



Housing Unit Takeover Task Force

SAFE AT HOME

An exploration of housing unit takeovers (HUTs) in the City of Toronto and recommendations for the future

REPORT

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TABLE OF CONTENTS

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Acknowledgments	2x
Introduction	4
Executive Summary 1	4
About the dream team 1.1	4
Method 1.2	5
Summary of findings 1.3	2
Key Themes 1.4	7
Summary of recommendations 1.5	9
Conclusions 1.6	10
Study Rationale and Key Concepts 2	12
Housing strategy and the need for research on HUTs 2.1	12
Gaps in existing research 2.2	13
Structural violence 2.3	13
Types of housing 2.4	14
Housing stability and homelessness 2.5	15
Vulnerability and the complicit victim 2.6	15
Are housing predators victims too 2.7	17
Turning the axis of intervention on its end 2.8	18
Method 3	18
Community based participatory research 3.1	18
Project design 3.2	19
Focus groups, roundtables and open dialogues 3.3	20
Major Findings 4	21
Prevalence and distribution 4.1	21
Vulnerable populations 4.2	22
Vulnerable spaces and communities 4.3	23
Predators 4.4	24
Consequences 4.5	26
Prevention and Intervention 5	26
Tenant’s rights 5.1	27
The risks of reporting 5.2	27
Language and terminology 5.3	29
The perspectives of police and security 5.4	29
The social nature of huts 5.5	31
Priorities 6	33
Building a sense of community 6.1	33
Intake tools 6.2	34
Flexible supports and ongoing follow ups 6.3	35
A proposed interagency advocacy council 6.4	35
The housing unit takeover prevention pilot project 6.5	36
Future research 6.6	37
Conclusions 7	38
Appendix	39
Appendix a: Excerpt from the desc vat	39
Appendix b: COH definition of homelessness	39
Appendix c: placement students’ reflection	40
References	42

SAFE AT HOME

THE DREAM TEAM'S STUDY OF HOUSING UNIT TAKEOVERS IN TORONTO

PART ONE: EXECUTIVE SUMMARY

This study investigates “Housing Unit Takeovers,” or HUTs: situations in which vulnerable tenants are forced to accommodate unwanted guests in their homes. During HUTs, vulnerable tenants allow people into their homes to fulfill unmet social, economic, and personal needs. In the process, the tenant is threatened physically, financially, or psychologically. HUTs are perpetrated by people of all genders, races, and age groups, but these predators tend to be manipulative family members or drug dealers. Often, these predators exploit the tenant’s vulnerabilities, such as addiction, isolation, disability, or poor health. The ultimate outcome is that the targeted tenant’s housing is jeopardized while they are made to feel uncomfortable and unsafe in their own homes. In some cases, HUTs can leave the targeted tenant homeless.

HUTs are currently underexplored in scholarly research and the mainstream media. The exceptions are 1) press coverage in the United Kingdom, where HUTs are known as “cuckooing,” in reference to the cuckoo bird’s tendency to steal other birds’ nests, and 2) a literature review and survey of service providers by Crime Prevention Ottawa (Butera, 2013). Although they do indeed acknowledge systemic issues that contribute to HUTs, these two bodies of work tend to focus on the immediate situation at hand—that is, on tenants’ “inability” to protect themselves from housing predators. For example, Butera (2013) introduces the notion of a “complicit victim,” proposing that tenants who endure HUTs at the hands of their drug dealers are, to some degree, responsible for those takeovers by virtue of the choice they made to let people into their home (p. 7).

We believe these assertions need to be reconsidered. Our findings suggest that many tenants do not even recognize how some of their characteristics—including the aforementioned issues of addiction, isolation, and poor health—make them more vulnerable to HUTs. They also lack the supports and resources that might help them avoid or escape a housing predator. Moreover, by focusing on the role tenants play in facilitating a predator’s behaviour, existing press coverage and research has yet to delve deeply into the many other systemic variables that contribute to HUTs. As a result, policy makers and housing providers have not been able to develop practical ways of addressing such systemic influences on HUTs.

This study recognizes that HUTs are underpinned by a far more complex system of players. Namely, tenants, housing providers, law enforcement officials, lawmakers, policy designers and many others are all individual parts of a broken system that facilitates HUTs. As the first study of HUTs in Toronto, *Safe At Home* aims to problematize the notion of the complicit victim. We argue for a paradigm shift that refocuses attention on the HUT itself, instead of blaming tenants for their own mistreatment. By exploring the patterns and trends that tend to characterize HUTs in Toronto, *Safe At Home* ultimately aims to provide the foundations for strategies that will reduce and prevent them.

1.1: ABOUT THE DREAM TEAM

Safe At Home was written by the Dream Team: a peer based nonprofit organization dedicated to advocacy, education, and research in the areas of supportive housing, mental health, discrimination, and stigma. Some Dream Team members have lived in supportive and social housing where they experienced HUTs themselves. Having survived a predator’s use of drugs and money to infiltrate and eventually take over their households, these Dream Team members are uniquely situated to give voice to the lived realities of HUTs in Toronto today.

1.2: METHOD

Supported by a grant from the City of Toronto, the Dream Team began work on the *Safe At Home* project in April of 2016 using a community-based participatory research model. We began conceptualizing our project using some of the key terms and ideas put forward by Crime Prevention Ottawa, and acknowledge their

ongoing advisory support.

Our findings are based on the results of 56 resident surveys, 24 resident interviews, 146 non-resident surveys, 2 staff interviews, and focus group discussions. We also conducted two roundtable discussions and an open dialogue through the City of Toronto’s Specialized Interdivisional Enhanced Response (SPIDER) program. Most importantly, however, *Safe At Home* prioritizes the voices of those who have lived through HUTs themselves. Thus, the findings, themes, analyses, and recommendations made here aim to bridge the classic divides between systemic actors like law enforcement officials and institutional housing providers on the one hand, and vulnerable individuals with lived experiences in these settings on the other.

1.3: SUMMARY OF FINDINGS

The following findings are based on survey data from residents who are or were tenants in supportive and social housing, and from non-residents who consist of any other stakeholders, from frontline workers to law enforcement officials, who have encountered HUTs in any capacity. The sheer number of residents and non-residents who indicated experience with HUTs speaks to the magnitude of this social problem in Toronto.

Prevalence

Due to a lack of data, we do not currently have reliable information regarding the actual number of HUTs in Toronto. Our survey revealed that almost 100% of non-residents have had direct or indirect experience with HUTs. 58% of residents had experienced a HUT, and 20% reported they were currently experiencing one. However, several respondents remarked that they had never heard the phrase “housing unit takeover” before. Upon explanation, many said they had indeed experienced such a situation. Therefore, prevalence rates are likely higher than our survey data acknowledges.

Distribution

Residents indicated that HUTs occur across the Greater Toronto Area, with significant takeovers reported in North York (23.5%), Etobicoke (17.6%), York (17.6%), Toronto (88.2%), East York (17.6%) and Scarborough (26.5%). Likely, the seeming concentration of HUTs in the city core is due to the concentration of our outreach in this area. Anecdotal evidence suggests the rates are much higher throughout the Golden Horseshoe: the region encircling Toronto from roughly Hamilton to Durham. Indeed, non-residents reported higher rates of HUTs in each region: 32.6% in North York, 31.9% in Etobicoke, 24.6% in York, 91.3% in Toronto, 27.7% in East York, and 44.9% in Scarborough. We consider these latter rates to be more accurate, given that frontline workers and other non-residents service a wider variety of tenants and locations.

Type of Housing

HUTs occur in both private and social housing alike. Residents reported having experienced HUTs in 58.8% of private and 67.6% of social housing. Anecdotally, we discovered that some residents had considered their rent-gated-to-income (RGI) housing to be private, even though it is sometimes categorized as social. Thus, rates indicated by residents likely underestimate the prevalence of HUTs in social housing. Indeed, non-residents reported HUTs in 50% of private and 84.1% of social housing.

In terms of building type, HUTs were found to occur in high-rise apartments (Resident: 70.6%, Non-resident: 82%), low-rise apartments (Resident: 41.2%, Non-resident: 68.4%), single-family homes (Resident: 35.3%, Non-resident: 22.1%), and row housing (Resident: 23.5%, Non-resident: 25%).

Vulnerabilities

Non-residents reported four main features that render people vulnerable to HUTs: addiction (95%), physical and mental health conditions (87%), being a low-income woman with children (47%), and being an older adult (31.9%). We did not require residents to rank their own personal vulnerabilities, but those who chose to disclose them on surveys or in interviews ranked addiction and health conditions somewhat evenly. Anecdotal evidence also confirmed that residents who exhibited these vulnerabilities were significantly more likely to experience HUTs. Far from making the takeover their fault, these vulnerabilities speak to the lack of supports and resources available to residents and the inadequacy of efforts to prevent HUTs.

Identifying HUTs

We asked non-residents to indicate how they knew HUTs were unfolding. Most frontline workers said they learned of HUTs from tenants (67.4%), neighbours (60.4%), or law enforcement officials (29.2%). 25.4% reported they heard rumours from colleagues or tenants. Of course, residents could identify HUTs more directly, based on their own perceptions of safety and security, so we explored their responses to these situations. 72% of residents indicated they trusted the non-resident support staff employed in their buildings, and would report the HUT to them before turning to the police or security. Although 94% of residents said they would want someone to intervene in an HUT, close to 35% reported they did not trust the police enough to report an HUT to them directly.

Key Behavioural Signs

Frontline workers should, in theory, be best situated to observe the signs of an HUT and intervene to prevent or disrupt it. However, only 55% of non-residents could distinguish between HUTs and excessive partying in a household. Anecdotally, non-residents reported that this “grey zone”—the inability to identify unwanted persons or behaviour—is one of the primary barriers to preventing or dissipating HUTs.

However, both non-residents and residents reported a number of resident behaviours that were often “warning signs” an HUT was occurring. In descending order of importance, non-residents mentioned isolation, fear, less engagement with supports, drug addiction, spending less time at home, mental health issues, lack of sleep, loneliness, and financial need. Residents suggested that lying, not showing up to family and community activities, rude language, and recurring illness were also key signs.

Consequences

According to non-residents, the main consequences of HUTs are eviction (25%), loss of housing due to the need to abandon one’s home (21%), criminal charges (12%), loss of money (11%), safety issues (11%), theft (10%), violence (9%), and physical abuse (8%). Residents confirmed these outcomes, but they also spoke about more personal consequences, such as the loss of their dignity, self-esteem, self-control, and power. Often, these material and emotional consequences are cyclical and mutually reinforcing: for example, an HUT can rob residents of their autonomy and control, forcing them to forfeit their housing, which in turn can erode their dignity further as they slip into homelessness.

Intervention and Law Enforcement

While 88% of non-residents suggested that HUTs could be resolved, our interviews and roundtables with residents revealed a far more pessimistic outlook. Although roughly 65% of residents said they would call police or security for help during an HUT, they described this as a last resort. An overall lack of trust in the police prompted many residents to try other solutions first. These alternatives included telling a support worker or friend about the HUT, or asking the unwanted guest to leave. Although we are unable to measure the efficacy of these tactics in comparison to those used by law enforcement, police involvement may have other negative implications for residents. At our roundtable with Toronto Police Service (TPS) and Toronto Community Housing Corporation (TCHC) stakeholders, we learned that police are obligated to work within the law while intervening in an HUT; often, this means criminalizing both the dealer *and* the exploited resident alike. Moreover, 94% of non-residents and almost 100% of residents reported feeling as though law enforcement officials lacked the tools and skills required to manage HUTs effectively. Fortunately, law enforcement respondents indicated they were open to discussing changes to their policies and practices in the field while handling HUTs.

Interagency Cooperation

When asked about an interagency council of peers and stakeholders devoted to addressing HUTs, 100% of residents and non-residents agreed that such a group would absolutely help. However, many voiced concerns about its feasibility, given that the system precludes this kind of cooperation: competition for funding, negative press, and resistant institutional cultures tend to stifle interagency collaboration. Despite this skepticism, the current project itself demonstrates that such cooperation is possible. CPO has provided ongoing guidance

and support for our study, while the City of Toronto has coordinated and facilitated the broad transfer of knowledge through its SPIDER program. Further efforts must be made to support such partnerships so that we might develop a comprehensive strategy to address HUTs, grounded in the knowledge and experience of as wide a range of organizations as possible.

