les gens sont si différents. L'hétérogénéité des milieux, ils ont en commun la pauvreté mais toutes sortes de trajectoires de vie. C'est difficile le vivre ensemble, côtoyer en ayant eux-mêmes à trouver des habiletés. Les liens de voisinage sont pas faciles. (Personne intervenante, Montréal)

Les milieux de vie peuvent ainsi devenir des environnements capacitants au sens de Nussbaum (2008), c'est-à-dire, agissant comme facilitateurs, et non entraves, à l'expression et au maintien des capacités relationnelles et collectives des personnes. Cette production de milieux de vie favorables par la stabilité résidentielle, au sens d'inclusion et de participation sociales, nous amène à

définir ces pratiques comme des pratiques de promotion de la santé et de prévention et à les lier à la théorie critique de la justice sociale de Nancy Fraser (2011).

Le soutien communautaire renvoie à des pratiques préventives plutôt que curatives. Ces pratiques, dirons-nous, tiennent du domaine de l'éthique du *care*, relatif à la vie ordinaire, plutôt que du *cure*, relatif aux soins curatifs et à la guérison (Brugère, 2022). Travailler à l'amélioration des milieux de vie empêche la détresse psychologique, d'autant plus si le voisinage doit composer avec des situations difficiles qui menacent la cohésion du milieu résidentiel :

L'autre chose, c'est des milieux qui s'animent pas par eux-mêmes. Si on pense aux personnes âgées, les bénévoles y en a de moins en moins, pas beaucoup de relève. Il finit par ne plus y avoir d'animation, ce qui entraîne une détresse psychologique. Le réseau de la santé a vécu des transformations ..., les besoins sont beaucoup plus grands que ce que les services peuvent remplir. Des gens n'ont pas de services et les voisins, le milieu lui-même, doit subvenir. ... En logement social, y a des personnes avec profils santé mentale [qui] sont sans appui particulier. C'est assez exigeant pour les voisins. (Personne intervenante, Montréal)

L'intervention ne peut alors en rester à l'échelle individuelle, mais passe souvent nécessairement par la création de liens de confiance, car l'objectif est la dynamique collective du milieu de vie :

Y a vraiment de quoi qui doit se travailler au niveau de la dynamique de groupe, à l'intérieur d'un bâtiment, pis ça peut prendre différentes formes ..., mais y doit y avoir quand même une mécanique pour gérer cette dynamique-là, collective, surtout quand on est avec des gens qui ont des profils plus vulnérables, qui sont dans une dynamique de pauvreté, qui peuvent avoir des problématiques comme justement santé mentale, dépendance, encombrement—t'sais, nommons-les. (Personne gestionnaire, Capitale-Nationale)

Le *care* représente la « construction ou la réparation des capacités propres à un individu ou à un groupe social » (Brugère, 2022, p. 52), ce qui correspond également aux visées du soutien communautaire, c'est-à-dire, à l'inverse des processus d'exclusion, de créer des cercles de liens sociaux collaboratifs et valorisants. Le terrain référentiel d'intervention est le milieu ordinaire de vie. L'action, elle, se veut proactive, en amont des problèmes, dans une perspective de promotion et de prévention, de façon à éviter les situations de crise, de judiciarisation ou d'expulsion résidentielle. L'optique intégrée est celle de la promotion-prévention. Il s'agit de saisir une situation de fragilisation résidentielle pour créer à sa place une interaction inclusive et valorisante.

Si nous définissons le soutien communautaire en fonction de pratiques de promotion-prévention, il est avantageux de lier ces pratiques à la théorie critique de la justice sociale de Fraser (2011), qui est déjà présente dans notre devis de recherche (Lapierre et al., 2024). Selon des mesures socialement correctives ou transformatrices, il s'agit alors de lutter autant contre les situations d'injustice économique et culturelle que d'injustice politique (Lapointe, 2020). À ces injustices, la réponse demande la redistribution économique, la reconnaissance culturelle et la représentativité politique. Qu'en est-il pour le soutien communautaire? Du point de vue économique, les pratiques

de soutien communautaire sont parties prenantes d'un parc de logement social et communautaire qui permet l'offre d'un logement abordable, selon les revenus des personnes locataires, ce qui tient de mécanismes correctifs de redistribution de la richesse collective vers des personnes en processus d'appauvrissement. Du point de vue culturel, le soutien communautaire lutte pour la reconnaissance des personnes, car il vise la production de milieux de vie non stigmatisés qui sont favorables à l'exercice du pouvoir d'agir individuel et collectif, au bien-être, à la qualité de vie et à la santé, au moyen de la stabilité résidentielle et du développement global des personnes. Du point de vue politique, le soutien communautaire a le mandat d'appuyer les instances démocratiques représentatives des personnes locataires. Nous pensons ici aux associations de locataires et aux comités consultatifs des résidents (CCR) dans les immeubles à loyers modiques, aux comités de locataires dans les habitations communautaires (OSBL-H) et aux conseils d'administration composés de personnes locataires dans les coopératives d'habitation.

En encourageant les échanges et les délibérations, ces structures associatives et représentatives favorisent l'émergence de visions partagées qui dépassent les intérêts particuliers et autorisent le développement de capacités d'action en commun. À ce titre, Fraser (2011) présente le concept d'espaces publics alternatifs ou subalternes. Ces espaces associatifs et discursifs permettent de développer de nouvelles représentations sociales valorisantes de soi. Comme l'indique Ferrarese dans l'introduction au livre de Fraser, « Les espaces publics sont également des lieux où s'expriment et se forment les identités sociales », des « arènes publiques discursives » où « les identités sociales se construisent, se déconstruisent et se reconstruisent » (Ferrarese dans Fraser, 2011, p. 9). Pour faire du logement social un réel outil d'inclusion et de justice sociale (Lapierre et al., 2022), il importe que leurs lieux résidentiels permettent aux personnes locataires de créer des représentations positives de soi à l'abri des stigmates sociaux. Sur ces reconstructions identitaires, une personne intervenante dit :

Ils réussissent à venir avec nous autres au musée et à développer les qualités de locataire en logement social. Il y a vraiment une question d'identité là-dedans. Ils changent d'identité. Je ne sais pas comment ..., mais il y a un rôle social qui se développe. Par la suite, quand la personne s'en va dans sa famille à Noël, ben là elle a quelque chose à dire. Le beau-frère fait pas juste dire « Oh toi tu fais rien dans la vie ». Ben non, il est président de l'association des locataires ou il est représentant des locataires ou il participe à une collective. Il y a un regard chez la famille qui change chez la personne. C'est vraiment quelque chose d'important qui est pour moi essentiel dans mon travail. (Personne intervenante, Outaouais)

D'un point de vue collectif, le soutien communautaire peut avantageusement se comprendre en lien avec la théorie critique de la justice sociale de Fraser, notamment sur les plans culturels et politiques. Il procède d'une volonté de produire des milieux de vie propices à des dynamiques de reconnaissance et de représentativité, libératrices d'identités positives de soi, donc d'une promotion de milieux de vie favorables au pouvoir d'agir. De même, il importe de placer ces pratiques du côté de la prévention, c'est-à-dire d'une action sur les milieux de vie, pour empêcher l'aggravation de

facteurs de risque et de détérioration afin qu'à l'inverse ces milieux deviennent des lieux d'interactions collaboratrices ouvertes à l'inclusion et à la participation sociale.

Voyons maintenant, à travers trois principes d'intervention, comment l'accompagnement collectif en soutien communautaire, en dynamisant les milieux de vie, encourage la création de liens collaboratifs de voisinage ou de participation sociale comme stratégie d'un prendre soin des personnes.

TROIS PRINCIPES D'INTERVENTION: LA CRÉATION DU LIEN, L'AGENTIVITÉ DES PERSONNES ET LA PARTICIPATION SOCIALE ET CITOYENNE

Si le soutien communautaire collectif tient d'une finalité de production de milieux de vie favorables au bien-être et à la qualité de vie par la stabilité résidentielle, il convient maintenant de dégager, à partir des propos des personnes intervenantes rencontrées, les moyens envisagés pour atteindre cet objectif. Trois stratégies d'action nous semblent significatives pour produire ces milieux de vie favorables, soit : mettre les personnes en lien, les situer comme acteurs de leur vivre ensemble et les former à la participation sociale et citoyenne pour renforcer les capacités de ce vivre ensemble.

La création de liens : vecteur du sentiment d'appartenance

La création des liens entre les personnes locataires est, pourrions-nous le dire, la stratégie principale pour créer des milieux de vie favorables à la santé et au développement, par les synergies qu'entraîne un sentiment d'appartenance. Il s'agit de favoriser ces liens à diverses échelles—par exemple, celle de petits groupes et celle de groupes entre eux—et stimuler ainsi la connexion sociale afin de constituer un relationnel protecteur des personnes :

On va faire toutes nos petites bulles, et on va faire nos autres activités pour que vraiment ils viennent créer un lien « tout le monde ensemble » pour que ça fasse une unité. Pour que, quand il y en a un qui file pas, ben y a une relation, donc les autres s'en aperçoivent, descendent au bureau, viennent m'en avertir. Après, c'est moi qui vais aller faire l'intervention pour savoir ce que ça prend comme soutien, mais on essaie de tout mettre ça ensemble, une grosse famille, pour que chacun se sente à sa place. On fait tous un p'tit quelque chose pour qu'ils se sentent utile—selon leurs capacités, bien évidemment, mais c'est plus ça qu'on priorise. (Personne intervenante, Chaudière-Appalaches)

Cette personne intervenante insiste de plus que le lien à créer prend pour base l'utilité de la personne, plus précisément le sentiment qu'elle a d'être utile et d'avoir sa place dans l'ensemble. Nous verrons plus loin qu'induire cette posture d'acteur chez les personnes locataires constitue un objectif central du soutien communautaire.

Il y a donc cette idée de créer des activités pour engendrer un lien d'appartenance afin qu'une personne ne soit pas isolée et, en cas de besoin, afin qu'elle puisse bénéficier d'un accompagnement et au bout du compte retrouver sa place dans l'ensemble. Mais un processus inverse est possible aussi, lequel consiste à bâtir des liens autour d'une personne fragilisée :

Prendre une marche avec les personnes au lieu de faire la fameuse rencontre de crise de résolution de problèmes dans mon bureau—je vais marcher avec la personne. Puis là,

oups, on croise un autre locataire, puis là on parle ensemble Son voisin il arrive, puis ça lui arrive à lui aussi d'avoir des idées paranoïaques, de vivre de l'insécurité. Après ça, mon rôle devient « C'est ben moins lourd pour moi ». La communauté va aider la personne avec cette paranoïa-là. Il se développe un réseau de soutien supplémentaire. (Personne intervenante, Outaouais)

Cette personne intervenante utilise sciemment l'espace ordinaire et informel du milieu de vie pour effectuer son intervention avec intention, et simultanément, pour renforcer ce milieu de vie dans ses capacités relationnelles. L'intervention, en raison du choix de lieu, est en même temps une aide à la personne et une contribution à la production d'un milieu de vie solidaire. Le milieu de vie, au moyen de ses capacités relationnelles, devient un espace collectif plus apte à faire augmenter le bien-être, la qualité de vie et la santé. Et encore là les personnes locataires, grâce aux liens produits et vécus entre elles, sont amenées à jouer des rôles de partenaires dans les dynamiques plutôt que de bénéficiaires.

Rejoindre les personnes dans leur milieu de vie ordinaire, en suscitant des occasions de rencontre, renforce la cohésion de ces milieux de vie. À ce titre, une autre personne intervenante dit :

Pour moi, [avec] le soutien communautaire ..., on rejoint des personnes dans leurs milieux, à leur rythme, de différentes manières, en offrant des occasions de rencontre, de les brancher aux ressources, de les accompagner. (Personne intervenante, Montréal)

Il s'agit de créer des liens, et ce, au sein même des milieux de vie. Il faut relier les personnes aux ressources dont elles ont besoin, mais également aux personnes ou groupes formant leur milieu de vie. Brancher les personnes aux ressources peut se lire également selon un horizon progressif de participation sociale :

Il faut inclure le collectif dans nos interventions individuelles Mon rôle, c'est pas de faire de l'intervention individuelle, c'est de faire juste du collectif. Mais je pense que ça prend un équilibre. Je peux pas faire du collectif si la personne a faim. ... On va accompagner la personne à répondre à ce besoin primaire là, puis par la suite on l'invitera à participer au collectif. (Personne intervenante, Outaouais)

Les deux objectifs sont interreliés. Il y a un besoin de combler les besoins particuliers de la personne, ce qui permettra d'établir un lien de confiance et l'expression particulière de soi dans des activités collectives :

L'importance de l'invitation, l'importance d'accueillir la personne dans ses besoins puis de l'emmener tranquillement vers des activités plus collectives, et après ça de l'emmener à participer—pas juste consommer l'activité, mais participer. (Personne intervenante, Outaouais)

La production du lien social est au centre du soutien communautaire. Nous pouvons même faire valoir que la préoccupation de répondre aux besoins individuels de la personne et d'établir une relation de confiance avec elle est importante pour entraîner cette personne, selon ses désirs, dans

des participations plus collectives. Les personnes locataires engendrent ainsi un milieu résidentiel de vie favorable au bien-être, à la qualité de vie et à la santé, par la stabilité résidentielle et le développement global des personnes.