Future Research: A Paradigm Shift

Future research about HUTs would benefit from more robust data. A centralized, systematic data collection process would shed light on the true extent of HUTs in different types of housing and locations. But more importantly, future research must examine the causes of HUTs from a different angle. HUTs are only just starting to receive scholarly and mainstream attention, but much of that attention is being paid to the character of exploited tenants, and the degree to which they might be culpable in their own mistreatment. In turn, the few recommendations that have been made for preventing and addressing HUTs frame tenants’ behaviours as the central “problem” to be solved. Yet, as participants in *Safe At Home* have demonstrated, tenants are just one of many factors that contribute to HUTs. A number of actors and institutions fail to deliver services or carry out their roles effectively, making them complicit in sustaining HUTs. Thus, a paradigm shift should underpin future research, particularly when it comes to what we call the “axis of intervention.” Rather than aiming to intervene in the life of the tenant to prevent HUTs, we propose that future research considers how tenants, laws, supports, and spaces (to name just a few variables) interact in problematic ways to set the stage for HUTs. In other words, we must research HUTs and their complex web of facilitating factors, not only the tenants who endure them.

1.4: KEY THEMES

The following central themes emerged from our research:

1. Trust and Rapport

The building blocks of change will be trusting relationships between funding agencies and providers; between tenants and police/security; and between providers and tenants.

2. Education

Although information gathering and knowledge sharing is currently weak, these processes are essential to improve the relationships between the stakeholders outlined above. In particular, we must educate residents about the link between their vulnerabilities and the predatory behavior of others. We must also educate the public about HUTs and the ways they can lead to eviction and homelessness. Trained teams of HUT peers would be best equipped to perform this outreach to tenants and community members.

3. Funding

The supportive and social housing sectors in general, and HUT research and programs in particular, are in urgent need of funding. Data sharing and more cooperative research efforts are two effective ways to avoid repetitive funding and distribute available dollars more effectively across different research groups and providers.

4. Community Spaces vs. Community in Spaces

A sense of community is a key factor underpinning good health. We must disrupt behaviours that hinder community building, and support those that promote the development of strong social ties. More concretely, we must build more supportive housing that, by design, encourages shared, cooperative use of common spaces.

5. Intake Processes

Non-residents felt that screenings and other intake processes could effectively prevent HUTs by weeding out potential predators. In addition to the tools already being used to assess tenants’ eligibility for housing, we should develop an evaluation that helps tenants identify their vulnerability to HUTs. While there are significant

ethical questions about gathering personal data, residents in our study seemed open to exploring this possibility if it did not threaten their housing stability, and helped them avoid HUTs.

6. Structural Violence and System Failures

The main thrust of our study is that HUTs are currently flourishing in the midst of a broken system—not due to the shortcomings of any one stakeholder. Indeed, dominant groups including the government and land developers play an indirect role in facilitating HUTs by marginalizing vulnerable residents. By failing to provide sufficient affordable housing, coordinated services, supports, and resources, these dominant groups leave residents open to exploitation by housing predators.

7. Landlords

In both private and social housing, residents indicate being fearful of their landlords, who they acknowledge as wielding significant power. Landlords, for their part, often indicate a desire for stricter screening of prospective tenants. A great deal of work remains to be done to foster healthier, more equitable relationships between landlords and tenants. Key to this process will be helping landlords recognize that they have a central role to play in maintaining safe, community-friendly spaces and advocating for tenants.

8. Stigma

Residents who have experienced HUTs report fearing their reputation will be unfairly tarnished; that their predator will retaliate if they attempt to report the HUT; that they will lose their housing; and that they will be blacklisted by landlords, rendering them unable to escape their predators.

9. Support and Follow Ups

These are the services tenants said would be most helpful in preventing HUTs, yet they are the most difficult to access. Medical, social, and psychological supports should be made more widely available, preferably on-site in housing communities on a 24/7 basis. Providers with experience managing HUTs should also collaborate to create reference materials for service providers, so they may have a reliable guide to turn to for best practices.

10. Peer Engagement

Comprehensive solutions to HUTs will only be possible if we consider the problem from the perspective of everyone involved. Thus, predators, tenants, relatives, children, support workers, and all other stakeholders should be consulted. The added benefit of engaging all members of a community is that tenants typically report being less afraid when their peers discuss HUTs with them than when “officials” do.

11. The Anatomy of an HUT

Our findings highlight that HUTs do not unfold in isolated points in time; they are more like extended narratives, with precursors, beginnings, middles, and (often messy, drawn-out) ends. Each stage presents different challenges and opportunities for prevention and intervention.

12. The Continuum of Complicity

Some victims are more complicit than others, and the degree of complicity can shift throughout the HUT.

13. Housing Predators

Some researchers and service providers suggest that housing predators are also victims of structural violence: their abusive behaviour is a product of their own vulnerabilities. Thus, rather than focusing our attention on the complicity of tenants in HUTs, we should aim to prevent predators from perpetrating those HUTs in the first place.

14. The Interplay of Tenant and Systemic Factors

Tenant vulnerabilities alone are insufficient to predict HUTs. Rather, the combination of these vulnerabilities with systemic factors, including a lack of services, protection, and high-quality housing, puts tenants at a high risk for HUTs.

1.5: SUMMARY OF RECOMMENDATIONS

1. A larger study of all housing stock in Toronto

We currently lack reliable data on where and when HUTs take place in Toronto. A systematic city-wide study would allow us to map prior and ongoing HUTs, identify hotspots, and designate priority areas.

2. Share existing data

Housing providers and law enforcement officials have data on HUTs, which should be made accessible for use by public policy makers.

3. Expand definitions of community and home

Future research should explore how people of varying ethnicities, ages, genders, and sexualities think about “home,” the “household,” and “community.” The need for such research is especially strong for Indigenous persons.

4. Engage predators

In line with our proposed paradigm shift, greater attention should be paid to housing predators and their vulnerabilities. Policies designed to prevent HUTs must take predators’ motivations and strategies into account.

5. Implement proactive community measures

Steps that should be taken to help mitigate the impact of HUTs include the creation of councils to monitor and provide support in each building; an increase in the number of Community TPS Officers; and the building of more community-friendly housing, as well as the development of more designated community spaces within existing housing.

6. Explore alternative guest and visitor policies in social and supportive housing

Unwanted guests are a major cause of HUTs, but there are limitations and frustrations about how best to prevent their access. Both residents and non-residents in our study held strong views about restrictions on guests, making this an area that requires further study. One option that should be explored is the creation of a pilot project where tenants would voluntarily reside in a building with a “zero or limited guests” policy to determine whether the complete absence of unwanted guests would reduce the risk for HUTs.

7. Help at-risk tenants better understand their options

Housing providers should aim to adapt existing vulnerability assessment tools so that they may be used to screen prospective tenants for their risk of HUTs specifically.

8. Enforce a culturally sensitive treatment of households

Law enforcement and other officials should be required to undergo training to sensitize them to culturally different understandings of kin.

9. Develop an ambitious education campaign to inform and protect tenants

Peers and existing service networks should be mobilized to inform tenants of their rights and responsibilities regarding HUTs, and the resources they can use to protect themselves.

10. Consult police and security forces regarding barriers to fighting HUTs

Law enforcement officials should be surveyed to gain a better understanding of the barriers they feel are preventing them from adequately addressing HUTs. Peers and people who have lived through HUTs should then be recruited to train police and other law enforcement officials to recognize and properly address them.

11. Develop an interagency advocacy council

An ongoing collaborative stakeholder council on HUTs should be implemented immediately.

12. Create a dedicated helpline

Most people are not comfortable calling Crime Stoppers. They doubt its privacy and fear its link to law enforcement. A helpline devoted exclusively to targets of HUTs would alleviate these reservations and encourage more targets to seek support.

13. Incorporate a Design Thinking Protocol approach into service planning and provisions

The standpoints of all stakeholders—tenants, predators, providers, support workers, and so on—should be incorporated into the analysis, evaluation, design and assessment of new practices aimed at managing and preventing HUTs.

1.6: CONCLUSIONS

Safe At Home revealed that HUTs are widespread in both private and social housing across the GTA. HUTs in supportive housing are most often executed to facilitate drug dealing. The takeover itself is a complex process that often hinges on disadvantages including mental illness, addiction, physical disability, social isolation, and poverty, all of which render tenants vulnerable to exploitation at the hands of a (typically drug-dealing) housing predator. Far from making the takeover the tenant's fault, the exploitation of these vulnerabilities points to the failure of our housing system to protect its most at-risk members. Indeed, housing staff, policy makers, security organizations and, most importantly, tenants themselves are at a loss when it comes to addressing HUTs. *Safe At Home* aims to fill this gap by calling for the paradigm shift that will move us away from our current victim-blaming mentality, toward a more productive exploration of the complex interplay of variables that underpin HUTs. Our practical recommendations for preventing HUTs include instilling stronger community sensibilities in social housing; supporting cooperative interagency councils that might design and implement potential solutions; and engaging tenants, predators, and other stakeholders in the prevention process.

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DUST TO DUST

*Dust lies upon my skin
Weighing me down
Unkempt and alone
Passersby step over me
I am just a dusty old thing
No one wants to dirty their hands
Or be like me
They shine bright
Cared for by friends
Fresh clean skin
Glowing in the dark
The cards were dealt
My hand was rotten
To the core
Dirt and grit
My life long companions
Every day and night
I walk in fright
Hiding from the lights
Too bright for my old
Dusty
Eyes
I just see the glow
As they step over
The dusty grimy thing
Lying on the ground*

Veronica Snooks

Dream Team member/Safe At Home Project Committee Member

Dec 24, 2015

PART TWO: STUDY RATIONALE AND KEY CONCEPTS

2.1: HOUSING STRATEGY AND THE NEED FOR RESEARCH ON HUTS

In 2009, the City of Toronto adopted a program called Housing Opportunities Toronto (HOT), which became the blue print for its current strategic Housing Stability Planning Framework (2014–2019). A major goal of this strategy is to determine policy measures that might contribute to housing stability and community safety. As such, the City of Toronto responded with great interest to our plan of studying HUTs, which are a common problem across the GTA.

HUTs have been identified as one of the most seriously destabilizing factors in the UK’s social housing, where the practice is called “cuckooing.” In Canada, only one study of HUTs, by Crime Prevention Ottawa (CPO, 2013b), has been conducted to date. 72% of the frontline workers who participated in that study reported they had encountered HUTs, some as often as ten times (CPO 2013). Based on the data we collected via surveys, interviews, and focus groups with both residents and non-residents, we suggest that close to 100% of frontline workers and over 66% of tenants in the GTA have experienced HUTs. Tenants who participated in our study said they had endured HUTs up to 7 times. Because our findings resemble those from CPO, it is possible that HUTs look the same in different cities across Canada. If HUTs do indeed share many features regardless of where they unfold, the policy design process could be simplified. That is, it may not be necessary to develop different approaches to preventing and addressing HUTs for each specific locale in which they occur.

Although CPO and our own team have begun collecting this data, it would be impossible to determine the precise number of HUTs that have occurred in the GTA or in Canada more broadly. Methodological issues have prevented researchers from gathering reliable frequency data. For example, the protocols for asking tenants probing and invasive questions are restrictive and often inconsistent across different regions. And while tenants might report unwanted guests or other troublesome activities, they are unlikely to describe these incidents as HUTs because the phrase is very new. Finally, even if housing providers collect data on activities that seem like HUTs, such as drug dealing or the other warning signs discussed below, we currently lack a system through which to make use of this information. These statistics are not made available to the general public, nor are they even shared across housing organizations and other stakeholders.

Despite these limitations, we know some things to be generally true. Both the CPO study and our own research suggest that HUTs are not restricted to social or supportive housing; they also occur in regular market and privately owned homes as well. However, HUTs in social and supportive housing must be addressed with the greatest urgency, because these buildings are home to the most vulnerable tenants in our communities. This sector is also under great scrutiny by the press and political factions.

In sum, the vast majority of residents, frontline workers, and other stakeholders seem to have some kind of experience with HUTs, having either perpetrated or suffered through them; worked to address them; or heard about them through friends, coworkers, or other community members. Below, we describe tenants who are either currently involved in HUTs, or have been involved with them in the past, as having “direct” experience. Indirect experience, by contrast, refers to the experiences of frontline workers, neighbours, friends, housing providers, those working in organizations where HUTs took place, and other stakeholders who have witnessed or tried to address HUTs. Given that almost all of the frontline workers and over 66% of the tenants who participated in our study had experience with HUTs, there is no shortage of information about these incidents in our community. However, researchers have yet to tap into this wealth of data. We know very little about HUTs because very few formal studies have investigated them. Because the term “takeover” is still relatively new, those who have experienced these incidents rarely report them as such, making data collection difficult. Furthermore, very little information about the lived experiences of HUTs has been gathered and analyzed systematically, let alone been made available to the public. The discussions of HUTs in the following pages can therefore be used to help make sense of a range of experiences that result from unwanted and often predatory guests encroaching on the housing of vulnerable tenants in particular.

2.2: GAPS IN EXISTING RESEARCH

Until a recent *Toronto Sun* article about persistent drug gangs in Toronto Community Housing was published (Levy, April 26, 2017), few Torontonians knew what HUTs were, or that they happen right here at home. Our outreach revealed this general lack of awareness: many of our participants said they had never heard of an HUT, and only said they thought the phenomenon made sense once the researchers had defined and explained it.

These gaps in public consciousness persist, despite the release of some data on HUTs over the last decade. For example, TCHC and TPS have collected such data in the past. The study by CPO (2013) mentioned above noted that, “A 2009 Toronto Community Housing report alludes to the fact that within Toronto’s public housing there exist ‘...vulnerable tenants whose homes had been taken over by drug dealers and pimps, or became crowded by homeless people’” (p.6). Thus, while some research has very broadly suggested that HUTs are happening in our communities, the general public remains largely unaware of them.

In addition, the minimal research that has been conducted on HUTs has yet to include a systematic analysis. We know HUTs are happening, and we know that tenants, frontline workers, housing agencies, and other stakeholders are largely at a loss when it comes to preventing and stopping them. A systematic analysis of HUTs across the GTA would provide some much-needed insight. By conducting such an analysis, this report aims to initiate an informed discussion of HUTs, and catalyze more research on this social problem in Toronto.

The following analysis is focused on the supportive and social housing sectors. This is because we—the Dream Team and our housing partners—provide supports and housing for vulnerable people; not conventional people, in conventional housing. We wanted to leverage our existing networks, so we started this project by getting in touch with our contacts who provide housing for people with vulnerabilities. It was immediately clear to us that vulnerable individuals are more likely to experience HUTs. As such, our key sources are vulnerable tenants, frontline workers in the supportive and social housing sectors, and housing advocates. Their direct and indirect experiences with HUTs ground our analysis.

One aim of the *Safe of Home* project is to begin exploring the prevalence, causes, and consequences of HUTs in Toronto using rigorous research. However, the nature of our team makes this project stand apart from a traditional academic study. The Dream Team is a peer-directed and community-based coalition consisting of a peer research committee, an external research lead, university placement students, and research associates. We also consider the roughly 350 community members who participated in surveys and roundtables to be members of our team. Every one of these individuals contributed to the emergence of what is becoming a broad-based research community concerned with HUTs.

Coordinating a coalition of this size and diversity has been undeniably challenging, but it is these very features that give our results such depth. Using lived experience as the foundation of our analysis has allowed us to offer a humane, practical assessment of HUTs. To repeat, this report is indeed intended to present findings based on rigorous research instruments. However, it also demonstrates the benefits of collaborative research on housing stability, conducted by the people who are personally invested in that stability. We see *Safe At Home* as the starting point of a long journey; in our roundtables and focus groups, the desire to initiate a bigger, long-term conversation was repeatedly emphasized. Everyone recognized that preventing and reducing HUTs is essential to housing stability in Toronto, and that an ongoing dialogue between tenants, frontline workers, housing providers, and other stakeholders would be critical to accomplish this goal. For example, one supportive housing worker we spoke with said: “In the building where I work, there are 300 units, and we’d say at any point in time there are about 10-15 units that have been taken over.” The first step towards effectively addressing HUTs is to develop a better understanding of their causes and consequences. This report seeks to accomplish just that by beginning to fill some of the gaps in the existing research and proposing strategies we might use to prevent and address HUTs, based on our learnings.

2.3: STRUCTURAL VIOLENCE

As mentioned, The Dream Team consists in part of peer researchers, each of whom has felt the weight of marginalization and stigma. As they can attest, it is impossible to understand housing instability without understanding the larger systems of symbolic and structural violence. Many sociologists (Bourdieu, 1972;

Farmer, 1996) have examined how dominant institutions and groups marginalize, oppress, and exploit other groups. Over time, these practices produce structural conditions that amount to a certain kind of violence. For example, people with mental health or addiction issues are often treated as undeserving, marginal citizens and relegated to substandard housing or homelessness. This constitutes a type of structural violence whereby they are kept from meeting their most basic needs.

Toronto has had social housing since World War II, and it has recognized the need to subsidize housing for some vulnerable groups. Certain groups have fared better than others. In some cases, housing is more accessible to low-income earners than those with mental and physical illnesses and disabilities. While both groups are stigmatized by misperceptions about their alleged character deficits, mental health and disability remain poorly understood and, in turn, often feared. Thus, the latter are often condemned to run-down buildings that are under funded in order to keep them on the margins. Indeed, many of the supportive and social housing residents we interviewed said they felt as though policy makers were not addressing their needs, and that they were treated poorly by the general public. These marginalized, stigmatized, and insufficiently housed individuals are especially vulnerable to HUTs. Throughout this report then, we explore the many ways in which HUTs can appear in the lives of vulnerable tenants as a collateral effect of the larger historical processes that perpetuate structural violence against citizens perceived by dominant groups as less deserving.

True, all Canadians are governed by politics, governmental bureaucracies, and other such powerful institutions. However, vulnerable people—such as the low-income earners, and people with mental and physical illnesses mentioned above—are likely to be more dependent on supportive and social housing than solvent or less vulnerable people. Housing for vulnerable people therefore becomes a structural concern in two ways. First, housing itself is structural and impacts where and how people live. Plenty of research has been conducted on poverty and social housing, and much of that research notes the impact of ghettoization on people marginalized by race, ethnicity, age, and low income (Gans, 1969; Wright, 1997; Harvey, 2008). Second, housing services are organized so that providers have much more power than tenants over decisions about their housing. This places vulnerable people in dependent relationships with the people who provide and maintain their housing. These complex structural relations have far too many causes and consequences to address in depth here. However, to better understand HUTs, we also need to understand the role that structural processes play in forcing vulnerable tenants to live in trying, substandard, and often unsafe conditions.

2.4: TYPES OF HOUSING

Our participants included tenants who live in and staff who work at a variety of supportive and social or public housing units. In this section, we define what we mean by each of these terms.

First, according to the Ontario Non-Profit Housing Association (ONPHA, 2017), public housing was: ...developed predominantly by the Ontario Housing Corporation (OHC) in the 1960s after CMHC's mandate broadened to housing for low-income families. Managed by Local Housing Authorities with local boards; OHC set policy and provided services (such as legal and technical support). The projects were 100% RGI housing and tended to be large high-rise buildings when built in large urban centres. Ownership was downloaded from the Province to the Municipal Service Managers in 2001. The Social Housing Reform Act renamed public housing "Local Housing Corporations" (see non-profit housing).

Second, social housing is often used synonymously with public housing. According to the ONPHA (2017), social housing is:

Housing that is community sponsored i.e. by local faith groups, service clubs, YMCAs, other community organizations, or by municipalities. Designed to address some of the Public Housing issues, it is mixed-income housing (some RGI, some market units), in smaller-sized projects. (The term now includes Public Housing). Social housing is technically defined as either non-profit rental or co-operative housing funded by a legally prescribed government program (although some social housing providers are now building housing with no government funding).

Third and finally, supportive housing is generally housing designed to meet the needs of vulnerable

people. Once again, the ONPHA (2017) defines supportive housing as:

Non-profit housing for people who need support to live independently, e.g. the frail elderly, people with mental health problems, addictions or developmental disabilities. Administration and funding of supportive housing providers were not downloaded to the Municipal Service Managers in 2001; rather, the responsibilities were transferred to the provincial ministry that funded the support services, either the Ministry of Health/Long-Term Care or the Ministry of Community and Social Services.

Even though vulnerable tenants are usually housed in social or supportive housing, their tenancy is still governed by the Residential Tenancies Act (RTA). The RTA protects them from rent increases (to a degree), but it also imposes universal guidelines about evictions, rental arrears, and other issues that plague the regular rental market. People with vulnerabilities generally have fewer family supports and personal resources, so they experience rent, arrears and other tenant issues very differently than people without such vulnerabilities. As such, we focus on the way definitions, grounded in conventional ideas about the world, are used to explain and organize the administration of services for vulnerable people. Once again, we will see how structural processes shape the conditions under which tenants in social and supportive housing live.

2.5: HOUSING STABILITY AND HOMELESSNESS

Housing stability is a complicated topic that is difficult to define for many reasons. First, we want to avoid the tendency to define housing instability by contrasting it against "normal" housing experiences. Doing so would only reinforce the stigmatization of unstably housed individuals. Second, researchers tend to disagree on what the phrase actually means. For some, housing stability might mean that people with historically erratic tenancy and eviction patterns come to remain housed in one place for a longer period of time. One of the arguments that has been made in favour of Housing First models since the 1990s, and which was exemplified by the 2013 *At Home/Chez Soi Housing First Project*, is that vulnerable people are much more likely to stay housed and maintain their homes when they receive appropriate supports. If these supports decline, so too does housing stability. So, housing stability does not only describe living in a housing structure for a period of time; it also refers to the supports that allow for that continued housing.

Because different people require different supports, housing stability can be thought of as a continuum: "At one end of the continuum is an absolute lack of customary access to reasonable housing (couch surfing, emergency shelter, living "rough"), and at the other is customary access to housing in the absence of risk" (Frederick et al., 2014, p. 970). People's housing circumstances and needs can change frequently, resulting in shifts in their place on the continuum. Due to these fluctuations, housing stability "means being able to access and keep housing over time as one's needs change" (Toronto Shelter, Support, and Housing Administration, 2014, p. 3).

For the purposes of this research, we define housing stability as living conditions that are safe, long-term, foster the development of social ties, and allow people to maintain their dignity. Housing that is, by this definition, stable is an undeniably good thing. Although it should be the standard experience for everyone, we know many people suffer due to housing instability. Their living arrangements may become precarious and they risk eventually slipping into some kind of homelessness. Like housing stability, homelessness can also be conceptualized as a continuum. Some people endure absolute homelessness, where they are entirely without shelter and live on the streets, while others experience episodic losses of housing, cycling through short-term rentals, shelters, and other unstable arrangements. (See Appendix C for a more detailed definition of homelessness.)

Thus, the continuums of housing stability and homelessness can overlap, with the worst-case outcome being a complete lack of shelter and ultimately, death. Both housing instability and homelessness are very real risks for targets of HUTs, many of whom also risk losing other crucial supports if they lose their housing. As one of our participants who had been subjected to a HUT put it: "Because of the takeover, I'm homeless, trying to stay clean, but need housing ASAP. I have seen it happen to seven other people."

2.6: VULNERABILITY AND THE COMPLICIT VICTIM

Vulnerability is another term with a variety of meanings and potentially problematic implications. Like certain

conceptions of housing instability, vulnerability is sometimes defined in contrast with “conventional,” “normal” experiences. According to Toronto Public Health (2012):

The City of Toronto—Working Group on Vulnerable Individuals defines vulnerability as the result of interaction between the challenges a person faces and the resources that they can access when facing those challenges. A vulnerable resident must be assessed in context—a person’s vulnerability or resiliency will depend on their circumstances, environment and resources in the broadest sense. Vulnerable persons may be isolated, without identified supports, reclusive, have underlying medical problems and/or mental health issues posing a threat of harm to themselves and/or others. Physical harm to the self may be due to reduced ability to manage activities of daily living, substance misuse, isolation, poor insight and/or reluctance to accept support services. (p. 1)

Some members of our task force recognized this as a typical policy piece, while others pointed out that it marginalizes the experiences of vulnerable people by contrasting them with the “normal activities of regular folks.”

In other words, discussions of vulnerable individuals risk perpetuating the kind of structural violence described above. Sometimes, these discussions are really about those who are seen as having “deserving” versus “undeserving.” They can place the rights of “normal,” “deserving” folks above those of “vulnerable,” “less deserving” tenants. This is because the people having these discussions are usually “normal” individuals with conventional experiences of housing. They accordingly try to make sense of the choices made by vulnerable people by comparing those choices with those typically made by conventional majorities. Thus, vulnerable individuals come to be seen in terms of their divergence from the norm. For peers in our research, this unfairly suggests that all people need to strive for similar housing and health objectives.

Another issue with this definition is that it draws attention away from the fact that most people in Canada live in varying degrees of vulnerability. Paradis (2013) argues, “nine out of ten families are at risk of losing their housing in Toronto’s aging rental high rises” (p. 1). In April of 2017, TCHC and the City of Toronto agreed to shutter hundreds of housing units in disrepair, while they wait for more funding dollars from the province. No one is sure where the tenants will go. Other news articles and scholars have argued that many Canadians are a mere paycheck or two away from homelessness. Housing is simply too expensive and hard to find for the vast majority. The notion that housing security is a growing struggle for all people should underscore the additional difficulties faced by vulnerable people—the kind of people we spoke with during our research. HUTs are just one of those additional difficulties.