L'agentivité des personnes

Un autre trait des pratiques de soutien communautaire auprès des milieux résidentiels de vie est, dans l'accompagnement, de poser les personnes locataires actrices de leur développement par le développement de l'agentivité, issue du renforcement du pouvoir d'agir. C'est pourquoi on parle davantage d'accompagnement (Lapierre, 1999) que d'aide pour rendre compte des interventions de soutien communautaire. Dans la mesure du possible, le « devenir acteur » de la personne locataire (son agentivité) est ce que vise le soutien communautaire par le renforcement et le développement du pouvoir d'agir et sa nécessaire mise en action (Le Bossé, 2012) :

On essaie de nourrir le lien ensemble, de les remettre en marche pour qu'ils deviennent des acteurs—parfois, une association de locataires—pas de faire à la place mais de les aider à faire des choses, en partant de leurs milieux. (Personne intervenante, Montréal)

On voit là encore que c'est à partir de leurs milieux de vie que ce rôle d'acteur peut se développer. Le « devenir acteur » requiert des espaces où s'impliquer, être et apparaître. L'agentivité de l'action doit revenir aux personnes locataires et non à l'intervention du soutien communautaire. Ainsi, les personnes locataires ont à s'approprier elles-mêmes les activités, les projets et les lieux de socialisation. Avec la finalité du « devenir acteur », on passe du statut de personne aidée au statut de personne actrice, collaboratrice, créatrice de liens :

J'ai des expériences vraiment bénéfiques [où] les gens réussissent à changer de rôle de malade ou ... de personne défavorisée. Quand ils changent de rôle, ils commencent à participer. Puis là on les voit commencer à participer dans les activités puis à s'intégrer tranquillement, dans l'organisme d'abord, puis par la suite dans leur famille, puis ailleurs. Pour moi, ça, c'est vraiment quelque chose qui est essentiel dans le soutien communautaire. (Personne intervenante, Outaouais)

Cette préoccupation de poser et soutenir l'agentivité en formant les personnes locataires comme actrices des projets auxquels elles participent devient la source de l'intégration sociale et, au bout du compte, de la participation sociale et citoyenne. Cette expérimentation de soi comme actrice du milieu résidentiel de vie peut ensuite se transférer dans d'autres sphères de la vie.

Le soutien à la participation sociale et à l'action citoyenne

La finalité de devenir acteur dépasse la perspective individuelle. Elle est éminemment collective et relationnelle. La participation des uns motive celle des autres, les échanges deviennent ainsi possibles, de même que les espaces de réflexivité et d'action en commun. L'auto-activation des milieux de vie requiert l'émergence et la formation de leaders :

Les locataires eux-mêmes, dans leur volonté de s'impliquer, sont aussi importants. Mettons, petit immeuble de douze ... Ce leader est important pour soutenir les autres lo-

locataires dans leur implication, il devient aussi le motivateur pour les autres locataires : les faire émerger, les soutenir et en trouver d'autres, s'ils s'en vont. C'est un enjeu de trouver les leaders et de les former. (Personne intervenante, Chaudière-Appalaches)

La production de milieux de vie favorables à la connexion sociale demande d'éviter que des groupes se ferment sur eux-mêmes et empêchent d'atteindre une cohésion plus globale. Il s'agit de trouver les points d'appui à des échanges capables de projets inclusifs et d'une participation sociale et citoyenne poursuivant le bien commun. Pour cela, il faut des leaders capables de perspectives plus englobantes :

On va réussir très souvent à aller chercher des leaders qui vont se remettre en action et créer une association, ça va dynamiser le milieu. ... Penser au-delà des clivages, des sous-groupes, des cliques, ça aussi ça fait partie du vivre ensemble. Ça prend un gros travail d'accompagnement pour renverser ces dynamiques-là. ... [Des] citoyens à part entière qui continuent à faire partie, qui sont intégrés et pas en marge, ça peut se faire. On parle beaucoup de participation citoyenne : tout ce qu'on va faire, ça va les garder intégrés à la société. (Personne intervenante, Montréal)

L'accompagnement de soutien communautaire aide les personnes pour qu'elles puissent assumer de nouveaux rôles et de nouvelles expressions de soi et pour qu'elles puissent développer des compétences démocratiques et collaboratives. L'idée est d'habiliter les personnes locataires pour faciliter leur expression, leur collaboration et leur organisation collective :

On fait un café-rencontre qui est collectif encore une fois où là les gens vont choisir eux-mêmes la thématique. Puis ils peuvent soit animer ou coanimer le café-rencontre. Donc là, moi, je les habilite plus au niveau de l'animation, au niveau de l'organisation et de l'animation. (Personne intervenante, Outaouais)

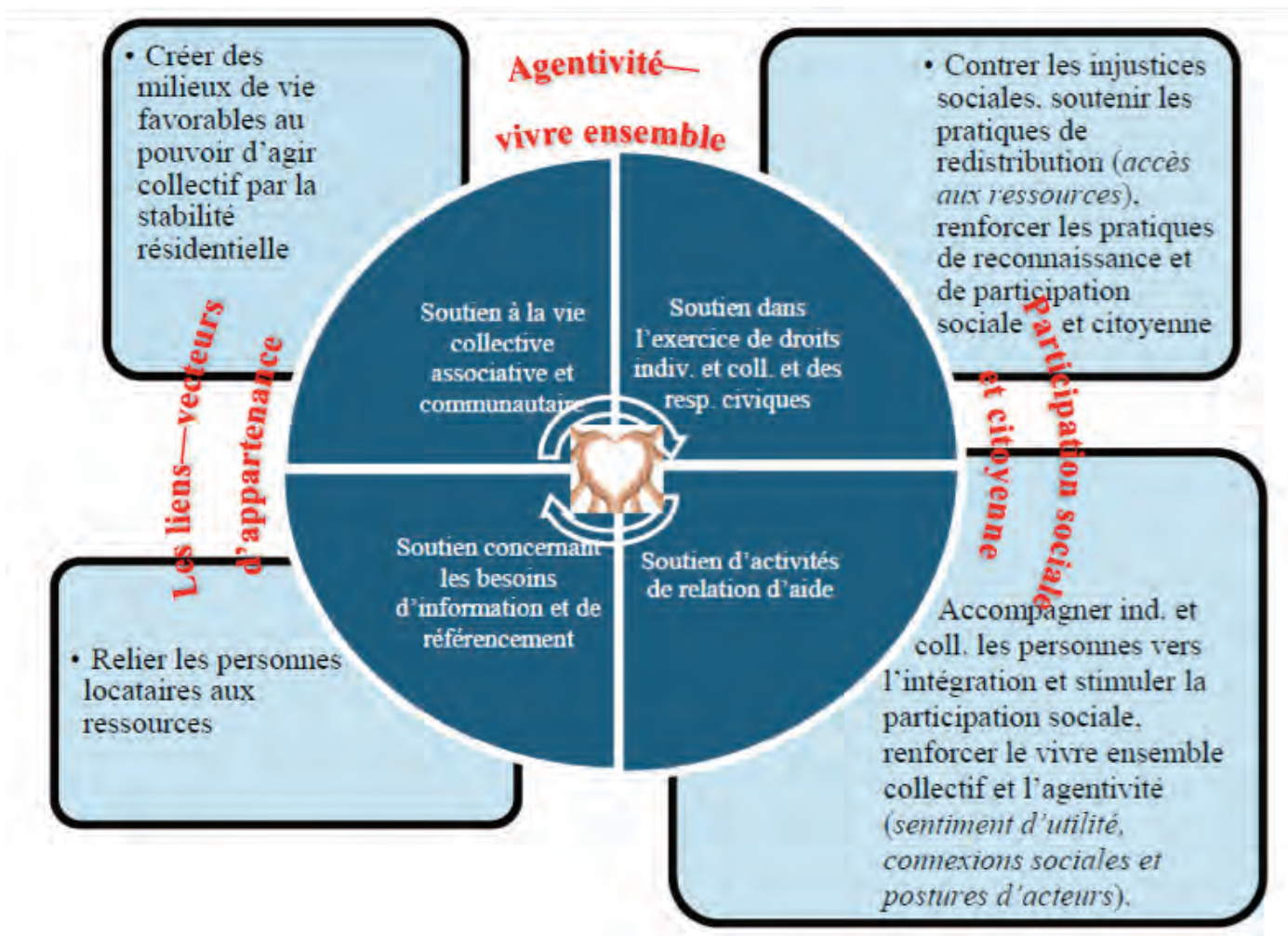
Dans la perspective des propos analysés, nous voyons somme toute que favoriser la participation citoyenne correspond à favoriser la création de liens de partenariat et d'encouragement des personnes locataires afin que celles-ci deviennent les actrices de leur développement. La visée est de fonder un relationnel actif entre les personnes locataires, de les épauler pour qu'elles puissent devenir actrices de participation sociale et citoyenne capables de jouer des rôles de facilitation dans des dynamiques de groupe, d'action ou de réflexion collectives. Dans l'approche collective de soutien communautaire, on perçoit les personnes accompagnées comme se réappropriant la capacité d'agir sur leur milieu de vie afin d'en faire un lieu favorable au bien-être, à la qualité de vie et à la santé et au développement tant individuel que collectif. À vrai dire, si le soutien communautaire agit comme pont entre les personnes locataires et les services publics ou communautaires, il vise également à produire des liens entre les personnes locataires pour assurer le bon voisinage tout en préservant ou développant les capacités relationnelles et partenariales des milieux de vie. La stabilité résidentielle offerte en logements subventionnés avec des services de soutien communautaire permet de créer des milieux de vie qui sont des sources de valorisation et de connexions sociales diversifiées à différents niveaux et de reconnaissance positive de soi, et ce, tant au niveau individuel que collectif.

CONCLUSION

Dans ce texte, nous avons défini le soutien communautaire d'accompagnement individuel et collectif en le rattachant à la théorie de la justice sociale de Nancy Fraser, à l'éthique du *care* et au développement du pouvoir d'agir de même qu'à la stabilité résidentielle. Cette dernière, on peut la comprendre grosso modo comme un soutien collectif à des milieux résidentiels de vie pour permettre aux personnes qui y habitent de « maintenir ou d'améliorer leurs capacités ou d'éviter une détérioration de leur situation » (Dion, 2019).

Pour synthétiser notre travail, illustrons-le dans un schéma où, à partir du nouveau cadre de référence sur le soutien communautaire (Québec, 2022, p. 10–11), nous plaçons les quatre grandes catégories descriptives des activités du soutien communautaire au centre, en bleu, pour ensuite les traduire en fonction de nos développements à partir de l'analyse de propos de personnes intervenantes et gestionnaires extraits de nos entretiens de groupe.

Figure 1 : Perspective synthèse d'un soutien communautaire d'accompagnement à la production de lieux résidentiels de vie favorables au maintien, ou à la non-détérioration, des capacités des personnes locataires en logement social ou communautaire.



Source : Lapierre, J. et Caillouette, J. (2024).

Les pratiques de soutien communautaire en logement social et communautaire (PSCLSC) avec les personnes locataires participent d'un travail de proximité qui intègre autant des dimensions d'accompagnement individuel que collectif, dans un but d'inclusion et de justice sociale ainsi que de développement du pouvoir d'agir et de stabilité résidentielle.