HUTs most often happen because many tenants in social and supportive housing are vulnerable. According to Spini et al. (2017), vulnerabilities are “inherently multidimensional, as they simultaneously involve losses and gains of resources and stress related to multiple life domains” (p. 9). The complexity of vulnerability means that we cannot pin down a single variable or type of vulnerability that causes HUTs. On the surface, they begin simply by letting troublesome people into one’s home. But this choice might not have been made if ample supports were in place. Because vulnerable people have more material, medical, and social needs than our current system attends, they often let people into their lives and homes who promise to fill these needs.

As a result of this propensity to willingly allow perpetrators of HUTs into their homes, CPO (2013a) imagines the victims of these takeovers as “complicit”:

A tenant whose home is taken over can be conceived of as a “complicit victim”. The tenant shoulders some of the responsibility for their takeover in the sense that in many cases they accept drugs or have other needs fulfilled by those taking over their home, and often knowingly permits illegal activity to take place even though as tenants they are ultimately responsible for the behaviours of their guests. (p. 2)

This idea of complicity is troubling for some, as it implies that tenants want, or at least allow, HUTs to happen. Our research shows that this is not true. One participant recalled the sense of powerlessness he felt during an HUT: “When my home was taken over, I felt helpless...I had no control over how things went at all...I had to go back to the shelter.” This is only one of many examples illustrating that vulnerable tenants are often at the mercy of HUT perpetrators—not conspiring with them.

On the other hand, some tenants knowingly let drug dealers deal out of their apartments in exchange for drugs. But this does not mean the victim should be blamed for the results of the arrangement. Consider, as an example, the way one of our participants described being dragged into an HUT by a partner:

My partner at the time was an addict and began to bring his friends in and benefited from them piecing off the house, (which means to give drugs for the use of your home) who turned out to be the drug abusers and dealers that lurked around the community. They were all really nice in the beginning, then one horrible day they convince you to try the drugs, the wonderful drug they take and BAM! They got you and all your money, your home, your life belongs to them, your life becomes a struggle to survive addiction and get away from these people running your life. They are very violent and serious about the money they make. The guy who ran my neighborhood lived in a comfortable neighborhood elsewhere... we were the ones supplying his lifestyle with our lives. Eventually people died at his hands. Who really cared?

The frontline workers we spoke with in this study recognized that tenants had, more often than not, been coerced into cooperation. As one worker in a supporting housing unit explained:

It is a primal, dog-eat-dog world and even though it’s the tenants that make the decision to open their doors, those doing the takeovers often prey on tenants’ vulnerabilities such as having a drug addiction or being elderly and lonely.

For these reasons, most residents in our study took issue with the idea of a complicit victim. 77% disagreed that the notion accurately captured what goes on during an HUT, and 47% strongly disagreed. This strong opposition from the very people who actually endure HUTs meant, in our eyes, that we needed to explore the concept in more depth. We therefore take every opportunity in this report to link personally lived experiences of HUTs with broader systemic issues, rather than using the default reasoning that poor choices made by a culpable tenant can adequately explain HUTs. In fact, one of the reasons that so few people come forward and report HUTs is that they fear being blamed. It is the power of stigma, and the fear of being told they are responsible for their own suffering, that stands in the way of discussing HUTs more openly and effectively.

Perhaps most importantly, nothing productive comes from blaming or punishing the victims of HUTs. Holding victims responsible for their own suffering merely deflects attention from perpetrators, and allows HUTs to continue. We will therefore present a case for policies that support the development of tools to work with—rather than punish—vulnerable tenants to reduce their susceptibility to HUTs.

2.7: ARE HOUSING PREDATORS VICTIMS TOO?

If there is a victim—complicit or not—there is also a villain. It would be impossible to solve the problems of HUT victims without also addressing those who perpetrate these acts. *Safe At Home* sees housing predators as villains: these individuals use drugs, violence, sex, economic power and social supports to manipulate tenants into accommodating unwanted occupants in their homes. Despite their obvious, central role in causing HUTs, critical discussions of housing predators in existing research are scarce. The discussions we did identify had mainly to do with real estate purchasing practices, where predation is considered normal and necessary (Mesly & Mangin, 2012).

Housing predators who perpetrate HUTs take advantage of the dependency of vulnerable persons, whether that vulnerability is the result of addiction, poor health, social isolation, low income, or a variety of other causes. In turn, they manipulate the tenant to the point where the predator assumes complete control of the household. Like CPO, we too found that HUTs are most often related to drug use and dependencies. One supportive mental health and housing worker explained that victims of HUTs are most commonly:

People with trauma histories, and addictions. And I hate to say it, but it is often the non-violent ones, the non-confrontational ones—there is a pecking order. Example of a guy, his place is party central, they’re all doing heroin, and he’s chronically drunk, but he thinks they’re all his friends, and he’s small, quiet, kind-hearted, and he’s survived on the streets by being agreeable...it’s alpha-male stuff. If you are weak, and have a visible weakness, you will be a magnet.

Thus, HUTs tend to happen where the special and largely unmet needs of vulnerable people collide with the skills of housing predators to produce different types and degrees of complicity and victimization. While the people whose homes are being taken over are most often viewed as the victims, some perpetrators may also be considered victims of sorts. Several of the frontline workers we spoke with noted that housing predators are often subjects of structural violence, making them victims of some of the same systems that

disadvantage vulnerable tenants. As one of these workers put it:

The people that are taking over generally are appropriate targets for social work intervention as well. Is a unit takeover a phenomena of poor harm reduction, lack of affordable housing, bad hostel system, overcrowding, drug stigma, people getting out of jail with no discharge plan, vulnerabilities and criminalization of sex work...? It's an interesting intersection because there's mutual exploitation and mutual vulnerability. In other words, often both parties are vulnerable, and both parties have something to gain.

2.8: TURNING THE AXIS OF INTERVENTION ON ITS END: AN ALTERNATIVE PARADIGM

After looking at other studies, listening to stakeholders' comments, and critically examining the way vulnerable tenants' lives are impacted by structural violence, we did not believe that prevention and intervention strategies focused solely on tenants would be successful. This is the approach traditionally taken to HUTs: changes to stakeholders' practices, laws, rules and regulations are put secondary to changing tenants' behaviours. This approach, we believe, is misdirected: it puts the mantle of responsibility on the tenant to adopt new or different practices, despite the reality that weak housing and support systems rendered them unable to build those healthy practices in the first place. In other words, a tenant-focused approach would merely perpetuate the status quo, leaving vulnerable people to their own devices, rather than building up the supports they need.

If we want to effectively prevent and intervene in HUTs, this traditional, tenant-focused approach is not the solution. The issue here is HUTs, not tenants; we want to stop HUTs, not invade tenants' lives. The actions of vulnerable individuals alone do not cause HUTs; rather, systemic factors such as laws, rules, housing stocks, law enforcement, housing supports and so on interact to produce HUTs. If vulnerable tenants were to blame, then everyone with such vulnerabilities would endure HUTs. Obviously, not every vulnerable individual has suffered an HUT. While they may have made better choices, these individuals likely also had better access to supports and resources that helped defend them against housing predators. Thus, intervention and prevention strategies must take into account how interpersonal *as well as* structural, systemic processes interact and factor into HUTs. The findings from our study, reviewed in the coming pages, speak repeatedly to this interplay between systemic and personal determinants of HUTs. Effective intervention and prevention efforts will address both of these variables, rather than solely focusing on changing the behaviours of potential victims.

Ultimately, we acknowledge that tenants and housing predators both play a major role in HUTs, and both parties must take ownership for the choices they make. However, if tenants are being asked to take responsibility for their actions, we call upon all other stakeholders—frontline workers, housing providers, policy designers, the government, and the rest of the system—to do the same.

PART THREE: METHOD

3.1: COMMUNITY-BASED PARTICIPATORY RESEARCH

This project began in January of 2016, when Dream Team peers elected an internal, peer-led task force to study HUTs. Drawing on the work of CPO (2013) mentioned above, the Dream Team spent several months developing research questions and defining the scope of our project. By April 2016, the peers had selected an external research lead and two research associates to facilitate and coordinate the many aspects of the present study. Also playing key roles were placement students from *Ryerson University* and the *University of Toronto* Medical School. The medical students, Daniel Hughes and Josiah Osagie, held focus groups, conducted and transcribed interviews, performed in-depth analyses and prepared summaries that appear in part in this document. Amanda Buckingham, a student at Ryerson, became a central part of the team, engaging in all aspects of the research and taking on key coordination responsibilities. Finally, we were sure to seek out not only tenants who have experienced HUTs first-hand, but also law enforcement officials, support workers,

housing providers, and other stakeholders. In this sense, *Safe At Home* is a community-based participatory research (CBPR) project in the truest sense.

In CBPR, members of the community under study take active roles, alongside trained researchers, to get the job done. In this study, peer members of the Dream Team contributed to designing, implementing, analyzing and compiling data, all of which was facilitated by the lead researcher and coordinated by the assistant. With so many parties involved, this project was certainly a learning experience for all; emotions were often high, but we always moved through the obstacles to arrive at new revelations. Perhaps most importantly, we have been able to include a wide range of standpoints and perspectives on HUTs thanks to the diversity of stakeholders we spoke with. This diversity is reflected in and contributes nuance to our findings.

We believe it was important to use CBPR as the foundation for our investigation, since one of our key objectives was to inform the public about HUTs. We knew that our findings would only be accessible if they had been produced by our community members, and grounded in their lived experiences. To this end, the entire task force has participated in open dialogues hosted by the City of Toronto, in roundtables at City Hall, and in outreach initiatives with high-risk buildings that house many vulnerable tenants. Stakeholders also provided feedback on our analysis and findings. Thus, using CBPR, *Safe at Home* is a study conducted by our community, for our community.

3.2: PROJECT DESIGN

Surveys

Two different surveys were administered during this study, both of which were designed by the task force. The first survey was for all non-residents, including frontline workers, police, landlords, and any other participants who had knowledge of takeovers but were not tenants themselves. 146 non-resident surveys were completed. The second survey was for residents: any tenant who had direct, current, or past experience with HUTs. 56 resident surveys were completed. Sewit Tamene, one of our research assistants, used Google Docs to administer both surveys online.

Interviews and Focus Groups

In addition to surveys, the task force undertook 26 in-depth semi-structured interviews and two focus groups. 24 of these interviews were with residents, and these provided us with much of the qualitative support for our survey results. Honorariums were paid to residents who participated in these interviews. Two interviews and two focus groups with non-residents provided us with a strong understanding of their perspectives. Each interview took roughly one hour, and they were all recorded.

Participant Selection

Originally, we had intended to focus this project on HUTs among at-risk older adults. When we began our outreach, visiting housing sites and calling and emailing stakeholders, we quickly realized that other members of the supportive and social housing community were eager to be heard on the matter as well. Several older adults filled out our surveys and participated at roundtables, so we were able to reflect some of their experiences. But we were also able to capture the thoughts of a more diverse population, making *Safe At Home* more broadly representative than originally planned.

That said, we did not require any of our participants, resident or non-resident, to identify themselves. Among the quarter of non-resident participants who did choose to identify themselves, the majority were involved in the supportive housing sector. Most were frontline workers in supportive housing units, while the fewest responses came from bureaucrats and city administrators. This is likely due to our own involvement in the supportive housing sector, which allowed us to conduct much of our outreach with our existing contacts in that sector. Similarly, residents were not required to identify themselves. Among those who did, the mean time spent in supportive or social housing was three years. The full range of residency among our participants was, however, extremely broad, with some residents having only lived in housing for a few days and others, upwards of 20 years. In sum, our report speaks mainly to the range of experiences participants had in supportive and social housing, but we do not attempt to account for the broader experiences of the general public.

Participant Ethnicity, Race and Age

We did not require participants to disclose personal information, and less than one quarter shared their racial/ethnic identity. Among those who did, tenants identified across eight ethnic/racial categories: Canadian (19%), Black (19%), European (19%), Indian (13%), Native (12%), Filipino (6%), Hispanic (6%) and mixed (6%). 50% of residents disclosed their age. The distribution more or less aligns with that of people living on the streets: most of our participants are 46-65 years old, followed by 20-45 year olds, while about 8% are over 65 years old.

As mentioned above, we had initially intended to focus on older adults' experiences of HUTs. We know, from existing research, that older adults who experience isolation and loneliness are especially vulnerable to HUTs. Although we ended up exploring the experiences of tenants of a wider range of ages, we did indeed come across accounts of the struggles older adults face. According to one supportive mental health housing worker:

A lot of times, especially for the older gentlemen, it's about companionship. They're lonely, they want the girl in their house, and it's safe. But then the girl brings her boyfriend, and he brings his friends, and then it becomes troublesome. They have a big party, and the man can't do anything—he can't sleep, he can't even go into his own bedroom. She's doing her business in the bedroom. He does complain about it and when the supportive housing workers ask him why he keeps letting her in, he'll say she said she just needed to use the toilet, but the problem is he'll buzz her in, and the rest of the crew will follow. So, it starts as a friendly, nonchalant encounter but then it grows.

Gender and Sexuality

Among those residents who agreed to disclose their gender, 61% identified as female and 39% as male. Other research has found that women are more likely to find supportive housing than men, and are more likely to take efforts to maintain it. Thus, our female-dominated sample could merely reflect their greater presence in supportive housing.

27% of our resident respondents indicated they were single, while 25% reported they were part of a couple. None of our participants identified as LGBTQ, which raises some questions, since we know that members of this community are in supportive housing and have experienced HUTs. We also met people who identified as LGBTQ at our roundtables. Thus, HUTs among people in the LGBTQ community should be explored in future research.

3.3: FOCUS GROUPS, ROUNDTABLES, AND OPEN DIALOGUES

Following the interviews with our resident participants, the task force reviewed the existing literature on housing stability and vulnerability, searching for key themes that emerged across this body of work. They determined, as a group, a set of themes they believed were relevant to our project. The interviews were then selectively transcribed, such that quotations that spoke to these themes were recorded in full. More specifically, the task force listened to each of the interviews, noted key passages, transcribed them verbatim, and noted the themes they seemed to fall under.

The top themes determined by the peers were, in descending order of the prevalence at which they were mentioned: addictions, mental health, vulnerability, prevention, isolation, peer groups, threats of abandonment and threats of violence, illegal activity, landlords, police, trust, helplessness, fear, education, lack of communication, community, exploitation, dealers, targets, women, and the elderly.

These findings were the foundation of our first roundtable at Toronto City Hall. At that same roundtable, we also presented our analysis of two focus groups held with housing providers. More than 70 people attended the roundtable and were pleased with the discussion overall. However, there was a general consensus that in its next phases, our research should aim to uncover some practical recommendations for addressing HUTs.

Our next group dialogue unfolded at the North York Civic Center in an event by the SPIDER program. 140 stakeholders from various organizations attended, including both residents and non-residents. We presented some of our findings from the surveys. In the ensuing discussion, those present widely agreed that HUTs were everywhere, pervasive and enduring, and that the difficult task of aligning police, housing communities and policy makers had only just begun. In May 2017, we held another roundtable to review the

task force's major recommendations and assess their practicality.

Finally, we held a consultation with more than 20 members of the TPS, TCHC security management, and other stakeholders. This consultation confirmed many of the observations made by the residents and non-residents we had already interviewed. Many of the law enforcement officials indicated their eagerness to listen to the experiences of people who have lived through HUTs, and to provide support and assistance to help prevent and reduce HUTs. Everyone at this consultation agreed that in order to achieve these goals, law enforcement officials, tenants, and other stakeholders must work together to develop an interdisciplinary prevention and intervention strategy.

Such a strategy was one of the main goals of this research. We knew we had to not only speak with residents and frontline workers about their immediate experiences of HUTs, but also with the law enforcement officials, housing providers, and other stakeholders who might be able to address this problem. In the final pages of this report, we present recommendations for policies and practices to address HUTs that are grounded in the information generated by these roundtables and consultations. Before outlining these recommendations, however, we review the general findings of our surveys and interviews.

PART FOUR: MAJOR FINDINGS

4.1: PREVALENCE AND DISTRIBUTION

75% of our resident participants understood what we meant by "housing unit takeover." When we first asked if they had ever experienced one themselves, 56.5% of residents said they had. 20% of these individuals said they were currently experiencing an HUT, while the remainder had experienced one or more in the past. However, several residents said they came to understand their previous experience as HUTs after attending our roundtables. We therefore updated our rates to reflect that 58% of our resident participants had direct experience with HUTs. Among these respondents, HUTs occurred from one to seven times, with 35% of respondents reporting that they had experienced three HUTs.

Some residents described situations that seemed, to us, to resemble HUTs, but which respondents did not explicitly reference as such. For example, 55% of our resident respondents said they had had guests who overstayed their welcome. Of these, 57% said their unwanted guests had made them feel unsafe at some point, even if they did not think of the arrangement as an HUT. Some respondents said they had initially invited these guests into their units to party, or for other reasons. But others, while not explicitly describing the situation as an HUT, said they had been subjected to blatant violence as people forced their way in. Thus, it is possible that HUTs are even more common in the GTA than our data suggests, as tenants may indeed have experienced what we are classifying as an HUT, but use different terms to describe their experiences.

Some of our most valuable information about HUTs came from frontline workers. Though they may not be victims of HUTs themselves, they often learn about them through the complaints voiced by those victims. 67% of the non-residents in our study said they learned about HUTs because victimized tenants turned to them for help. 60% reported hearing about them through neighbours. Finally, 29% of non-residents said they learned about HUTs because they were present during, or heard about, police interventions.

Interestingly, 26% of non-residents said they had only heard rumours of HUTs, even if they were said to be happening in buildings or among populations they knew well. In other words, frontline workers are sometimes unaware of HUTs happening in the buildings where they work. Indeed, 57% of support workers and other non-residents said it was sometimes difficult for them to tell the difference between an HUT and excessive partying. However, deciphering between the two seems to become easier with time: 44% of non-residents said they eventually developed the skills needed to see warning signs of HUTs.

According to our resident participants, HUTs take place across the GTA. 23.5% reported they had experienced HUTs in North York, 17.6% in Etobicoke, 17.6% in York, 88.2% in Toronto, 17.6% in East York, and 26.5% in Scarborough. These rates reflect responses from participants who reported on more than one experience. The concentration of HUTs in the city core is likely because we concentrated our outreach in this area. Anecdotal evidence suggests the rates are much higher in other areas, including the Peel Region and the entire Golden Horseshoe. Indeed, when we asked frontline staff and other non-residents where they had experienced HUTs, rates were higher across the board: 32.6% in North York, 31.9% in Etobicoke, 24.6%

in York, 91.3% in Toronto, 27.7% in East York and 44.9% in Scarborough. We take this to be a more accurate range, since these non-resident respondents service a number of tenants and locations. They would therefore potentially be aware of numerous HUTs unfolding within the same building, for example.

HUTs occur in private, social, and supportive housing. Our non-resident participants said they had observed HUTs in private housing 50% of the time, and in social or supportive housing 84.1% of the time. Residents reported HUTs in private housing 58.8% of the time, and in social or supportive housing 67.6% of the time. Anecdotally, we found that some residents in scattered RGI housing had thought of this as private, when in fact, we consider it social housing.

HUTs also occur in all types of buildings. 82% of non-residents and 70.6% of residents reported observing or experiencing HUTs in high-rise apartments; 68.4% of non-residents and 41.2% of residents reported them in low-rise apartments; 22.1% of non-residents and 35.3% of residents reported them in single dwelling homes; and 25% of non-residents and 23.5% of residents reported them in row housing. Again, non-residents likely reported more HUTs because of their experience working in a wider range of housing sites. Nevertheless, both residents and non-residents agreed that HUTs happen in all kinds of housing.

One of our key anecdotal findings is that victims of HUTs are likely to continue experiencing them repeatedly, even if they move and find housing elsewhere. This is because the vulnerabilities that make them attractive targets for housing predators move with them. Thus, until residents' vulnerabilities are addressed and they are provided with appropriate supports, they are likely to be repeatedly targeted by housing predators.

4.2: VULNERABLE POPULATIONS

Certain groups are more likely to experience HUTs than others. In our survey, non-resident respondents indicated the vulnerable group they believed to be at the greatest risk for experiencing HUTs. These included people with mental and physical health issues; people with drug addictions; people with previous experiences of homelessness or unstable housing; women (especially poor and single women, and women with children); and older adults.

87% of our non-resident respondents reported that the people most likely to experience HUTs live with mental and physical health issues. 95% said those struggling with drug addictions (including alcohol) were at the greatest risk.

Addiction was also mentioned repeatedly in our interviews with residents. As one resident said, and we heard often: "If you're using, you're *powerless*." The implication here is that people will do things they know to be wrong, or even hazardous, while on drugs or in order to obtain drugs. Indeed, many residents said they thought victims of HUTs might be breaking their own moral codes by allowing housing predators to deal out of their homes. Another resident explained:

A lot of people that I know will keep their mouth shut for a toke, so you should ask people, 'how does it make you feel to know that you are allowing illegal activity to be happening in your house, when you know that it's wrong?'

Thus, victims of HUTs may be powerless to their addictions, willing to let housing predators use their homes as they please in exchange for the drugs they are reliant upon.

In responding to our survey, 54% of our non-resident respondents replied that the most important predictor of HUTs was "other." This category included cultural issues with family, sexual and social addictions, and prior homelessness. Interviews and casual conversations with residents confirmed that complicated life histories often played a role in HUTs. These past experiences make it impossible for us to draw an easy connection between addictions and HUTs. That is, HUTs cannot be entirely explained by the victims' poor choices; troubled histories, social inequalities, and unpredictable circumstances contribute too. As an example, one resident reflected:

If you've been homeless and stuff and you do get decent housing, you feel for other people and you say, 'come on, why don't you stay over?' And they never leave. And then they bring friends and everyone is smoking crack and doing whatever they're doing and you tell them to leave and they go, 'I'm not going to leave.' I've been here a month. I have residency here now...you try to help somebody, which I don't do anymore. I had somebody come over, I had drugs...I wake up in the morning, stole my money, stole my metro card...and I had one person I let stay over for a month. He didn't want to leave either...So I just don't let people come over anymore, but it's a common thing, you want to help people. You remember

what it [was like] when you were homeless.

Another resident confirmed that housing predators can easily manipulate residents into cooperation: "A guy I knew came into my apartment with a gun, told me he knew exactly where my daughter went to school, and told me he was going to be doing business." In cases like these, HUTs can hardly be blamed on the poor choices of residents.

In our survey, 47% of non-residents said they had seen women being victimized by HUTs. 32% of non-residents highlighted the vulnerability of specific segments of women, including poor women, single women, and women with children. Residents agreed, and added that women struggling with addiction or mental health problems were even more likely to become targets of HUTs. This connection seems obvious enough: poor women, especially with children, may find it necessary to accept material supports and protection from others. Usually, these other people are men; sometimes, they are drug dealers. In order to retain the support and protection they need, women will sometimes tolerate abuse, or unsafe behaviour. One resident told us: "You should definitely focus some of your report on vulnerable women and tell them it's okay to be alone sometimes. Many women get into relationships with abusive men who outstay their welcome." When asked if she thought she would be targeted specifically because she is a woman, another resident replied:

Oh yeah. If the man there, they are going to think twice. But if it's a woman they figure, 'what's this little girl going to do? We can do whatever we want'...It's hard being a woman out there by yourself. Especially if women are doing drugs. I know some friends here. They've been on the stroll. They do prostitution... Fortunately I've never had to prostitute.

31.9% of non-resident respondents believed older adults were the most likely to experience HUTs. Beyond these survey results, we heard a great deal about older adults' experiences of HUTs during our roundtables and discussions with residents. Like members of other vulnerable groups, older adults may be victimized by other tenants and community members. However, older adults are often set apart from other vulnerable groups by their social isolation, low income, and frailty. Due to these unique vulnerabilities, their own family members may take advantage of them. When housing predators are known to their targets, they may be allowed in with less of a struggle. Or, older adults may even welcome housing predators into their homes, out of a sense of familial loyalty, or in an effort to ease their loneliness.

In the forthcoming *Indigenous Definition of Homelessness* (2017), Jesse Thistle offers a powerful discussion of the moral and ethical dilemmas that HUTs pose for First Nations, Métis, and Inuit (FNMI) elders. Very often, these elders deeply value kinship and have a cultural obligation to support and protect their family members at all costs. Given these values, they may feel they simply cannot refuse to turn relatives away from their homes—even if those relatives may be potential predators. Thus, culturally sensitive tools must be developed to effectively address HUTs. In cases like these, the notion of a complicit victim is wholly inappropriate. Culture is a very strong force, and greatly impacts one's sense of "home," "family," and "obligation." In other words, not everyone looks at these concepts in the same way, and these diverse views must be respected. We cannot analyze or attempt to address HUTs from a western, patriarchal standpoint when many of the people experiencing HUTs are not western and do not endorse western notions of home and responsibility.