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Systematic Integrative Narrative Review on Community Support Practices and Outcomes in Social and Community Housing

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ABSTRACT

This systematic integrative review provides a unique pioneering perspective on community support practices in social, community, and cooperative housing, improving our understanding of the practice and its outcomes. Two research questions guided this work: 1) What are the community support practices in social and community housing serving individuals in the context of socioeconomic deprivation in permanent housing structures? And 2) What are the outcomes of the community support practices in social and community housing? Studies describing and/or reporting on outcomes of community support practices in social and community housing (psychosocial, economic, and health/mental health) were included from the journals' inception to September 2022. A total of 42 studies were included in the systematic review, of which 20 were qualitative, 14 quantitative, and eight mixed-method studies. Of them all, 34 studies reported on public housing, four on community housing, and four on cooperative housing. Results inform practitioners and decisionmakers on issues related to

community practices in permanent supportive housing and their outcomes in relation to tenure orientations and potential impact. Community practice workers are pillars in housing settings who provide bridging, bonding, and linking that builds social capital in adverse conditions. This review provides insight into innovative research avenues in this domain, while bringing to the forefront the fundamental challenges of individual support pathways to collective empowerment, increased health needs, and unequalled peer-tenant support engagement, as well as their precarious conditions.

RÉSUMÉ

Cette revue systématique intégrative offre une perspective pionnière unique sur les pratiques de soutien communautaire dans les logements sociaux, communautaires et coopératifs, améliorant notre compréhension de ces pratiques telles qu'elles ont évolué et de leurs divers impacts rapportés ou mesurés. Deux questions de recherche ont guidé notre travail : Quelles sont les pratiques de soutien communautaire en logements sociaux et communautaires destinées aux individus en situation de précarité socioéconomique au sein de structures de logements permanents ? Quels sont les impacts des pratiques de soutien communautaire en logements sociaux et communautaires ? Les études décrivant et/ou rapportant les impacts (psychosociaux, économiques, et de santé/santé mentale) des pratiques de soutien communautaire en logements sociaux et communautaires, à partir de la création de chacune des revues ciblées, jusqu'en septembre 2022 ont été considérées. Un total de 42 études a été inclus dans la revue systématique, dont 20 étaient qualitatives, 14 quantitatives et 8 utilisaient des méthodes mixtes. Parmi elles, 34 études portaient sur le logement social, 4 sur le logement communautaire et 4 sur le logement coopératif. Les résultats renseignent les praticiens et les décideurs sur les questions liées aux pratiques communautaires au sein de logements permanents et sur leurs résultats en relation avec les orientations des différents types de tenure et leur impact potentiel. Les intervenants en soutien communautaire sont des piliers dans les milieux de vie, créant des liens sociaux dans des conditions d'adversité par le biais de liens relationnels, d'attachement et instrumentaux. Cette revue narrative offre un aperçu de nouvelles avenues de recherche dans ce domaine, tout en mettant en avant les enjeux fondamentaux liés au passage des pratiques individuelles de soutien à des processus d'autonomisation collective, aux besoins accrus en santé et à l'engagement incomparable des pairs locataires, mais aussi à leur précarité.

Keywords / Mots clés : subsidized permanent supportive housing, social housing, community housing, coop housing, community support practice / logement subventionné permanent, logement social, logement communautaire, logement coopératif, pratique de soutien communautaire

INTRODUCTION

The literature on community practices, in general context, is extensive. However, the literature on community support practices in permanent subsidized housing is lacking specificity and clear definitions. There are many intervention contexts or housing tenures, and many practitioners focus on a diversity of objectives. In the domain of supported housing, there is need to delineate what is community support practice in social and community housing as a specific psychosocial preventative

strategy with its psychosocial, economic, and health/mental health outcomes of empowerment, self-determination, social participation, citizen participation, and social capital.

BACKGROUND

At the outset of this review in 2021, the Canadian province Québec undertook a revision of its policy frame of reference on community support practices in social housing; the review was completed in 2022 (Government du Québec, 2007, 2022a). In addition, a recent government policy on prevention identifies affordable housing as one of its ambitious targets (Gouvernement du Québec, 2022b). Approximately 35,000 Canadians experience homelessness on any given night (Gaetz et al., 2016, as cited by Buck-McFadyen, 2022), not including the “hidden homeless,” which adds another 50,000 to this estimate (Canadian Observatory on Homelessness, 2013). The current crises in housing and mental health call for more research on what constitutes community support practice in housing and how it impacts housing policy and programs nationwide. Equity and poverty reduction are major theoretical drivers of our social policies. The literature on community practices, in general, is rather extensive but there is a lack of literature focusing specifically on community support practices in social and community housing. Many intervention contexts or housing tenures and practitioners focus on a diversity of objectives, with a global aim of housing stability and increased social participation in small to large democratic spaces. Supportive housing has traditionally served specific vulnerable groups such as the homeless and marginalized mental health subgroups. However, there has been a rather large development of housing projects in the last 20 years, with a shift from social and community to cooperative housing. It represents a societal social justice (Fraser, 2001) strategy for the redistribution of wealth, with social and environmental values and with the guiding principles of recognition and participation. The societal benefits of such a strategy are economic, cultural, social, and health. These social justice returns collectively create health gains with impacts on several determinants that contribute to reducing social inequalities in health and put human capital at the forefront.

However, this approach lacks social and professional recognition, mainly due to a lack of data, heterogeneous activities, lack of coordination, and a diversity of actors. Furthermore, there is little data on the impact and effects of such an approach since most studies are descriptive and specific or qualitative in nature. This approach is indeed currently more place-specific than systemic across buildings, regions, and provinces. The very nature of its deployment, diversity of levers, and different levels of interventions (personal, collective, community) make it a methodological challenge in health promotion, social intervention, implementation science, and evaluative research. Very often, the frontiers of community support practices with home care and clinical support to marginalized and vulnerable populations is unclear. This is partly due to the increasing physical needs of aging tenants, for example, or the diversity of needs of young immigrant families. Many tenants are clients of different services at home. Studies tend to report on health and social programs and not specifically on community support practices housing practitioners. The paradigm of community support practice in social and community housing is guiding practitioners toward a more global psychosocial preventative strategy aimed at empowerment, self-determination, social participation, citizen participation, and social capital. This review contributes to elucidate what constitutes community support practices in social and community housing and documents its psychosocial, economic, and health/mental health outcomes.

DESCRIPTION OF COMMUNITY PRACTICES

Community support practice in social and community housing is preventive in nature and promotes early detection and intervention and, more specifically, mobilization of individual and collective strengths, therefore showing great alignment with community development and a strengths-based approach (Rothman, Erlich, & Troman, 2001; Gottlieb, 2013). The Québec provincial framework recognizes the shared responsibility of the health and social services and housing networks with respect to their common clientele living in social and community housing. Drawing on the values of social solidarity and mutual aid, the framework introduces pillars of territorial intervention including consultation at all levels, flexible intervention, ability to adapt to the realities of each territory and maintain respectful autonomy of community organizations, and the inclusion of essential partners in establishing community support (Gouvernement du Québec, 2007, 2022a). Community support for social housing consists of specific practices and interventions complementary to the services of the health and social services network and to social and community housing programs. It is defined as various individual and collective actions aimed at social support and community housing tenants.

Community support covers a set of actions that can range from a warm welcome to a referral, including support with public services, management of conflicts between tenants, intervention in a crisis, management of the lease, ad hoc support, support for the tenants' committee and other committees and the organization of community activities. In fact, the notion of community support refers to "... what comes under the social support of individuals and/or groups." (Gouvernement du Québec, 2022a, unofficial translation, p. 8).

These are services and practices offered within the living environment. In this way, community support practice contributes to preventing the aggravation of problems among people in a situation of social insecurity and promotes individuals' social integration into the community. Québec's revised policy framework estimates that community support practices meet global needs, which are: 1) the need for quality and affordable housing; 2) the need for support, socialization, breaking social isolation, or improving people's living conditions and cohabitation; 3) the need to facilitate gateways to services; 4) the need for a quality living environment with social affiliation; and 5) the need for involvement, mobilization, and social participation. Intersectoral and concertation are essential tools of the community support worker. Theoretically, the proposed aims of this "home" support are: individual and collective empowerment; improved living conditions and quality of the social and community environments; creation and maintenance of social ties; residential stability of tenants in difficulty and at risk of instability; social and civic participation; prevention of social problems or health problems; facilitation of access to public and community services; and reduction in the use of emergency services and public accommodation (Gouvernement du Québec, 2022a). This systematic review contributes to the understanding of community support practices by examining their pragmatic and evidence-based outcomes concerning the proposed psychosocial, economic, and health/mental health outcomes.

INTEGRATIVE REVIEW RESEARCH QUESTIONS

Two research questions led the process: what are the community support practices in social and community housing? What are the outcomes of impact of the community support practices in social

and community housing? The authors aimed to describe and document the impact of the community support practices in social and community housing on selected outcomes. Given the current state of scientific knowledge of this phenomenon, the most common research designs involve complex multi-level flexible intersectoral interventions. Considering the diverse nature of community support practices across settings in Canada, within the province, and worldwide, this review represents the first comprehensive attempt to examine the full range of publications over a large timeframe. It aims to provide insights into community support practices in social and community housing, particularly focusing on their impact on tenants within their homes. An integrative systematic review was undertaken based on its capacity to analyze research literature, evaluate the quality of the evidence, identify knowledge gaps, and amalgamate research from various research designs (Dhollande, Taylor, Meyer, & Scott, 2021; Russell, 2005).

METHODOLOGY

Design

This article follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-Protocols (PRISMA-P) review guidelines (Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, et al., 2021). The review methodology is based on the one proposed for the Cochrane systematic review (Higgins, Thomas, Chandler, Cumpston, Li, Page, & Welch, 2022). The initial protocol was registered on Prospero.

Eligibility criteria

The eligibility criteria for the study selection were defined according to the PICOS approach (P = population, I = intervention, C = comparison, O = outcomes, S = study design).

Population: The study population consisted of social and community housing tenants from a diversity of vulnerable conditions (economic, social, or physical/mental). Economic vulnerabilities comprised low income, past homelessness, and unemployment. Social vulnerabilities included violence and abuse, immigration status, aging, cultural minority, and single parenthood. Physical and mental limitations included living with physical or mental disabilities that limit one's capacity to enjoy life fully.

Intervention: Community support practices comprised various individual and collective actions aimed at social support for tenants of social and community housing, within the living environment. Community support covers a set of actions that can range from a warm welcome and integration to referral, including accompaniment to public services, management of conflicts between tenants, crisis intervention, psychosocial intervention, support for the tenants' committee and other committees, and community organization.

Comparators: Comparators were not used as the studies found were mostly descriptive in nature.

Outcomes: The main outcomes sought were psychosocial outcomes (autonomy, empowerment, wellbeing, social support, quality of life, education, social integration and participation, mutual aid, solidarity, etc.), economic outcomes (income, employment, productivity), and health outcomes (health behaviours, mental health).

Setting: Subsidized housing had to be permanent and not crisis or temporary community housing. Therefore, housing for women victims of violence and shelters for homeless populations were not included.