4.3: VULNERABLE SPACES AND COMMUNITIES

Not all vulnerable people are targeted by housing predators. Rather, certain physical and social spaces breed HUTs. To begin with the physical, different building designs can either foster or hinder HUTs. Much of Toronto's social housing is now quite old. The majority of these buildings were constructed in the 1960s and 1970s for single, working-class individuals. Accordingly, they were designed to provide quiet, private, and self-contained living spaces. Shared common areas are thus scarce in these buildings. Instead, they typically consist of individual units connected by closed stairwells and linear hallways designed to move people directly in and out of those units. For working individuals who wanted a quiet place to come home to, and for young couples who were just starting families, this privacy-enhancing design was ideal. However, it can make it difficult for residents to establish a sense of community. In social housing buildings that keep residents sequestered in their individual units, isolation and loneliness have become increasingly common. Some residents find their buildings *too* private and unsocial, to the point that they come to feel as though they live in a prison.

Our respondents confirmed that they often felt the very structure of their buildings was responsible for

their feelings of isolation. In addition to feeling disconnected from their fellow residents, they also said they felt detached from their surrounding communities. Social housing buildings are sometimes poorly maintained inside and out, which creates the impression that the people who live there must be poor and unemployed. Our participants said they often felt stigmatized by their community members based on the appearance of the building in which they live.

Thus, many of our participants said they felt isolated in their homes, as well as in their broader communities. It is these feelings of isolation, caused largely by the physical structure and condition of social housing buildings, that can render residents vulnerable to HUTs.

Even though HUTs happen in all parts of the GTA, there are certainly social factors that lead to their concentration in specific geographic pockets. For example, in neighbourhoods that are almost wholly lacking a market for drugs, we see fewer HUTs. In fact, we heard many accounts of wealthy people travelling to social housing units to buy drugs, then leaving the dealers, vulnerable tenants and stigma behind when they return to their safe neighbourhoods. As one of the caseworkers we spoke with noted:

There's probably not a lot of unit takeovers in expensive condos, and it's not just about RGI (rent-geared-to-income), but it's about community policing, less empowered, and less entitled tenant group engaging in their own safety and security and their rights around that. I think there is something about Rosedale existing because this [corridor of housing] exists. There's a concentration here. So there's a cultural milieu in the neighbourhood that creates the phenomenon of unit takeovers. It's not just the individual being vulnerable.

As mentioned above, supportive housing is defined not only by the structure and funding of its brick-and-mortar buildings, but also by the supports and services it offers its residents. One of the key resources available in supportive housing is a staff of frontline workers responsible for supporting residents. As such, these frontline workers are also well situated to identify what types of social factors place residents at risk for HUTs. In our study, support workers ranked these warning signs in the following order: isolation, fear, avoiding home, drug addiction, disengaging from supports, financial need, lack of sleep, mental health issues, anxiety, and avoiding communication. One told us: "Some things you'd want to look for would be: why isn't this person answering their door? Why are they having someone walk with them at check time to the bank machine? Why aren't they showing up?"

87% of non-residents felt that HUTs can be partly attributed to a lack of supports for vulnerable tenants. 90% felt that new tenants were not being educated about HUTs. 94% felt there were inadequate supports to help protect tenants from HUTs, or to escape them if they did become targets.

Relationships between frontline workers and tenants are essential for preventing and addressing HUTs. Both non-residents and residents alike seemed to agree on this. 62% of residents had been assigned a housing worker, reflecting frontline workers' belief that residents should have access to support. 72% of residents told us they trusted and worked closely with their workers. However, some felt their relationship with their workers was limited because of the hours imposed on that support. One resident explained: "My resources clock out at 5:00 pm, Monday to Friday. I have no after-hours help available to me besides the police." Thus, residents and non-residents both acknowledge that greater support would help prevent and address HUTs; yet that support is often restricted.

4.4: PREDATORS

Housing predators were usually other tenants, a neighbour, a family member, friend, friend of a friend, or a dealer who lived outside the building. Thus, 88% of non-residents indicated that tenants knew the predators taking over their homes. Sometimes, we were told, other tenants who had lost their housing due to drug-related crimes or other criminal behaviour abandoned their own belongings and cunningly moved in with their friends. Many HUTs began in this seemingly innocent way, with stably housed individuals simply trying to help their friends, as one resident participant described above. In fact, residents said these subtle, manipulative tactics were more common among perpetrators than explicit attempts to take over a home using force. One resident recalled:

It could have ended up a lot worse. There could have been violence...I was still going through a kind of takeover; my house was a flophouse, a kind of party house. I had that support even though they were taking over my house...they would still stick up for me...I ended up getting evicted from that place...

Most of where I was taken over I either get evicted or flee the situation.

On the other hand, many residents and non-residents alike reported that violence or the threat of violence was a major part of HUTs. Members of the task force were taken by the utter hopelessness so many respondents expressed. They described warzones, where entire floors had been taken over by squads of dealers. Often, they said, police were helpless to do anything. In fact, many feared reprisals extending into the community, because housing predators are often just members of larger neighbourhood gangs.

We obtained a great deal of information from one of our participants named Johnny, an ex-predator who worked with our team. Johnny, other ex-dealers, and references from the CPO study all agreed that HUTs are rarely spontaneous. Some predators had executed so many takeovers, they knew exactly who to target and which buildings would be easiest to infiltrate. These "professional" predators preyed on vulnerable tenants they knew would be susceptible to an HUT. Many used HUTs as a way to find housing of their own: their criminal records, lack of legitimate identification, and blacklisting from housing waitlists meant that many predators could not secure housing through legitimate avenues. In the past, drug dealers and users facing these problems would live in run-down crack houses. However, as CPO pointed out in their report, there has been a crackdown on these flop houses in recent years across Canada. No longer able to find abandoned homes to squat in, these dealers and users are increasingly trying to infiltrate the legitimate housing of others. This is another example of how structural inequalities can drive HUTs.

Just like our resident respondents, perpetrators like Johnny repeatedly noted that some buildings are easier to take over than others. However, Johnny also told us that most experienced predators had even found ways around security features meant to deter HUTs and other criminal activity:

When you factor in the risks involved, and the penalty for the crimes you commit, should you get apprehended, if you're smart, you'll sit down and think, 'how can I never get caught?' There are a few traps to look out for when you've made a residential building your place of business. There are things like neighbours, cameras, security guards, and there are other not-so-obvious hindrances like your appearance, your notoriety, and your commitment to never being caught...

To circumvent these obstacles, Johnny explained that predators had to become "ghosts": It's not hard to be a ghost, it just takes commitment...Ghosts walk among us, cunning as they come, tactical in their ways of making sure their intended targets see them, even if for but a few moments, even as short as a simple glance of their ghostly figure...until their next appearance, which has already been calculated ahead of time...there is a method to their madness; a logical, well thought-out plan to their ghostly presence. Allow me to present these methods to you, as a former "ghost"...Elevators that are equipped with cameras may hinder criminal activity, but they definitely can't stop it. In this case, since I'm talking about unit takeovers, let me give you an example: say the unit takeover is active on the 14th floor, with the unit located left of the elevators. If you're dumb and *want* to get caught, you're always going to take that elevator right to the 14th floor and make a left. Let's say you have a paranoia of getting caught and arrested, the *smart* thing to do is take the elevator to maybe the 10th, 11th, 12, 15th, 16th, 17th, even 18th floor, any floor *but* the 14th, and you wouldn't make a left coming out of the elevator, you'd make a right. You do this *every* time, because your paranoia tells you that 'you never know who's watching these elevator cameras and when.' It's a level of commitment to deception that *has* to be at militant level. You *never* get off the floor your unit takeover is at. Security is none the wiser. If the unit you are in has cable, you aren't going to be watching any of your favourite TV shows, you will be watching the lobby channel, doing your own security work, seeing who is coming in and out, at all times...Don't *ever* let the neighbours see you. If there is anyone in the hallway, you *never* let them see you go into that unit...If you're smart, you'd pay attention to when the building may be doing a fire alarm inspection, or perhaps there will be a notice saying maintenance will be entering units on a certain day to do repairs...If the tenant of the unit you are operating out of has a PSW, they'll usually tell you when they're coming, so you won't be there when they do. Be sure to ask them if you don't want to get caught...The sign clearly says 'don't open door to strangers' but who are the strangers? How can they be told apart if they have access to the buildings like everyone else?...Your paranoia will serve you well: the fear of being seen by *anyone* should drive your commitment to these painstaking and often mundane routines under the name of invisibility.

In sum, Johnny told us that there are quite simple ways for housing predators to navigate around building security features that are supposed to keep residents safe. Elevators, stairwells, surveillance blind spots, and regular, predictable security shifts can be easily manipulated to predators' advantage.

Jonny also confirmed what our residents and frontline workers told us: the concentration of people with addictions and other vulnerabilities in social housing ghettos makes them “hot spots” for HUTs. With so many vulnerable individuals concentrated in one place, Johnny described social housing as “one-stop shopping” for HUT opportunities. Many residents agreed that this concentration of vulnerable people in neighbourhoods stigmatized for poverty and crime was one of the clearest examples of structural violence. Perpetrators like Johnny, residents, and non-residents alike said we need to rethink how we view social housing communities and the drug use that goes on there. Johnny told us that if drug use was not criminalized, two key things might happen. First, drug dealers would have no place in these communities because people living with addiction could get drugs from legal dispensaries. Second, tenants might be willing to reach out for the help they need to avoid unwanted guests, since they wouldn’t need to fear legal punishment for reporting drug use in their own homes. Thus, drug use itself should remain a focus in future discussions of policy measures that may be used to deter and address HUTs.

4.5: CONSEQUENCES

Targeted residents usually suffer a wide range of negative consequences during and in the aftermath of HUTs. Non-residents told us the most obvious and worst-case consequences center on housing itself, including threats to that housing. The most common threats, from most to least likely, were: eviction, loss of housing supplements and status in housing programs, criminal charges, and incarceration. Non-residents also reported that residents’ personal safety is often in jeopardy, as they risk physical violence, abuse, and theft. One of the caseworkers we spoke with summarized: “Residents may face eviction by the landlord, criminal charges, physical harm and an escalation in mental health related symptoms as a result of the activity occurring in their home.”

In interviews and focus groups, residents confirmed the consequences non-residents had listed. In addition, however, residents spent a great deal of time talking to us about other consequences that have to do with power and dignity: HUTs made them feel as though they had lost their sense of self, and their sense of control. One of our resident respondents elaborated: “...Helpless, desperate, not in control. That’s the main one, not in control. Disrespected and f’ing pissed off...it’s a mixed bag of emotions...with the drugs I invited it on myself.” Some residents thus blamed themselves for letting their lives spiral out of control at the hands of housing predators. Others highlighted the emotional toll HUTs had taken on them. One resident recalled: “It was very scary, uh, I felt unsafe. A lot of anxiety, sadness, depression.” Another described a sense of desperation and helplessness: “I was scared, I felt threatened, I was confused. It’s almost like being trapped in your own home and not being able to get out.”

Overall, we heard about a wide range of negative consequences associated with HUTs, ranging from material to physical to emotional. Residents and non-residents were in strong agreement that targets of HUTs inevitably suffered in their aftermath. Given the toll HUTs take on often already-vulnerable residents, everyone agreed that action must be taken to better predict and prevent them.

PART FIVE: PREVENTION AND INTERVENTION

If preventing or intervening in HUTs were easy, we would not be writing this report. We all know that something must be done to address them, but a variety of problems stand in our way. In this section, we outline these problems as they are understood by different stakeholders. Very broadly, tenants may not want to seek an intervention because they fear losing their housing and being prosecuted as criminals. For their part, law enforcement officials, support workers, and other non-residents have very limited legal and human resources to work with. Thus, if we are serious about developing new intervention and prevention protocols, we will need to confront personal rights and freedoms, job descriptions, the letter of the law, and moral and ethical debates about the “greater good” versus the rights of tenants. We will also need to weigh many competing points of view, ranging from those who want to see more police involvement, visitor sign-ins, and stricter guest policies, to those who want to redesign social housing spaces to make them more community oriented, less isolating, and less attractive to predators. Finally, we will need to question our tendency to blame the victims of HUTs, and limit prevention strategies to the suggestion that tenants simply need to learn how to keep unwanted guests out of their home. If things are really going to change, we will need to confront the failings of our supportive and social housing system.

In other words, addressing HUTs once and for all will demand social innovation. It begins with scaling deep: looking at the way organizations do what they do and how they might do these things better. Our discussions with frontline workers, housing providers, law enforcement officials, and other non-resident stakeholders have allowed us to scale deeply into the realm of supportive and social housing. They have also allowed us to make the recommendations for preventing and intervening in HUTs, which we outline below. Then, innovation involves scaling out, or sharing what we have learned with other groups and organizations. Our recommendations can only help to prevent and address HUTs if police, frontline workers, housing providers, and other stakeholders actually implement them. When leaders facilitate the scaling out process, bringing their tried-and-true innovations to other providers, they gain power and reputation that can be channeled towards scaling up. Scaling up describes innovative ideas making their way upwards to influence policies, eventually changing the dominant decision-making structure responsible for things like social and supportive housing (in this case). Before we get there, we have to understand the barriers that seem to get in the way of effectively scaling deep and scaling out.