Information sources and search strategy

The literature search was performed in December 2020 from journals inception and the original search strategy was used to update the search from December 2020 to August–September 2022. The following nine disciplinary and interdisciplinary databases were searched from their respective inception onwards: Medline (Ovid), Cinahl Plus with Full Text (EBSCO), Cochrane (Wiley), PsycINFO (Ovid), Sociological Abstract (ProQuest), Social Sciences Full Text (EBSCO), Academic Search Premier (EBSCO), Érudit, Web of Science (including Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, Emerging Sources Citation Index, Conference Proceedings Citation Index – Science, Conference Proceedings Citation Index – Social Science & Humanities). A librarian from the Patient-oriented research strategy or SRAP unit developed the search strategy in Medline using the free and controlled vocabularies of the concepts of community support and social housing with the Cochrane search filter to limit the search to human studies (Higgins et al., 2022). The Laval University librarian applied this query to the other databases mentioned above.¹

Data management

The authors used two data collection forms: Excel for the initial search phase and Word for the update. This strategy facilitated the incorporation of additions and comments and allowed flexibility in developing synthesis. Files were stored on a common drive on the university server so that decisions could be traced back and team assignments could be identified (quantitative, qualitative, and mixed: G.R., V.P., N.L., J.C., C.J., B.V., L.G., F.R., & J.L.). The second part of the review (update phase, until 2022) was done using Word data collection forms, by team members who selected the articles in the beginning (E.M.M. & S.B.), new members (V.M.R. & V.A.M.), and members who provided overview of the MMAT (P.N & L.P.) and data synthesis assistance (L.D-F.). All these steps were revised by J.L. and V.M.R.¹

Rigor and trustworthiness strategies

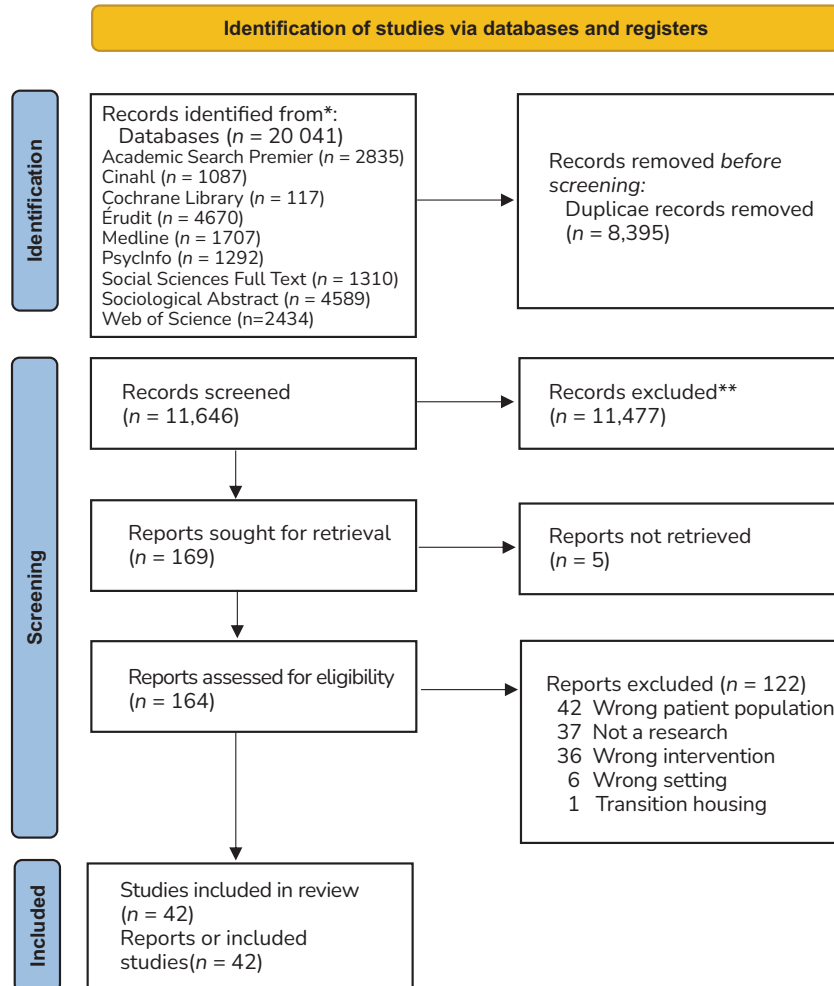
Confirmability was ensured by completing several validation processes and tracking coding decisions and researcher reflexivity engagement strategies throughout the analysis within the operational team (J.L., L.B., E.-M.M., S.B. & V.M.R.). To support credibility, one researcher participated in Cochrane review methodology training. Experienced team members were recruited (G.R., L.G., & L.B.) and a special support in coordination was offered by the Patient-oriented research strategy (SRAP unit) for one year. Credibility was enhanced through the involvement of experienced practitioners and researchers in the fields of social and community housing (C.J., J.C., & J.L.). A dialogic process within the operational team was employed to confirm analysis on an ongoing basis, addressing emerging questions and resolving debates through intersubjective discussions.

Selection process of studies

A three-phased approach was used for the study selection process: 1) a pilot phase by two independent reviewers on 10 percent of the references, 2) a second run of the pilot phase to increase

agreement between reviewers, and finally 3) arbitration by an experienced practitioner and third academic reviewer, which was performed for less than 20 papers. The selection process is illustrated by a flow diagram in Figure 1. There were 42 studies selected for the systematic integrative review.

Figure 1. Flow Diagram



Data collection process

Included articles were evaluated using the Mixed Methods Appraisal Tool (MMAT), which is a standardized method of appraising the quality of a quantitative, qualitative, or mixed-methods research study (Hong, Pluye, Fabregues, Bartlett, Boardman, Cargo, et al., 2018). The MMAT did not lead to any study exclusions. Data from the initial studies were abstracted into a table by one author (L.B.) and subsequently verified by a team of co-researchers with expertise in study design.

Data extraction

The standardized Excel form was constructed with a codebook inspired by the Cochrane systematic reviews for data extraction chapter and course (Li, Higgins, & Deeks, 2022). Data were included if they met the following characteristics: studies (e.g., first author name, study design, setting), participants (e.g., mean age, number of women, socioeconomic level), interventions (e.g., intervention

name, content based on the provincial current taxonomy of interventions (Gouvernement du Québec, 2007, 2022a), and outcomes (e.g., name, scale). Conflicts were resolved by team members according to their expertise in research design (quantitative, qualitative, and mixed). A complete revision of the data extraction was performed (J.L. & L.B.). Revised extraction data and MMAT evaluations were compiled by one person (L.B.) for the initial and update phases, and a final summary table was produced. Covidence was used for the updated phase (E.-M.P., S.P., & J.L.). Extractions were done by two teams: a team of two members who were involved in the selection process (E.-M.M & S.P.), and a team comprised of the principal investigator and a member experienced in integrative review (J.L. & V.M.R.). The MMAT evaluations were completed (E.-M.M & S.P.) and revised by experienced systematic reviews members (P.N., L.P., & J.L.).

Integrative interpretative data synthesis

First, we report on PICOS characteristics, study methods, and intervention components of the community support practices. Second, we adopt the integrative interpretative narrative synthesis for this review. This process proposes to engage in a qualitative reinterpretation and re-analysis of findings presented in articles, thus allowing for the generation of new conceptual ideas and new theoretical explanations (Grimshaw, 2010; Pope, Mays, & Popay, 2007; Sandelowski & Barroso, 2006). Integrative interpretative reviews bring together, compare, contrast, re-analyse, and combine findings from the selected studies into a whole that transcends the findings of any individual study of the synthesis providing sources for theoretical or conceptual developments. In addition, a translational perspective (Pope, Mays, & Popay, 2007 cited by CIHR, 2010) of the comparative approach was initially done with a re-interpretation and transformation of theoretical concepts provided by individual studies into one another. The comparative phase was completed by constantly comparing the selected studies and by using the theoretical sampling studies to develop and test the conceptual theorization of community practices in social and community housing (Gouvernement du Québec, 2022a). Data reduction was obtained and is presented in tables. The synthesis provides a *whole* summary that is more than the sum of its parts, going beyond the primary studies and transforming the data from description and summary to a fresh interpretation of the phenomena. The products of the thematic synthesis take the form of a narrative addressing two main aspects: 1) An exploration of the nature and characteristics of community support practices. and 2) An examination of their pragmatic evidence-based effects, impacts, and social returns. Assimilating data from various disparate perspectives is challenging (Dhollande & al., 2021) and requires time, a clear understanding of the phenomena by experts in housing, and concerted teamwork for meaningful re-interpretation of the concepts into others, into one general conceptual frame (Pope et al., 2007).

FINDINGS

The integrative review identified 42 studies that met the inclusion criteria and reported on psychosocial, economic, and health/mental health impacts of community support practices in social and community housing. These outcomes were initially chosen as they represented the documented theoretical outcomes of community support practices in social and community housing (Gouvernement du Québec, 2022a). Specifically, psychosocial outcomes sought were autonomy, empowerment, wellbeing, social support, quality of life, education, social integration, social integration and participation, mutual aid, and solidarity. Economic outcomes included issues related to in-

come, employment, and productivity. Finally, health outcomes referred to health behaviours (lifestyle habits, sleep, nutrition, physical activity, stress) and mental health.

CHARACTERISTICS OF INCLUDED STUDIES

Of the 42 studies, 13 were from Canada, 18 from the United States, three from Australia, two from Taiwan, and one each from China, Zimbabwe, Serbia, England, Germany, and Denmark. Thirty-four studies reported on public housing and only four on community housing, mostly from Canada, and four on coop models, mostly from Europe, Africa, and the United States. There were 20 qualitative, 14 quantitative, and eight mixed studies. All designs were descriptive in nature (qualitative and quantitative) or correlational (quantitative) and only four studies used designs to measure effects (Jassal, Oliver-Keyser, Galiatsatos, Burdalski, Addison, Lewis-Land, & Butz, 2020: about a specific program of smoking cessation; Woodard & Rossouw, 2021: about a specific waste management program; Deville-Stoetzel, Kaczorowski, Agarwal, Lussier, & Girard, 2021: about a specific health program; and Kim, Gray, Ciesla, & Yao, 2022: about a specific program of internet use). Studies and their characteristics are summarized in Table 1.

Nearly 70 percent of all studies ($n = 29/42$) adopted a theoretical framework. The following seven themes emerged: prevention, individual level change, risk, quality of life, nature, social networks and finally, social change and social justice.

- *Prevention.* Authors refer to the Ottawa charter for health promotion, social inclusion, and community development theories (Mmako, Capetola, & Henderson-Wilson, 2019), proximity intervention (Parent, Tourillon-Gingras, & Smith-Lauzon, 2019); crime prevention through environmental design principles (Sheppard, Gould, Austen, & Hitzig, 2021), harm reduction and tenant-centred care lenses (Barker, Lee-Evoy, Butt, Wijayasinghe, Nakouz, Hutcheson, et al., 2022), housing first model (Adame, Perry & Pierce, 2020), and the health impact pyramid (Ortega & Mata, 2020).
- *Individual level change.* Authors refer to the social cognitive theory (Grier, Hill, Reese, Covington, Bennette, MacAuley, & Zoellner, 2015), the transtheoretical model (Jassal et al., 2020), the Be Active Together conceptual framework (Marinescu, Sharify, Krieger, Saelens, Calleja, & Aden, 2013), the American Health Association's *Life's Simple 7* (Smith & White, 2021), and a perspective of egoism merged with expectation value theory (Tsuang, Ko-Chiu, & Kuang-Hui, 2020).
- *Risk.* Authors refer to the risk factors contributing to social isolation (Agarwal, Pirrie, Gao, Angeles, & Marzanek, 2021) and theoretical models of depression (Linz, Jackson, & Atkins, 2022; Morris & Verdasco, 2021).
- *Quality of life.* Holism and person-environment are significant considerations and authors refer to the biopsychosocial model of health (Agarwal & Brydges, 2018), the social mix model (Thompson & Costello, 2021), the socio-ecological model and community networks (Rogers, Johnson, Nueslein, Edmunds, & Valdez, 2018), a social-contextual framework (Shelton, McNeill, Puleo, Wolin, Emmons, & Bennett, 2011), placemaking (Yu, Lin, & Dąbrowski, 2022), a quality-of-life perspective (Stoeckel, Brkić, & Vesić, 2022), and quality-of-life and equity frameworks (Suto, Smith, Damiano, & Channe, 2021).

Table 1: Characteristics of the studies (authors, title) and their characteristics (country, tenure, design, populations-participants, settings)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Agarwal et al.	2018	Qual	Ethnography	Public	Canada	Urban	Seniors	15
Thompson et al.	2013	Qual	Community-based design	Public	Canada	Urban	Young adults (16–25)	40
Parent et al.	2019	Qual	Developmental participatory evaluation proposed by Patton (2011)	Public	Canada	Urban	Mixed	30 observations 1 resident focus group ($n = \text{unknown}$) 10 partner interviews with stakeholders and directors
Dick-Bueno et al.	2019	Qual	Ethnosociological perspective	Public	Canada	Urban	Mixed	10
Sheppard et al.	2022	Qual	Qualitative research	Public	Canada	Urban	Older adult tenant 59+ ($n = 58$) as well as service providers ($n = 58$)	116
Tremblay et al.	2021	Qual	Qualitative	Public	Canada	Urban	Adults	22
Vorobyova et al.	2022	Qual	Community-based multi-methods study	Public	Canada	Urban	Adults	24
Suto et al.	2021	Qual	Qualitative CBPR and constructivist	Com	Canada	Urban	Adults	23
Winer et al.	2021	Qual	Qualitative	Public	US	Urban	Seniors	14/30
Linz et al.	2022	Qual	Qualitative	Public	US	Urban	Adults	10
Smith et al.	2021	Qual	Qualitative descriptive	Public	US	Urban	Adults	32
Freedman et al.	2014	Qual	Community-based participation research (photovoice)	Public	US	Urban	Mixed youth (12–17 and adults >18)	18
Rogers et al.	2018	Qual	Participatory action research	Public	US	Urban	Adults African Americans Current and previous residents of the public housing neighbourhoods	18 (12 women – 6 men)
Adame et al.	2020	Qual	Exploratory qualitative study	Public	US	Urban	Adult Previously homeless with some mental health challenges and post trauma experiences	38

Table 1 (continued)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Marinescu et al.	2013	Qual	Community-based participatory research	Public	US	Urban	Somali, Vietnamese Kmer, and English women But the author reports that the data is just from Somali women (because the steering committee decided to prioritize the pilot testing and evaluation of interventions to promote physical activity among Muslim women)	Unclear (Focus groups: 73 and BAT program:239?)
Ortega et al.	2020	Qual	Partership research	Public	US	Urban	Mixed	54 FG
Mmako et al.	2019	Qual	Phenomenogical enquiry	Public	Australia	Urban	Mixed (adults and seniors, 46–81 years old)	19
Morris et al.	2021	Qual	Qualitative	Public	Australia	Urban	Seniors	62/1422
Yu et al.	2022	Qual	Qualitative	Public	Taiwan	Urban	Mixed	10
Sriravathan et al.	2020	Qual	Participatory design	Public	Denmark	Urban (sub-urban)	Adults and seniors with comorbidities	9 (9 interviews pre and 9 post intervention)
Deville-Stoetzel et al.	2021	Mixed	Mixed RCT quantitative 14 versus 14 buildings. This paper only about Quebec harm	Public	Canada	Urban-rural	Seniors	69
Grier et al.	2015	Mixed	Mixed methods Quanti: pre-post program survey Quali: community-based participatory research	Public	US	Urban	Mixed	67
Gray et al.	2022	Mixed	Mixed methods design (Creswell, 2018)	Public	Australia	Urban	Seniors	23
Woodard et al.	2021	Mixed	Mixed partnership research	Public	England	Urban	Mixed	43
Dang et al.	2020	Mixed	Mixed methods: Qualitative and quantitative data	Coop	Germany	Urban	Mixed	6
Chirisa et al.	2014	Mixed	Mixed methods: Quantitative and qualitative	Coop	Zimbabwe	Urban	Adults	402

Table 1 (continued)

Authors	Year	Type	Design	Tenure	Country	Setting	Population	Sample size
Barker et al.	2022	Mixed	Quantitative data included reporting of program activity delivery, staff surveys and tenant surveys, qualitative data included focus groups	Com	Canada	Urban	Women	13 + FG
Lapierre et al.	2021	Mixed	Qualitative	Com	Canada	Urban	Adult women	19
Dansereau et al.	1998	Mixed	Quantitative descriptive (survey)	Public	Canada	Urban	Mixed	121
Agarwal et al.	2021	Quant	Quantitative	Public	Canada	Urban	Seniors	806
Green et al.	2013	Quant	Quantitative descriptive (survey)	Public	US	Urban	Mixed	128
Shelton et al.	2011	Quant	Quantitative-descriptive (baseline cross-sectional survey)	Public	US	Urban	Adults	1,635
Wiese et al.	2021	Quant	Descriptive correlational	Public	US	Rural	Mixed	140
Galiatsatos et al.	2021	Quant	Quantitative descriptive	Public	US	Urban	Mixed	47
Jassal et al.	2020	Quant	Quantitative pre-post, non-randomized 10-week pilot study	Public	US	Urban	Mixed	26
Horn et al.	2021	Quant	Quantitative	Public	US	Urban	Mixed	448
Kim et al.	2022	Quant	Quantitative	Public	US	Urban	Seniors	75
Saegert et al.	1996	Quant	Quantitative-descriptive and cross-sectional	Coop	US	Urban	Mixed	126
Altus et al.	2002	Quant	Quantitative descriptive (survey)	Coop	US	Rural	Seniors	87
Tsuang et al.	2020	Quant	Quantitative descriptive non-randomized	Public	Taiwan	Urban	Adults	118
Liu et al.	2018	Quant	Quantitative descriptive and cross-sectional (survey)	Public	China	Urban	Adults	535
Stoeckel et al.	2022	Quant	Descriptive quantitative	Com	Serbia	Rural	Mixed	11

Notes: CBPR, Community-based participatory research; Qual, qualitative; Quant, quantitative; RCT, randomized control trial; US, United States.

- *Nature*. One study used a garden-based learning approach (Gray, Franke, Sims-Gould, & McKay, 2022).
- *Social networks*. Several authors refer to the social advantage of social and community housing using the social network theory (Deville-Stoetzel et al., 2021), social cohesion (Woodard & Rossouw, 2021), social identity theoretical framework (Winer, Dunlap, St. Pierre, McInnes, & Schutt, 2021), and the social augmentation and social displacement perspective (Kim et al., 2022).
- *Social change and social justice*. Finally, authors include the community level social change, anti-oppressive practice principles, and empowerment models (Freedman, Pitner, Powers, & Anderson, 2012), a framework for analyzing exclusion mechanisms (Dick Bueno, Adam, Boyer, & Potvin, 2019), an empowerment model (Saegert & Winkel, 1996), a social justice perspective (Lapierre, Croteau, Gagnon, Caillouette, Robichaud, Bouchard, et al., 2021), and a community-led development and co-production lens (Dang & Seemann, 2021).

The general quality of all 42 studies was judged acceptable. The mixed designs demonstrated more weaknesses, specifically regarding a lack of integration of quantitative and qualitative results in their studies. Mixed studies results were then analyzed separately (qualitative and quantitative results).

COMMUNITY SUPPORT PRACTICES IN SOCIAL AND COMMUNITY HOUSING

Community support practices in social and community housing (CSPSCH), such as cooperatives, include a variety of empirical interventions that are coherent with the CSPSCH theoretical basis (Gouvernement du Québec, 2022a). Table 2 categorizes the studies by design and description of interventions. *Education, training and workshops in relation to psychosocial and health behaviours* are the most common interventions ($n = 19$), followed by *Socialization type services* ($n = 17$). *Support for collective, associative and community life along with support in the use of local and external resources* were frequent ($n = 14/n = 13$). *Individual psychosocial support of the helping relationship type* was present in some studies ($n = 11$), as was *support for information needs, gateway, referencing and referral* ($n = 9$). Less dominant were *active living animation services* ($n = 9$), *support for the integration in the living environment* ($n = 8$), and *collective gardens* ($n = 8$). *Support in the exercise of individual and collective rights and civic responsibilities* ($n = 7$) and *education and training in social or community housing management* ($n = 7$) were present in about 16 percent of all studies. However, *food type services and cooking* ($n = 4$) and *crisis intervention* ($n = 2$) were less often the object of the articles, as well as *mediation of relationships and affiliations/conflict management* ($n = 1$) or *greenhouses* ($n = 1$). One study did not report on any interventions ($n = 1$, public housing) and another reported on early detection of cognitive losses in seniors ($n = 1$, public housing).

Table 2: Results Studies by design and description of interventions

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Qual	Public Canada	UR Seniors (n = 15)	Agarwal et al. (2018)			X	X										X		X	
Qual	Public Canada	UR Young adults (n = 40)	Thompson et al. (2013)			X	X					X								
Qual	Public Canada	UR Mixed (FG, 10 int.)	Parent et al. (2019)	X	X	X	X	X	X			X	X					X		X
Qual	Public Canada	UR Mixed (n = 10)	Dick-Bueno et al. (2019)				X													X
Qual	Public Canada	UR Seniors (n = 116)	Sheppard et al. (2021)	X													X			X
Qual	Public Canada	UR Adults (n = 22)	Tremblay et al. et al. (2021)																	X
Qual	Public Canada	UR Adults (n = 24)	Vorobyova et al. (2022)	X	X		X	X									X		X	
Qual	Community Canada	UR Adults (n = 23)	Suto et al. (2021)					X						X				X		
Qual	Public US	UR Seniors (n = 14/30)	Winer et al. (2021)	X	X			X					X						X	
Qual	Public US	UR Adults (n = 10)	Linz et al. (2022)					X				X	X					X		X
Qual	Public US	UR Adults (n = 32)	Smith et al. (2021)																	X
Qual	Public US	UR Mixed (n = 18)	Freedman et al. (2012)									X								
Qual	Public US	UR Adults (n=18)	Rogers et al. (2018)		X	X	X					X	X	X	X			X		X
Qual	Public US	UR Adults (n = 38)	Adame et al. (2020)			X		X					X		X		X			
Qual	Public US	UR Mixed (FG unclear)	Marinescu et al. (2013)										X					X	X	
Qual	Public US	UR Mixed (n = 54 FG)	Ortega et al. (2020)																	X

Table 2 (continued)

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Qual	Public Australia	UR Mixed (n = 19)	Mmako et al. (2019)											X					X	
Qual	Public Australia	UR Seniors (n = 62) (n = 1,422)	Morris et al. (2021)				X	X					X							
Qual	Public Taiwan	UR Mixed (n = 10)	YU et al. (2022)									X	X		X		X	X		
Qual	Public Denmark	UR Mixed (n = 9, pre/post)	Sriravathan et al. (2020)	X									X						X	
Mixed	Public Canada	UR-RURAL Seniors (n = 69)	Deville-Stoetzel et al. (2021)																X	
Mixed	Public US	UR Mixed (n = 67)	Grier et al. (2015)											X					X	
Mixed	Public Australia	UR Seniors (n = 23)	Gray et al. (2022)										X	X					X	
Mixed	Public England	UR Mixed (n = 43)	Woodard et al. (2021)															X		
Mixed	Coop Germany	UR Mixed (n = 6)	Dang et al. (2020)	X			X			X	X			X			X	X		
Mixed	Coop Zimbabwe	UR Adults (n = 402)	Chirisa et al. (2014)		X							X								
Mixed	Community Canada	UR Women (n = 13+ FG)	Barker et al. (2022)	X	X	X	X	X	X									X		
Mixed	Community Canada	UR Adults women (n = 19)	Lapierre et al. (2021)			X	X	X					X						X	
Quant	Public Canada	UR Mixed (n = 121)	Dansereau et al. (1998)			X	X					X	X							
Quant	Public Canada	UR Seniors (n = 806)	Agarwal et al. (2021)																X	
Quant	Public US	UR Mixed (n = 128)	Green et al. (2013)																X ¹	
Quant	Public US	UR Adults (n = 1635)	Shelton et al. (2011)									X	X							
Quant	Public US	Rural Mixed (n = 140)	Wiese et al. (2020)																X ²	

Table 2 (continued)

	Tenure country and design	Setting (urban or rural) and populations	Authors	Intervention																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Quant	Public US	UR Mixed (n = 47)	Galiatsatos et al. (2021)																X	
Quant	Public US	UR Mixed (n = 26)	Jassal et al. (2020)			X	X													X
Quant	Public US	UR Mixed (n = 448)	Horn et al. (2021)									X								
Quant	Public US	UR Seniors (n = 75)	Kim et al. (2022)	X									X							X
Quant	Coop US	UR Mixed (n = 126)	Saegert et al. (1996)		X							X							X	
Quant	Coop US	Rural Seniors (n = 87)	Altus et al. (2002)				X						X			X				
Quant	Public Taiwan	UR Adults (n = 118)	Tsuang et al. (2020)									X								
Quant	Public China	UR Adults (n = 535)	Liu et al. (2018)					X				X	X							
Quant	Community Serbia	Rural Mixed (n = 11)	Stoeckel et al. (2022)	X				X												

Intervention legend: 1 = support for the integration into the living environment (arrival); 2 = support in the exercise of individual and collective rights and civic responsibilities; 3 = support for information needs, gateway, referencing and referral; 4 = support in the use of local and external resources; 5 = psycho-social support of the helping relationship type accompagnement; 6 = crisis intervention; 7 = mediation of relationships and affiliations / conflict management; 8 = support for collective, associative and community life; 9 = socialization type services – breaking isolation – primary purpose; 10 = greenhouses; 11 = collective gardens; 12 = food banks; 13 = food type services – primary purpose cooking; 14 = active living animation services – physical activity; 15 = education, training for members – social housing management; 16 = education, training, workshops – psychosocial, health behaviors; 17 = examples include : specific gender issues, monetary benefits, social network and safety, negative impact of intergenerational mixity, tenure security, access to lands, political recognition, language barriers, cultural barriers, lease term and participation, development of services, etc.

Notes: ¹Green and al. (2013): other- intervention: Economic/access to housing; ²Wiese and al. (2020): other – intervention: Early detection/cognitive risks. FG = focus groups.