5.1: TENANTS’ RIGHTS

In our many discussions of the laws governing tenancy and policing, strong concerns were voiced about tenants’ rights. Changes to these laws, it was proposed, might mean residents could be better protected from HUTs. However, residents and service providers alike strongly opposed such changes when they believed they might impact the housing rights that advocacy groups had fought so hard to obtain for vulnerable tenants. As one rights-focused lawyer pointed out:

I don’t know how you would construct legislative change that would concern vulnerable tenants only. Generally, a section in the [Residential Tenancies] Act is going to impact on all tenants. You could see a flip side of this. You could make a change where you can speed this up where a vulnerable tenant could be caught up in that process and before they know it, they don’t have a place to live. I would be personally wary about that. Are there more creative ways to deal with unit takeovers?

We also suggested that changes could be made to the RTA and Freedom of Information Act to allow caseworkers, landlords, intake assessors and security staff to identify residents in their buildings who might be vulnerable to HUTs. However, this too raised many red flags for all stakeholders, including police. Everyone felt such a change could produce a slippery slope, allowing for ever-greater infringements into residents’ privacy.

In sum, all stakeholders recognized that our current system tends to victimize—or at least, disadvantage—tenants. We still need to determine how we can adjust laws and procedures without doing more harm than good. What changes would support interventions from police and frontline workers, without infringing on tenants’ privacy and autonomy? How can we change laws without also changing tenants’ rights to their housing? Each of the following recommendations are made bearing in mind the high stakes of altering legislation that has been carefully designed to protect tenants.

5.2: THE RISKS OF REPORTING

One of the most important of these recommendations is the need for residents to feel safe and supported when reporting an HUT. 65% of our resident respondents said they trusted the police to varying degrees, but 35% said they did not. An overwhelming 40% said they would not call the police for help if they were experiencing an HUT. There are two main reasons for this reluctance to report: the first has to do with education, and the second, with trust.

First, our surveys revealed that almost 15% of tenants are not aware of their rights and responsibilities when it comes to reporting criminal activity in their homes. While 84% claimed they were indeed aware of these rights and duties, we were unable to assess whether this was actually true, or just their subjective perspective. For example, we found that many residents did not know they are legally obligated to report criminal activity, or that failing to report such activity could have serious implications for their tenancy. Namely, under Section 22 of the Criminal Code of Canada, anyone who witnesses or has knowledge of a crime, and does not report it, is technically guilty of a crime. Thus, allowing drugs to be dealt out of your home is, technically, a chargeable offense. In other words, some of our resident respondents did not know they were legally obligated to report HUTs, or that they themselves could be prosecuted just for keeping quiet.

Second, many residents said they did not trust police, and would not seek their help in the event of an HUT. Several reported that they felt disrespected or looked down on by police. As one resident put it:

It would be nice for the police to be more understanding, more compassionate and more trained for subsidized housing because they're dealing with the mentally ill. You're dealing with addiction, physical ailments, and it's almost like you're being looked at as a second-class citizen because you're paying a subsidy and getting a check.

Thus, while tenants have to accept responsibility for obeying the law, and must follow protocols for informing police of HUTs, law enforcement officers also have a role to play here: we must help tenants feel as though the police are their allies, not their enemies.

While many residents said they would feel comfortable discussing an HUT with their housing or support workers, these frontline staff sensed some hesitancy. One worker told us: "It becomes a chronic issue. Most residents are afraid to talk." Another worker elaborated:

...they won't come and say, 'our unit's being taken over.' You have to get it out of them. And it comes with trust as well. You start noticing things are different with them, maybe they're tired, and if you ask what's going on, you might find out that someone's been staying with them for a while. But they're not using the terminology of a 'unit takeover.' So you have to probe and ask specific questions to find out what's going on.

Support workers who do not have the experience or training required to recognize these warning signs may not know to probe tenants like this, or be able to extract information from them. But even if a tenant is willing to disclose information, support workers said they often felt like their hands are tied. One explained: "Residents have the right to move somebody into their place. If that happens, police say that's community housing policy, so they won't do anything. And community housing says call police. What can we do for intervention?"

For their part, law enforcement officials felt they have little power when it comes to addressing HUTs. They absolutely knew they had a crucial role to play, but could not see how they could act more effectively, given their current restrictions. Recall, for example, Section 22 of the Criminal Code of Canada, described above. When police enter a home where the tenant does drugs—or watches others do them, or allows them to be sold—they can only see a collaborator: someone who is complicit in illegal activities. The law, as it currently stands, does not give police the option to handle the HUT in any other way. Section 22 trains police to see the targets of HUTs as criminals themselves: they are not legally allowed to distinguish the HUT from the other illicit behaviours—drug dealing, violence, theft, and so on—that often happen alongside or in support of HUTs. One Toronto police officer explained:

We can't even enter the apartment unless we are invited in or we have knowledge of a crime going on.

And even then, so what if we do [go in]? The tenant in possession or not is at least an accessory, so they legally are as much to blame as the drug dealer—legally, anyway. We'd have to arrest them too.

In turn, residents told us (and frontline workers agreed) that police tend to treat tenants as part of the problem: they see them as villains, acting alongside housing predators, rather than as victims or vulnerable targets. This means that often, the law further victimizes the tenant: they are certainly not promised protection for reaching out and asking for help. One resident who had contacted the police about an HUT recalled:

How do you think we feel, eh? They could see those guys with their caps coming in and out of my place, where we were almost held like hostages, and I didn't want them there, so when the cops come in they were treating us like we were the goons, we were the dealers! I had to scream—like you never heard me scream—that 'I am the victim here,' and then I had to scream even harder once the cops said they couldn't do anything to get them out of my apartment.

Another resident said she would not contact the police for help of any kind:

Especially if you're a working girl, they're not going to take your word. Let's say you are a dealer and you get robbed, they're not going to take your word. Especially working girls. You're out on the stroll. You get robbed or raped...You just don't call the cops on people. Unless your life is threatened...yeah it is a code... that's not a good thing to do. You've never been in jail, okay, you just don't call the cops.

Yet another reported feeling as though the police had become apathetic:

When I was a kid, what they used to do to make the community feel safe they would have block parties... the police actually had a band...that's how the police get to know the community. Right now, as it stands, they don't give an F...they're just there to get their pay check like everyone else...but then something

happens and you have a bad experience and you don't feel so protected.

Having had these kinds of negative interactions with the police in the past, many residents told us they would not get them involved again in the future. Others had seen or heard about the bad experiences of their friends, family members, or neighbours, which dissuaded them from reaching out. Others still insisted that the solution to HUTs lies with police intervention. In short, opinions were heavily polarized, with some residents strongly distrusting police. For example, one resident told us: "The police abuse their authority in general. You would think they would help... serve and protect right... I really don't like them." But another resident asserted: "Police should definitely have a role. Have them knock on the door, once a day...to make sure everything's ok." Another resident still thought the problem was not the police per se, but residents' fear of involving authority figures of any kind: "...most people don't want to call the police. They don't want to be called a snitch...they want to be able to walk outside."

With police and frontline workers feeling relatively powerless to address HUTs, many residents were forced to turn to alternatives. 67% said they had eventually been able to resolve their HUTs, while 20% said the problem was ongoing. 26% of these resolutions were indeed through direct police intervention, but interventions staged by family members followed closely, at 23%. 20% of resolutions were negotiated with the help of landlords, and finally, 10% by service providers. Rarely do tenants have the capacity to end HUTs independently in a manner that allows them to maintain their housing. Indeed, 50% of our resident respondents said they had lost their housing as a result of HUTs: they either abandoned it, were evicted, or fled to a shelter until they could find new housing, all of which equate to some form of homelessness.

For these reasons, our respondents had mixed feelings about the future. Close to 90% of non-residents said they thought it was possible to develop a solution to HUTs. 94% of residents reported they would want someone to intervene if they were in an HUT. While 72% of residents trust their case and housing workers and would talk to them if they were being targeted, HUTs realistically require intervention by law enforcement. Again, this is where significant changes must be made. 90% of non-residents and some police said the police and other security forces do not have sufficient tools or training to deal with HUTs. Furthermore, 70% of non-residents felt the police do not treat HUTs as a serious issue. Without the support of law enforcement officials, and without new protocols for their involvement, we will continue to have relatively little power to stop HUTs.

If we want to make residents feel safe enough to ask for help, we need to change the policies that currently govern their interactions with the police. Police are never going to support residents if they think of them as complicit criminals, a central cause of the very problem they are trying to address. And, for their part, tenants are not going to report HUTs to police if they think they are going to be arrested, charged, or evicted for being "complicit."

5.3: LANGUAGE AND TERMINOLOGY

As such, we must look at other ways to help tenants escape HUTs without threatening their access to stable housing. Our participants were cautiously hopeful about legislative or policy changes, so long as they did not tread on tenants' rights. In fact, if those rights were protected, participants thought tenants would be more likely to report HUTs. They might also be more willing to collaborate with police to share information about their experiences, and to participate in programs designed to spare them from future HUTs.

Simple changes to the language currently being used in policies surrounding HUTs and police interventions could help. Rather than overhauling legislation that has been carefully crafted to protect tenants' rights, we could reword and reframe existing practices to allow tenants to seek help without repercussions. For example, perhaps we need to change police protocol so they do not have to arrest tenants who have been targeted by HUTs on drug charges. Or, maybe police should not have to have "cause" to intervene on a tenant's behalf. In short, there are several barriers currently stopping tenants from reporting HUTs and, in turn, getting the help they need. Some small adjustments to existing practices could provide them with the necessary support to reach out to police.

5.4: THE PERSPECTIVES OF POLICE AND SECURITY

Because so many people spoke of the tensions between police and tenants, we held a roundtable with TPS officers, TCHC security management and other stakeholders from the housing community. The general themes

that emerged from this roundtable were: the desire to do more; a lack of understanding about how tenants see their involvement in HUTs, and how those HUTs happen in the first place; the desire to learn from their peers; a need for tenants to take responsibility for their actions; and recognition that there are many barriers, as mentioned above, that currently get in the way of police intervention.

Several participants from each of these groups explained how difficult it was to detect—let alone intervene in—HUTs before it is too late. One police officer told us: “We come across takeovers quite a bit: we usually find out after bad things have happened in the unit, which is the main problem.” Thus, police often find themselves trying to clean up in the aftermath of an incident, as opposed to intervening to stop “bad things” from happening.

Many officers agreed that vulnerable tenants are typically the ones targeted by housing predators, and that their vulnerabilities can lead them to make unfortunate choices. One of the police officers we spoke with explained how older adults often come to be seen as complicit victims: “The problem with elder people is that they don’t really have anyone at times so they look at these people who are doing the takeover as friends but then it turns into a nightmare.” As such, many officers said they want to help people before HUTs get to the point where tenants are so deeply involved that charges needed to be laid and their housing becomes jeopardized.

Another TPS officer, who is currently active in community safety, summed up the views of his fellow officers quite well in an email he sent us:

Some of the barriers we face are:

- Identifying them. Most times we “stumble” across them in the form of a radio call
- Convincing tenants that they are being taken advantage of
- Addiction, mental health, and/or loneliness...play a role

Some of the tools we have to work with are:

- The Trespass to Property Act
- If the family is involved and knows what is going on, they can assist us
- Social workers who trust the police and want to work with us to help their clients
- Building superintendents/owners: helping to ensure that the people who do not belong are removed from the property
- In the case of TCHC, we have their Community Safety Unit (CSU), who we work with

Ideas that would help

This one is difficult because one’s apartment or home is their castle. We need to be able to balance their Rights and Freedoms under the Charter, but also protect them from people who would cause them harm. We had one tenant who had his apartment taken over by drug dealers and gang members. The tenant had mental health issues and we stumbled across the takeover. From there we worked with the Superintendent of the building and TCHC Managers. Police would visit him on a regular basis until his emergency transfer came through.

Getting the word out about HUTs, like you are doing, as well as making Police, social workers and building managers aware of what a HUT is, is a good start. The next step is coming up with groups that can work with each other to identify and address the problem to find a solution. For us in the [X] Division, we work with LOFT social services, TCHC, CSU, and the City of Toronto SPIDER team.