Taking tenures as the point of reference, the authors find that reports on public housing represent 81 percent of the sample (n = 34/42), and reports on community housing and cooperative housing account represent 9.5 percent each (n = 4/42; n = 4/42). The most common interventions found in public housing relate to *education, training, workshops/psychosocial, health behaviours* (n = 18), *socialization type services/breaking isolation/primary purpose* (n = 15), and *support for collective, associative and community life* (n = 11). In community housing, *psychosocial support of the helping relationship type* (n = 4), *support in the use of local and external resources* (n = 2), *support for information needs, gateway, referencing and referral* (n = 2), *active living animation services/physical activity* (n = 2), and *support for the integration into the living environment* (n = 2) were the most prevalent. Finally, *support for collective, associative and community life* (n = 3), *support in the exercise of individual and collective rights and civic responsibilities* (n = 2), and *education, training for members/housing management* (n = 2) were the most frequently cited interventions in cooperative studies.

DOCUMENTED OUTCOMES OF COMMUNITY SUPPORT PRACTICES IN SOCIAL AND COMMUNITY HOUSING

Qualitative psychosocial outcomes

Psychosocial outcomes were reported in several studies, qualitative, quantitative, and mixed studies. All qualitative and mixed studies reported on psychosocial outcomes for tenants, except one qualitative (Linz et al., 2022) and one mixed study (Barker et al., 2022). Psychosocial outcomes comprise 13 themes presented in Table 3. Results indicate that social integration and participation in the tenure (number of reported outcomes [NRO] = 18) and individual empowerment (NRO = 13) are the most frequent reported outcomes. Social integration and participation are related to value sharing and bridging relationships that contribute to a sense of community and of belonging. Social integration leads to more trust in others and reduces negative feeling of surveillance by others and improves social connectedness to outside the broader community the housing tenure.

Table 3: Reported psychosocial outcomes

Psychosocial outcomes	Themes	Number of reported outcomes (NRO)
1	Social integration (participation in the housing tenure)	18
2	Empowerment (individual)	13
3	Empowerment (collective)	8
4	Quality of life	8
5	Social support	7
6	Solidarity	7
7	Wellbeing	5
8	Community participation (outside housing tenure)	0
9	Mutual aid	4
10	Social network size	4
11	Education/knowledge	3
12	Autonomy	3
13	Political identity/advocacy	2

Interpersonal connectedness inside seems to influence the intensity of community level interactions. Shared activities are the foundation of socialization, friendship, and of developing new relations, leading to higher levels of community engagement outside. They increase similarities and reduce differences among tenants. Tenants show engagement, and volunteering activities are taken on by consolidated groups. Discovering intercultural aspects through community gardens and new culturally diverse foods has positive results. Participation in cooperatives may depend on technical capacity and competence that needs attention and resources. Managing and maintaining cooperative projects requires special skills.

As for individual empowerment, the second major outcome evolves from voices being heard and trust building to support tenants in decision making, build knowledge and skills, and improve self-

determination. Taking control is fundamental for tenants, both inside their own homes and outside in the social or community tenure. Living on their own terms and by their own rules in privacy is important to empowerment outcomes and having programs, structures, or services that offer flexibility, options, and continued support through encouragement contributes to reinforcing and building self-esteem. Together, tenants and workers in community and social housing create opportunities for growth and when tenants start taking chances, their trajectories change. Collective empowerment (NRO = 8) results from this individual empowerment. Studies reported on roles taken by groups of tenants, such as building access, gardening, and other collective actions that serve the community. Tenure partnerships provide further opportunities for resource building and skills enhancement.

When inclusive management is proposed, tenants take more collective actions. Addressing chronic diseases through peer support has been reported. Equally significant, impacts on quality of life (NRO = 8) are related to certain conditions, like having a home that is safe, clean, and private and an environment with limited drug use, substance abuse, and crimes. The natural beauty of an environment reinforces a sense of attachment. A strong sense of community will see a decline in crime and gang activity. Revitalization and temporary displacement may weaken the self-management capacity of communities and should be well thought out and prepared for. Reducing levels of uncertainty in social and community housing increases quality of life.

Another important outcome is social support (NRO = 7). Nurtured by community practice, social support is relationship-based and works best from a trauma-informed approach. Tenants report needing someone to speak to in social and community housing. Groups of women, specifically, or seniors, often look out for one another and make interpersonal connections that contribute to the social dynamics of the housing. A sense of togetherness can be promoted through community practices. Social and community housing can impact the sense of solidarity (NRO = 7), through the acknowledgment of the group, as a group with homogeneous characteristics that is able to provide a safe place and, through a sense of ownership in the community. Another important component of sense of solidarity is the ability of community practice workers to bond with tenants. Socializing is another important foundation of solidarity, where “a village is looking out” for each other.

Wellbeing is another outcome of residing in social and community housing (NRO = 5) and varies according to the ages of tenants. Seniors might appreciate a 24-hour emergency service onsite. Groups with specific needs (veterans, people with anxiety disorders, etc.) have reported wellbeing and a sense of safety and engagement in their housing settings. In culturally diverse projects, a culturally mindful perspective is necessary to support inclusion and diversity. Physical activity has further contributed to wellbeing in housing.

Overall, community practice interventions tend to unite tenants, creating a collective wellbeing. Other outcomes include community participation outside the tenure (NRO = 5). Belonging to a broader community outside the housing reinforces social connectedness and this connection can be nurtured through partnerships and referencing based on tenants' needs and preferences or through community-level activities such as community gardens. One strategy could be to support tenants' association members in local intersectoral committees. Getting out of social and community housing is key to reinforcing affiliations, civic engagement, and new perspectives. Social and com-

munity housing can encourage mutual aid in tenants (NRO = 4), as helping each other, sharing on an occasional basis, and peer support. These reciprocal relationships impact tenants' mental health.

Social network size (NRO = 4) can be improved by residing in social and community housing. It is influenced by the gathering spaces available to groups. Housing with social mix (intergenerational, for example) can be a contributing factor to experiencing all stages of life but there are specificities to consider with seniors in their preferences. The development of networks by community practice workers seems critical to raising children in healthy ways. Settings provide opportunities for increased social networks, but tenants use distance and proximity strategies that reflect their mood, their health, and the people encountered in social and community housing. Less frequently reported education/knowledge (NRO = 3) outcomes have been related to knowledge acquisition in gardening, finances and budgeting, and housing management in cooperatives. Autonomy (NRO = 3), in our analysis, related to social and community housing capacity to support informed decision making and knowledge of resources that are up to date on topics such as the pandemic, and related to finding the balance between support and liberty of thinking and actions, and finally, to issues of privacy. Finally, tenants have reported on issues of political identity and advocacy (NRO = 2). They related to freedom and individual rights (smoking) and for safety improvements in housing settings. Additionally, one study described an outcome wherein a collective voice emerged advocating for a change in internal policies regarding the eviction of antisocial tenants.

QUALITATIVE ECONOMIC OUTCOMES

Few economic outcomes emerged around household income (NRO = 2) and financial security (NRO = 1). The well-established premise behind subsidized housing is based on economic access and insuring that tenants can distribute household income to other fundamental needs than housing. Results (Table 4) indicate that social and economic housing through economic gains, sense of community, or low-cost specific programs could influence physical health (NRO=4) and food security and access to healthy foods (NRO = 3).

QUALITATIVE HEALTH OUTCOMES/MENTAL HEALTH

Studies reported on several health/mental outcomes. The most important outcome of living in social and community housing (Table 5) relates to health behaviour lifestyle change (NRO = 9) and mental health issues (NRO = 8). Lifestyle changes in healthy eating (community gardens) and active lifestyle also associated with gardening and physical activity programs within tenures were documented. Interventions by health professionals inside tenures provided support for observed changes. Mental health issues were significant and negatively impacted quality of life (i.e., substance abuse) within settings. Tenants appreciate mental health support and gardening serves different purposes in that area (getting to know others, witnessing the ongoing growth of plants/foods and nurturing, and improving the environment). Integrated services or programs are well accepted. Other outcomes mentioned include health behaviour intentions (NRO = 4), which are also supported through community gardens and specific gendered physical activity programs. Tenants are interested in learning about health, and they are likely to develop transferable skills if opportunities are offered. Health education/knowledge needs (NRO = 4) are increasing as tenants are getting older. Housing tenures can provide access to health and learning opportunities at home. In the last five

Table 4: Reported economic outcomes

Categories	Theme	Studies	Author's concept	Citations from participant (P) or author (A)
Economic	Income	Smith et al. (2021)	Chronic stress as a barrier	Many participants stated that money issues, along with the stress of financially supporting children and grandchildren, was a major source of chronic stress. (A)
		Dans et al. (2020)	Economic aspects	Money can be saved by taking advantage of an initiative's own workforce and the division of labour between residents. Residents undertake home improvements and many other small craft and construction projects as cost-saving and creative/recreational activities. (A)
	Security	Dick-Bueno et al. (2019)	Improvement of the living conditions of individuals	The security of the cost of an income-adjusted rent. (A)
	Physical health	Smith et al. (2021)	High financial cost as a barrier [to be physically active]	I would need extra money to join a gym, to me it's all finances ... Finances would help me. (P)
			Absence of local recreational facilities as a barrier [to be physically active]	If you go over here to their gym over there you pay so much, like \$10 a month, I can do that, it's just getting there." "Well, we need something close over here. We do need something out in this area, too." (P)
			Lack of community relationships as a barrier [to be physically active]	Participants noted that the lack of a sense of community was a barrier to being physically active. (A)
		Marinescu et al. (2013)	Addressing barriers	Offering free women-only exercise classes at facilities within each public housing community... offering subsidized women-only swimming opportunities through rental of a public pool. (A)
	Food security, access to healthy food	Smith et al. (2021)	Prioritizing others first as a barrier [to eat healthy foods]	They want you to eat healthy but you can't afford to eat healthy cause the healthy stuff costs more than the food that isn't healthy. Our income is very limited, and we have to go in the grocery store and we have to get the processed ham, the processed turkey, the salty vegetables and stuff like that, instead of getting fresh. I love fresh vegetables. Money, I feel like money is a problem. (P)
		Mmako et al. (2019)	Food security and improved access to fresh products	I'm just thinking like I really want to grow tomatoes and they say no tomatoes ever. Oh no, it can't be. And I could have saved a lot of money, you know these tomatoes are really expensive. (P)
		Rogers et al. (2018)	Healthy eating (initiatives to address chronic disease management Challenges, couponing)	As an example, in this study, there are not typically coupons for fresh fruits and vegetables; yet, by accessing coupons for other products, participants would be able to use the savings to purchase healthy foods. Thus, when a direct response to a challenge was not identified, participants articulated initiatives that indirectly addressed it. (A)

years, health access (NRO = 4) appeared to be a sustainable and effective approach whereby high-risk tenants can be informed, supported, and provided with an alternative care consults system that can be more personalized and person-centred. Studies have documented the negative impact of the built environment and of social conflicts in social and community housing and health and mental health (NRO = 4). Finally, some health risks (NRO = 4) have been reported relating to smoking in buildings, lack of health standards of lands and territories where housing is being built, and issues of privacy when health monitoring occurs in housing.

Table 5: Reported health/mental health outcomes

Psychosocial outcomes	Themes	Number of reported outcomes (NRO)
1	Health behaviour lifestyle	9
2	Mental health	8
3	Health behaviour intention	4
4	Health education/knowledge	4
5	Health access	4
6	Impact of built environment/social conflicts	4
7	Health risks	4

QUANTITATIVE OUTCOMES

The analysis of quantitative studies (Table 6) (quantitative and mixed quantitative) on psychosocial outcomes reveals that *social integration* (in the housing setting) (8/22, 36.3%), *quality of life* (5/22, 22.7%), *wellbeing* (3/22, 13.6%), and *community participation* (outside the housing setting) (3/22, 13.6%) are most impacted by community practice in housing. Other impacts include *individual empowerment* (2/22, 9%), *collective empowerment* (2/22, 9%), *social network size* (2/22, 9%), *social support* (2/22, 9%), *education/knowledge* (2/22, 9%), and *autonomy* (1/22, 4.5%). Interestingly, the same analysis at the qualitative level (qualitative studies and mixed qualitative results) provides a different lens, except for the first outcome. *Social integration* (17/28, 60.7%) is also the most documented outcome. However, it is followed by *individual empowerment* (13/28, 46.4%) and *collective empowerment* (8/28, 28.5%), and then *solidarity* (7/28, 25%), *quality of life* (6/28, 21.4%), and *community participation* (6/28, 21.4%). Other impacts include *wellbeing* (5/28, 17.8%), *social network size* (4/22, 14.2%), *social support* (4/22, 14.2%), *mutual aid* (4/22, 14.2%), *education/knowledge* (3/28, 10.7%), *autonomy* (3/28, 10.7%), and *political identity* (2/28, 7.1%). A similar number of quantitative and qualitative studies reported impacts on quality of life (9% and 10.3%, respectively) and education/knowledge (22.7% and 21.4%, respectively).

Another analysis that allows for comparison of information in relation to the percentage overall of studies by design, demonstrates other relevant insights (Table 7: Reported outcomes by importance and tenures on psychosocial outcomes). *Social integration* is an important outcome of both quantitative and qualitative studies, with significantly higher importance in cooperatives (125%; Chirisa, Gaza, & Bandauko, 2014; *Chirisa had both quantitative and qualitative outcome on social integra-

Table 6: Reported quantitative and qualitative outcomes

	Variables	Descriptive (n = 6)	Cross-sectional (n = 3)	Non randomized/ correlational (n = 5)	Mixed-methods quantitative (n = 8)	Qualitative + mixed methods (n = 28) (20 qualitative + 8 mixed-methods)
Psycho- social	Autonomy			1/5 (1 public)		3/28 (2 public/1 com)
	Empowerment (individual)	2/6 (1 public/1 coop)				13/28 (1 com/12 public)
	Empowerment (collective)		1/3 (1 coop)		1/8 (1 coop)	8/28 (1 coop/7 public)
	Well-being	1/6 (1 coop)	1/3 (1 public)	1/5 (public)		5/28 (5 public)
	Social network size		1/3 (1 public)	1/5 (1 public)		4/28 (3 public/1 coop)
	Social support		1/3 (1 public)			8/28 (8 public)
	Quality of life	4/6 (1 coop/3 public)			1/8 (1 com)	6/28 (1 coop/5 public)
	Education/knowledge				2/8 (1 public/1 com)	3/28 (1 coop/2 public)
	Social integration and participation (in building)	3/6 (2 coop/1 public)		1/5 (1 public)	4/8 (1 coop/3 public)	17/28 (2 coop/15 public)
	Community participation/ relations (outside building)	1/6 (1 coop)	1/3 (1 public)	1/5 (1 public)		6/28 (6 public)
	Mutual aid					4/28 (4 public)
	Solidarity					7/28 (7 public)
	Political identity					2/8 (2 public)
Economic	Income	2/6 (1 coop/1 public)	1/3 (1 public)			1/28 (1 public)
	Employment					
	Productivity/economic growth					
	Pay the rent					2/28 (1 public/1 coop)
	Impact on physical health			1/5 (public)		2/28 (2 public)
	Food security and access to healthy food					3/28 (3 public)

Table 6 (continued)

	Variables	Descriptive (n = 6)	Cross-sectional (n = 3)	Non randomized/ correlational (n = 5)	Mixed-methods quantitative (n = 8)	Qualitative + mixed methods (n = 28) (20 qualitative + 8 mixed-methods)
Health and mental health	Health behaviour intentions				1/8 (1 com)	4/28 (4 public)
	Health behaviours (lifestyle, sleep, nutrition, physical activity, stress)	1/6 (1 public)	2/3 (2 public)	2/5 (2 public)		7/28 (7 public)
	Health education/knowledge				1/8 (1 public)	4/28 (4 public)
	Mental health including anxiety, depression, or other psychological or neurological disorders	1/6 (1 public)			2/8 (1 public/1 com)	8/28 (7 public/1 coop)
	Health access				2/8 (1 public/1 com)	1/28 (1 public)
	Impact of built environment changes / aggression and violent behaviours/ disengagement					2/28 (2 public)
	Health risks		1/3 (1 public)	1/5 (1 public)	1/8 (1 public)	4/28 (4 public)

Notes: com, community; coop, cooperative

(20 NRO/34 public housing studies) compared with cooperative housing (5 NRO/4 coop studies). A second important outcome is *individual empowerment* (13 NRO/34 public housing studies; 1 NRO/4 communities housing studies; 1 NRO/cooperative housing studies) shows an equally relative significance in all tenures (18%, 25%, 25%). As for *collective empowerment*, however, the cooperative housing studies score higher with 75 percent of studies reporting on it, compared with 20.5 percent of public housing. As for solidarity, this outcome is stronger in public housing studies, where 20.5 percent of public housing studies reporting on it. Cooperative housing tenure studies score higher on quality of life than public housing (50% versus 23.5%), but community housing scores a little higher (25%) than public housing. Community housing shows the highest score, but scores similarly to public housing in *community participation* with 25 percent of outcomes in community housing reporting on that issue, compared with 23.5 percent in public housing. Community housing tenure scores higher in wellbeing (25%) compared with public housing (20.5%).

tion) than in public housing (58%), even though an initial perspective shows more prevalence in public housing

Table 7: Reported outcomes by importance and tenures on psychosocial outcomes

Psychosocial outcomes	Public housing tenure (n = 34)		Community housing tenure (n = 4)		Coop housing tenure (n = 4)	
	N	Percent	N	Percent	N	Percent
Social integration	20	58			5	1,251
Individual empowerment	13	38	1	25	1	25
Collective empowerment	7	20.5			3	75
Solidarity	7	20.5				
Quality of life	8	23.5	1	25	2	50
Community participation	8	23.5	1	25		
Wellbeing	7	20.5	1	25		

Note: *One mixed study had both quantitative or qualitative outcomes.

In relation to economic outcomes, the quantitative studies (quantitative and mixed quantitative) reveal that the most reported outcome is on *home income* (3/22, 13.6%) and on the possibility to invest, for example, in *physical activity* (1/22, 4.5%). In comparison with the qualitative studies (qualitative and mixed qualitative), social and community housing contribute to *food security and access to healthy food* in 10.8 percent of studies (3/28), and make a difference in *rent payment* (2/28, 7.1%) and on *general home income* (1/28, 3.6%). No economic outcome was reported in the cooperative housing studies.

Lastly, regarding the health/mental health outcome, quantitative results (quantitative and mixed quantitative) show that the most significant outcome is *health behaviour* (5/22, 22.7%), followed by *mental health outcomes* (3/22, 13.6%) and *health risks* (3/22, 13.6%). Other outcomes include *health access* (2/22, 9%), *health education knowledge* (1/22, 4.5%), and *health behaviour intention* (1/22, 4.5%). In comparison, the overall qualitative results (qualitative and mixed qualitative) report the two most frequent outcomes as *mental health* (8/28, 28.5%) and *health behaviours* (7/28, 25%), followed by *health behaviour intention* (4/28, 14.2%), *health education knowledge* (4/28, 14.2%), and *health risks* (4/28, 14.2%). We see converging outcome results on health behaviours (22.7% for quantitative studies versus 25% for qualitative studies) and health risks (13.6% for quantitative studies versus 14.2% for qualitative studies).

Looking at different tenures and health/mental health, the results are interesting (Table 8). Considering health behaviours, the cooperative housing setting does not account for any health outcomes. However, the public housing setting has the highest number of *health behaviour* outcomes reported (12 NRO/34 public housing studies), along with the *mental health outcome* in public (9 NRO/34 public housing studies) versus community housing, but only for mental health (2 NRO/4 studies) and not health behaviours. *Health risks* are reported in seven studies (7 NRO/34 public housing studies). *Health education knowledge* is reported in public housing (5 NRO/34 studies).

Health behaviour intention follows in public housing (4 NRO/34 studies) versus community housing (1 NRO/4 studies). Health access is reported in public (2 NRO/34 studies) and community housing (1 NRO/4 studies). The impact of built and social environments is reported in two public health studies (2 NRO/34 studies). Analyzing the relative importance of those outcomes on the number of studies per tenures (public=34; community=4 and coop=4) shows that the community housing impacts mostly *mental health* (50% of studies versus 26.4% of studies), *health behaviour intentions* (25% versus 11.7%), and *health access* (25% versus 5.9%). Health risks are only reported in public housing studies.

Table 8: Reported health/mental outcomes by importance and tenures

Health / mental health outcomes	Public housing tenure (n = 34)		Community housing tenure (n = 4)	
	N	Percent	N	Percent
Mental health	9	26.4	2	50
Health behaviour intention	4	11.7	1	25
Health access	2	5.9	1	25

DISCUSSION

This integrative review is the first systematic study to look at community practices and their impact in social and community housing, including cooperatives. It is the first also to offer a comparative lens on different determinants. A Cochrane search revealed 22 Cochrane Reviews (April 2023) matching public housing. However, none of the 22 related to our interventions or populations and concerned mostly built environment modifications and control ($n = 8$), supported housing for several mental illnesses ($n = 1$), independent living following hospitalization ($n = 1$), home care services ($n = 2$), slums ($n = 1$), crisis intervention ($n = 1$), or unrelated studies or populations (6) and community advocacy ($n = 1$). One article added relevant data and is discussed below (Dennis & Dowswell, 2013). Another search with home support added only three ($n = 3$) relevant articles and none for health promotion. The thorough approach and inclusive perspective (all tenures) of this review covering all years of journals since inception makes it the most comprehensive integrative review for professionals, researchers, and transdisciplinary community actors and policymakers. Seventy percent of studies reported on a framework that provides sound and evidenced base interventions. Community practice interventions have roots in prevention, individual level change, quality of life, social change and social justice, social network, risk theories, and nature. We can see its preventative nature, the tensions between individual and collective perspectives, and recently, emerging associated risks in built and social environments and the benefits of nature. Since housing prices are rising faster than incomes in many areas of the world, which reduces wellbeing and causes social discontent (Saiz, 2023), it is increasingly important to understand how social and community housing can contribute to health equity without turning to private market alternatives. In countries such as Australia, where the private market assumed an increased role decades ago, community housing became disconnected from the wider housing system and was unable to meet demands (Groenhart & Burke, 2014).

COMMUNITY SUPPORT PRACTICE IN SOCIAL AND COMMUNITY HOUSING

In this review, community practice is defined by interventions in education/training/workshops in psychosocial and health themes, socialization, support to collective, associative and community life, support in the use of external resources, psychosocial support of the helping relationship type, support for information needs, gateway, referencing and referrals, and collective gardens. These data are mostly aligned with the most recent provincial framework revision of community support practice (Gouvernement du Québec, 2022). The surprising result, however, concerns the relative importance and primary place that psychosocial and health education occupies. The link to health has always been less of a focus in social and community housing, but it emerges here as a crucial factor in a global approach of services that are most frequently discussed. The recent provincial framework calls attention to that with an addition in the specific objective of the community support practice to prevent the onset or aggravation of social problems or health problems. In a recent study by Paisi and Allen (2023), housing officers had a significant role in promoting health messages and embedding behaviour change among their tenants. We see this move worldwide toward increased health attention in housing settings. In Italy, a recent study reports on the complexity of the needs of marginalized people that extends not only to the poor socio-economic conditions, inadequate housing, and social isolation, but also to a lack of readily available information on health and social services. Social and community housing settings can take this opportunity to play a major role in urban and rural health gains, in partnership with the health sector. Rural settings have not been the focus of research. There is need for more rural social and community housing developments and studies reporting on their characteristics, challenges, and alternative networking paths.

Furthermore, in recent years there has been a movement to mobilize collective and community life, and its importance in this review reflects the necessary emphasis on collective aspects and its development and dynamics in housing settings. Group interventions are more common, followed closely by helping relationship type interventions and referencing. Supportive housing interventions are less focused on food-related approaches and services, crisis interventions, and mediation. This review further shows that interventions in public housing are characterized as education, socialization, and support for collective, associative, and community life. In community housing, there is more psychosocial support of the helping relationship type, support for information needs, and referencing and support in the use of local and external resources and active living. There is more emphasis on the individual level and being open to the community outside of the housing setting and connecting tenants to the community life. Lastly, but not surprisingly, in cooperative housing settings, the support for collective, associative, and community life are the most common interventions with support in the exercise of individual and collective rights and civic responsibilities and education/training in management of housing setting. These results confirm the diverse orientation and services of different tenures observed in Canada. Models of community housing have not been reported other than in Canada (British Columbia, Ontario, and Québec), apart from Serbia. Public housing studies by far outweigh the number of community and cooperative housing studies.

OUTCOMES OF COMMUNITY SUPPORT PRACTICE

This review provides insights into outcomes of community practice in social and community housing. Significant outcomes are revealed in the psychosocial area, where social integration and participa-

tion inside housing and individual empowerment scored higher among all. Integration and participation contribute to a sense of community and belonging with more social connectedness, which can lead to social connectedness outside the housing setting. It seems to start with individual integration and with the worker's abilities to listen to tenants and make them feel heard, and with continued support, shared activities, and socialization. Socialization is crucial in building trust and friendship that can reduce tensions. An understanding of neighbours' realities helps to reduce inferred differences, and the recognition of similarities contributes to collective empowerment. Individual integration, empowerment, self-determination, feeling in a safe trusting environment, building stronger self-esteem, and autonomy fuel collective empowerment. Currently, advocacy is mostly exercised in fighting for individual rights (like smoking) and social preservation of the community sense inside (isolating antisocial tenants). Feeling in control and living on one's own terms remains important for tenants.

The more participatory the environment promoted by management and workers, the more engaged tenants will be. There is a willingness to engage but too often it is a small, closely knit group that participates enthusiastically. The fundamental relationship-based environment of social and community housing is closely linked to the worker that can nurture emotional safety and bonding among tenants. Other articles have reported about the importance of placemaking or creating a sense of place, especially as a post-COVID response (Douglas, 2023), thus contributing to creating more livable communities. Five issues emerge from the reported psychosocial outcomes: 1) a need to increase connectedness to the outside and to the broader community in social housing, 2) not underestimating the importance of supporting skills and competence development in the management of coops by tenants, 3) thinking twice about intergenerational or social mixity in housing settings as it is not necessarily a positive strategy, especially for seniors, 4) planning for revitalization and displacement with consideration to the disruptive impact on the, often stronger than believed, internal norms and networks (confirmed by Srivarathan, Høj Jørgensen, Lund, Nygaard, & Kristiansen, 2023), and finally, 5) knowing that peers play a significant role in supporting the chronic disease management of neighbours, greater attention to the growing health needs of tenants must be followed with actions and services. In social and community housing, there is a strong need for one-to-one access to housing workers, and a greater sense of solidarity and wellbeing.

This review highlights a gap between the community practice most used (education/training/workshops) and the major outcomes, which are not knowledge or skills and competence. There is a need for more research into such gaps between interventions by community practice workers and outcomes. Education and training seem to serve the goal of reaching out and instilling the needed social ingredients for quality of life in social and community housing. Quantitative results corroborate the social integration outcome as the main impact, and place cooperative housing settings as stronger promoters (also in collective empowerment), followed by quality of life, wellbeing, and participation outside of the housing setting. Empowerment (individual and collective) did not emerge as significant as in qualitative studies. This could be explained by a lack of comprehensive and valid measures of such concepts.

However, quantitative study results indicate that all tenures impact tenants relatively equally on empowerment. Converging qualitative and quantitative results are observed in quality of life and

education/knowledge. This indicates an avenue of potential further research. Economic outcomes were not as significant as anticipated based on other reports where education interventions had positive effects on home income management (Kaiser et al., 2022, as cited in Saiz et al., 2023). In this review, subsidized housing increases home income and seems to increase physical activity and food security/access to healthy food, but that is observed in social and community housing, not in cooperatives. However, another recent study on cooperative housing found outcomes on employability through decision-making participation and opportunities to learn skills and expertise (Arbell, Archer, Moore, Mullins, & Rafalowicz-Campbell, 2022).

Finally, health/mental health outcomes are the most surprising results. Although no results on knowledge were observed, health behaviours are important outcomes. A recent systematic review by Chastin, Gardiner, Harvey, Leask, Jerez-Roig, Rosenberg et al. (2021) on interventions for reducing sedentary behaviour in community-dwelling with older adults supports conclusive results, but also supports the importance of future studies aimed at modifying the environment, policy, and social and cultural norms and not only targeting individual behaviours. Continued community practice workers' presence and occasional but regular health professionals' activities inside housing impact behaviours directly. Mental health outcomes seem mostly negative and related to addiction and social climate.

A systematic review by Dennis and Dowswell in 2013 found that psychosocial and psychological interventions for women in the postpartum period significantly reduced the instance of postpartum depression. Innovative strategies that engage mobilization and nature simultaneously can offer effective alternatives to ways of addressing mental health issues in social and community housing. In the last five years, there has been an increase in holistic and integrated preventative healthcare strategies in housing that is well accepted. Tenants want to learn about health and increasing their health access through personalized and time-sensitive interactions, should be a sustainable, effective, and prioritized approach. These outcomes are corroborated in quantitative results, thus pointing to the importance of the health/mental health outcomes, except in cooperative housing settings where there is no reported health outcomes. Health behaviour impacts are attributed to public housing settings, but positive mental health outcomes are reported in 50 percent of community housing studies (twice more than in public housing), and twice more, regarding health intentions or motivation to engage in a health behavior change.

Further studies could investigate these differences and explain the success of public housing in health behaviours and that of intentions, without behavioural change observed, in community housing. In our results, health access is reported as five times higher in community housing than public housing. This result could be studied in a qualitative case study design to propose an integrative preventative health and social community and social housing framework. In Paisi and Allen (2023), it was also qualitatively demonstrated that for those tenants with chronic health conditions in social housing, health interventions provide an opportunity to improve their health situations. "Overall, there appears to be potential to improve equity of access to support with mental health and health-related behaviour change" (p. 761). Findings in this study can contribute to future work on emerging issues.^{2,3}

Lastly, in all three tenures, the development of services seems an important avenue (Chirisa et al., Freedman et al., 2012, Barker et al., 2022). Engaging tenants and mobilising strategies (public - Grier et al., 2015; public - Mmako et al., 2019) do face challenges in participation and self-deter-

mination tenant's agency (Suto et al., 2021). Studies of contexts and tenures that have shown promising results on sustainable participation of tenants and livable collective and associated memberships could inform community practice workers on the best strategies to put in place.

LIMITATIONS OF THE EVIDENCE

This comprehensive review had two research questions: what are community support practices? and what are the outcomes of community support practices? A narrative synthesis was selected to provide in-depth analysis and to optimize the results from the available designs, mostly descriptive in nature (81%). The current level of knowledge on the impact of community support practices does not lead to conclusive results. However, this integrative review provides some specific indicators with converging quantitative and qualitative results of what should be further explored in efficacy evaluation research designs to provide stronger evidence. Furthermore, most of the studies included were from the public housing tenure; the authors used percentages to make comparisons between tenures but the lack of publications from other tenures (community housing and cooperative housing) is a limitation of this study. Further studies in those tenures are encouraged.

LIMITATIONS OF THE PROCESS

Narrative integrative analysis has limitations. By providing a rigorous hybrid mixed approach, rich description, and transparency, the authors have reduced some of the inherent complexity of combining diverse methodologies and findings into a detailed narrative that could be reproduced. Using a framework to assist analysis and expert practitioners or researchers of the field as investigators proved to be useful for accuracy, rigor, context considerations, and understanding of outcomes and controlled subjectivity. Using different teams to extract the data between two phases required extra revisions and time, but confirmation of the whole process ensured coherence and systematic extraction. Excel was preferred by the SRAP unit that supported the team initially. However, using Excel and Covidence in the selection processes increased the workload and therefore the authors recommend using Covidence only in future studies.

CONCLUSION

For this systematic review, 42 studies were included and analyzed. The findings align with theoretical work foundations on community support practice and identify the most used interventions. Outcomes of different natures have been identified and relate to different types of tenures. Community practice workers are pillars in housing settings, especially in public and community housing; they contribute by bridging, bonding, and linking social capital in adversity conditions. This work makes visible the invisible interventions made by community support practice workers. None of the studies reviewed focused on this specific practice but the outcomes identified reflect the engagement, synergies, and multiple networks of success that professional community practice workers in housing can have on people, their empowerment, and their sense of home and "place to people" attachment. This review provides insight into innovative research avenues in this domain, while bringing to the forefront the fundamental challenges of individual support pathways to collective empowerment, increased health needs, and unequalled peer tenant support engagement, as well as their precarious conditions. It provides practitioners in permanent supportive housing with some degree of confidence in domains of interventions where outcomes can be expected and

the related unexpected benefits. The synthesis serves to promote and support the development and uptake of research findings into routine community practice in housing and policy contexts. Bridging the know-do gap in implementation science (Dani, 2019) is one of the greatest challenges of complex interdisciplinary interventions in health promotion and prevention. This review reduces this gap by highlighting key issues upon which to further expand knowledge to promote a scaling up and uptake of best community support practices in subsidized housing. Community support practitioners make social and community housing settings spaces that are given human meaning and value (Douglas, 2023), dignity, pride, and connectedness. Resisting the global epidemic of evictions and capitalist economies with fierce advocacy is necessary so that housing, as a right, contributes to a sense of home for those living in vulnerable social and economic conditions.

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NOTES

1. Completed data collection forms and complete search strategies for all databases (Supplementary Material A: Search Strategy) are available upon request.
2. Emerging Issues:
 - a. **Coop housing setting.** In coop housing, there is unique need of knowledge and skills about management because that type of tenure engages tenants in the overall management of the housing setting (Saegert et al., 1996). Some outcomes reported provide support to gains in that area but there is a significant lack of infrastructures and of knowledge of related policy processes, for example at the international level, in Africa, where coop developments are reported (Chirisa et al., 2014). Access to land and its development is challenging. Further studies could look into this at the explanatory level and some evaluation of our own Canadian training programs in coop could be useful. In addition, coop studies revealed no health or mental outcomes, however, tension has been reported (Saegert et al., 1996; Dang et al., 2020). Since there are no community support practice worker in coop housing, this might be given attention in future research and program developments in coop housing settings, where the sense of ownership of property is positively perceived (Saegert et al., 1996). That is also emerging in public housing with the concept of placemaking (Yu et al., 2022) or space to call your own (Tremblay et al., 2021).

- b. **Public housing setting.** Researchers and practitioners need to increase the work around stigma associated with living in social housing. Findings indicate that stigma still prevail (Vorobyova et al., 2022) and instilling pride in housing (Woodard et al., 2021) should be further studied and supported. The recent study of Jacobs & Flanagan (2023) provided findings about stigma and the need to better contextualize the problem in a wider political perspective where policy processes and powerful interest groupings' role are further explored. The notion of privacy emerged as an important factor for tenants. Gender issues were also identified as important and mentioned (Sriravathan et al., 2020; Liu et al., 2018; Tsuang et al., 2020; Thompson et al., 2013). In one study, increased monthly income was associated with women's wellbeing (Liu et al., 2018) and in another one, the need for women-only spaces to practice sporting activities was key in increasing participation. Another one found emerging higher cognitive risks in women only during an early detection housing program and debated the precaution perspective with the potential negative impact on persons along with the stigma associated with the deteriorating condition (Wiese et al., 2021). A recent study in Spain, by Romeo-Gurruchaga, et al. (2023) also calls attention for gender perspective in housing. Other interesting results relate to the choice of living in social housing for seniors being specifically chosen for the social network and safety, which is a positive emerging outcome of public housing setting. Furthermore, the impact of accessible community space inside the building was related to increased social relations. In addition, in that same study, the impact of time duration on the development of friendships in public housing seems promising (Dansereau et al., 1998).

As in the study of Yashadhana et al. (2023), language barrier and cultural issues are other emerging factors with immigrant populations (Agarwal et al., 2008; Sriravathan et al. 2020; Thompson et al., 2013; Dick-Bueno, 2019; Lapierre et al., 2021 – community housing) that should be further investigated for improvement of community support practice in housing settings, public, community or coop housings. This was recently supported in a statement about cultural diversity and more specifically, about First Nations' rights in Russel et al., (2023). The World Health Organisation identified this right of accessing housing that supports elements of health including those culturally specific, as laid out in their housing and health guidelines, which confirm the essential role housing has in ensuring good health (World Health Organization Citation, 2018 cited by Russel et al. (2023).

- c. **Community housing.** In community housing, tenants reported appreciating proactivity of community support practice workers and found that tele practice did not impact on the development of the trusting relationship with new workers (Lapierre et al., 2021). These two issues deserve more research investigations that could support more proactive reach out-service developments and telehealth. The promising qualitative results of Lapierre et al. (2021) were not corroborated by a systematic review done in 2020. That systematic review (Gonçalves-Bradley et al., 2020) on telehealth impact, did not come to conclusive results about the impact of mobile technology on participants' health status and well-being, satisfaction, or costs.

3. Appendices are also available upon request (A: Psychosocial Outcomes, B: Economic Outcomes, C: Health Outcomes).

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