So in case you are not aware of the Toronto Police Resource Officer program:

TPS created the Neighbourhood Officer (NRO) program. It initially started off in eight Divisions as a pilot project with the Humber College Community Safety Program monitoring it and collecting the data. It has now expanded into all of the Divisions service wide. Each Division has had two areas identified as a priority by headquarters. Officers from each Division are then put into those areas to help build trust and get to know the community. We can also run programs for the kids through Pro-Action Cops and Kids, we just need to apply for grant money. The good people love us, the bad not so much. I will say this and I will keep saying this: there are a lot of good people in community housing, more than bad. Some are there because of circumstances beyond their control or can’t afford to rent within the city because rent is so high. It’s getting the good people to realize that they out-number the bad. I don’t live there so I can’t empathize with their safety concerns. Once we leave the area for the day, the bad guys/gals know it.

While most of this officer’s testimony suggests that stakeholder collaboration and community engagement are very promising, the last sentence highlights the harsh reality of HUTs: when the day is done

and security or support staff leave, tenants are left to their own devices. This is a major weakness in the system that only increased funding and more supports can address. To that end, as this officer also pointed out, a number of stakeholders will have to act together to provide tenants with the support they need. It is not simply up to the police, the tenant, or the caseworker to find and implement a solution here. Rather, interventions and preventions will only be successful if we collaborate on them. Acting together is one of the basic building blocks for strong communities, and while law enforcement officers have a key role to play in this respect, there are countless other stakeholders and relationships we need to strengthen as well.

5.5: THE SOCIAL NATURE OF HUTS

HUTs are inherently social, which means our prevention and intervention strategies must be too. The following are just some of the social relationships that currently hinder our ability to prevent and intervene on HUTs:

- Tenants and other tenants: many residents told us they would not like “ratting out” their neighbours. Others said they did not believe it was any of their business if someone in their building had guests in their unit.
- Tenants and case and support workers: many tenants trust their workers, but these workers do not have many tools to help address HUTs.
- Tenants, visitors, and guests: it is usually very difficult for tenants to tell unwanted guests to leave their unit, even if they do not want them there. Some may feel they are “tattling” on these visitors, as mentioned above, or fear retribution.
- Tenants and family: family members of the targets of HUTs are often powerless to help their loved ones. Others say they do not know how to support their relatives to make different decisions, such as refusing to let drug dealers and other predators into their homes in the first place. Others still are the very problem: we were repeatedly told that family members use their kinship to manipulate tenants and were accordingly among the most successful predators.
- Tenants and landlords: many tenants hesitate to tell their landlords about HUTs, because they fear they might be evicted as a result of their culpability. Moreover, landlords are bound by the RTA and other legislation that protects good tenants but enables predators. For example, definitions of “guests” and “visitors” are vague, as are the rules around how long these individuals are allowed to stay.
- Service providers and security groups: many service providers told us they have good relationships with police and other security groups. However, they also reported that some law enforcement groups have not received effective training or education about HUTs; that teams are underfunded or understaffed; and that there are “grey areas”—such as reasonable cause and so on—all of which limit the policing of HUTs. Thus, if we can provide police with a better framework through which to address HUTs, we can leverage service providers’ existing relationships with them.
- Tenants, communities, and police: of all the social relationships surrounding HUTs, those between tenants and the police are the most complicated, often discussed, and potentially problematic for the reasons listed above.

We will need to address these social tensions and foster relationships grounded in trust and support if we want to develop effective prevention and intervention strategies.

We will also need to consider the larger context in which HUTs unfold. As discussed above, HUTs happen because tenants and drug dealers have unmet needs. Whether tenants are struggling with addiction, or they are single parents who cannot afford diapers, they have needs that our current systems are not meeting. Housing predators fill that gap, fulfilling vulnerable tenants’ needs in exchange for access to their homes. Thus, while tenants’ lives are shaped by our social and housing support systems, predators are members of larger criminal organizations that are active across entire neighbourhoods. From this perspective, HUTs are only one part of the operations of huge criminal organizations. Again, intervention and prevention strategies need to be broad enough to see beyond HUTs themselves, and recognize the complicated webs spun by predators across entire communities. If we do not address criminal organizations as a whole, then HUTs will simply reappear as dealers relocate. This is how dealers are currently operating, according to one of the caseworkers we spoke with:

[So at BUILDING X] there was a crystal meth bust; the tenant there had a huge sum of crystal meth that he was supplying to the building. He got caught and sent to jail, and the transaction from that unit

shifted to another unit and the cousin took over. And it's a network that not anybody can just walk into. They know who the users are, and they're connected with each other, so they know where the drugs have moved.

One of the most frequently discussed social relationships was that between tenants and landlords. Many of our participants voiced their thoughts on the role landlords should play in HUT prevention and intervention. Most residents and frontline workers were leery of regular market landlords. Frontline workers are very often scattered across different sites; they told us uncooperative landlords made their job even more difficult. Residents, for their part, said landlords were usually unwilling to listen to their concerns. Residents also criticized TCHC for failing to maintain surveillance equipment and infrastructure, and for what some residents referred to as "nasty and mean-spirited security staff." As the individuals who own and operate these buildings, landlords must foot some of the blame for allowing their properties to fall into such disrepair that tenants are left completely vulnerable to predators. Tenants are powerless to address these security issues, which only reinforces the fact that they cannot be blamed entirely for HUTs.

Some of our resident participants believed that landlords should play a very active role in preventing and intervening in HUTs. When asked if his landlord ever checked up on him, one of our participants replied: "No...never...because they're too scared! They never even did before [the HUT]!" The same respondent said the landlord should have "definitely" intervened: "Like when he got complaints from my neighbours that I was getting too much door action, he should have been right fucking there!"

While a majority of residents said they would not report an HUT to their landlords, many said they had developed strong, trusting relationships with their support staff, as mentioned above. Support staff, for their part, were optimistic that solutions are possible. However, while these frontline workers seem to be well situated to facilitate resolutions, many felt they lack the resources they need to do so. Two frontline workers at a major supportive housing provider in Toronto discussed some of the barriers they faced when dealing with HUTs, as well as some of the tactics they have developed:

Worker 1: ...sometimes there's not a lot you can do, because if you let the person in, then they're your guest and housing can't cross that threshold unless you've invited them to.

Worker 2: The only thing you can do at that point if they really don't want the person there is call security—but even then a lot of them don't have phones.

Worker 1: What I usually do when I encounter a takeover situation, if I get to know that person and I know that person is having a hard time getting the people out, I'll e-mail the head of security...just to let them know what's going on. And they will go knock on the door and ask if everything is okay, and then will give the tenant the opportunity to ask for help. Then security can go in and kick everyone out. Sometimes the tenant won't tell you that the unit has been taken over, but they'll drop enough hints and they'll understand that you understand that this isn't really what they want. It's almost a silent communication, and they'll know that you're going to do something like e-mailing security to try and help them. A lot of the time, tenants won't answer the door when security comes, so they have to be ready too. And then when security kicks them out, it buys them a bit of time. The tenants might come and talk to the supportive housing workers, and then they can talk about strategies to make sure the people stay out.

Worker 2: TCHC has a thing where a tenant can sign a waiver allowing security to knock on their door at any given time and kick out anyone who's not on the lease...for me that's a bit stringent, because 'anytime' and 'anyone who's not on the lease' could be your mom or your sister who you might want in the apartment, so it can be a bit too constricting. But if it becomes a real problem it can be a useful thing. People using the unit will start to feel that it's too hot, and will stop coming.

Thus, while many of the frontline workers we spoke with acknowledged that there was a lack of formal, consistently reliable procedures they could follow to intervene on HUTs, some had started developing tactics of their own. Formalizing some of these strategies, or at least sharing them with other workers and housing providers, would help ensure tenants have access to staff who know what to do in the event of an HUT.

To repeat, the burden of addressing HUTs cannot fall solely on frontline workers. The lack of funding available to support these staff, combined with the inaction of many landlords, mean that supportive housing workers are often in crisis mode with their clients. They are trying to deal with emotional, physical, and mental emergencies, making housing issues like HUTs another thing to add to their already very long list. While many residents feel safe with their housing workers, and should accordingly be encouraged to report HUTs to them,

these workers cannot be expected to manage everything. Assistance from police and landlords, as mentioned above, would provide a fulsome network of support.

With this collaborative approach in mind, every stakeholder seemed to agree that solutions were possible. That said, these many stakeholders had a wide variety of opinions on what, precisely, those solutions could be. The following section offers some key suggestions.

PART SIX: PRIORITIES

6.1: BUILDING A SENSE OF COMMUNITY

A recurring theme in studies of housing is the idea of community. Our research was no exception: residents and non-residents alike spoke a great deal about community. Everyone felt that HUTs could be prevented if vulnerable people had access to caring, supportive living spaces where they had healthy ties with staff and neighbours—that is, if they felt as though they were part of a community. Previous research confirms this: physical spaces that foster a sense of community are usually associated with better health and wellbeing for the people who live there (MacQueen et al., 2015; Weissman 2017).

The challenge is building such a community. 45% of the residents we surveyed said they did not currently have a strong sense of community; only 29% said they did. Most of the people we spoke with understood community to mean the same thing: a place where they have relationships with others who share their values, and want to work together towards common objectives. However, research suggests that each individual's experience of community is very unique; even though people might define it similarly, they do not always experience it the same way (MacQueen et al., 2015). So, for our purposes, people who live together in a given building or neighbourhood do not always feel the sense of belonging and inclusion they might associate with being part of a community.

Community building is challenging even in well-resourced areas populated by less vulnerable populations. Addictions, physical and mental illnesses, and poverty can make it more difficult for people to live conventional social lives. As such, community building for people with such vulnerabilities will need to be more intentional and planned; it does not typically happen spontaneously, as it might in other populations. Rather, support agencies, housing providers, the police, and other advocacy groups can often help foster a sense of community. In this sense, community building among vulnerable people can look more like community organizing, whereby professional community advocates help facilitate the goals set by vulnerable individuals (Schragge, 2003). As such, building a strong community among vulnerable residents in the GTA will likely take years. It will likely take just as long for us to see the effects of this newfound sense of community on HUTs.

There are practical steps we can take to speed the process along. Because a sense of community has to do, at least in part, with the physical spaces in which people live, the design of housing is very important. As new housing is being designed, and as building management protocols are being refined, we should be thinking about how these buildings can be safer and more community friendly. As our resident respondents described above, social and supportive housing can be physically isolating, making it hard for residents to build the social connections that underpin a sense of community. New builds should therefore incorporate more open, common areas where residents can spend time together; brighter lighting; and surveillance technology that ensures unwanted guests are not entering. Eva's Phoenix in Toronto is an excellent example of a building designed to foster feelings of community, as is The Peel Youth Shelter, which expertly integrates supportive housing with the activities of its surrounding neighbourhood.

Some residents and housing providers also suggested that small buildings would be ideal for social and supportive housing. These smaller buildings would make it easier for residents to interact with each other, making them feel as though there is at least the possibility of coalition and community building. Our participants also reported that smaller buildings seemed to be less attractive to housing predators. Presumably, there are fewer residents for them to distribute to, and the smaller, more intimate nature of the building makes it easier for them to get caught. Thus, keeping new builds small may help foster community building, and deter HUTs.

Improvements can also be made to existing housing. 24/7 in-house supports, better surveillance, and more stringent security protocols would help residents feel safer and more supported. Participants in our

final roundtable suggested that these enhanced services are particularly necessary in buildings with few open gathering spaces. Here, the community organizing approach described above would likely be ideal: health providers, Ontario Works, and advocacy groups could establish themselves in these buildings that seem to require the support of professional providers to help build bonds. Their on-site, permanent presence would remind vulnerable tenants that they do indeed have ties to one another and to the larger community.

In addition, more opportunities for residents to participate in the governance of their building would foster feelings of independence and autonomy, making them feel they have a say in creating the kind of community they want to be a part of. While TCHC and some other housing providers do have resident councils, which report to management about issues and concerns in the building, it is possible that only members of these councils feel as though they have formed a community for themselves; all of the other residents in these buildings may continue to feel uninvolved, isolated, and unheard.

6.2: INTAKE TOOLS

Over 90% of our non-resident respondents recommended that more intense, reliable screening tactics be implemented, so we can identify tenants at risk for HUTs right from the start. These screenings, they suggested, should assess whether tenants meet any of the criteria they had repeatedly observed to predict involvement in HUTs: addictions, past experiences with unstable housing, a low level of education, housing location, history check, the tenant's awareness of HUTs, previous residence in supportive housing, identification with vulnerable populations, and lack of social supports. Many emphasized that a tenant history check was vital. Overall, the majority of these non-residents suggested that existing rules limiting the kinds of questions landlords and providers can ask potential tenants should be relaxed, so that more information could be used to predict vulnerabilities to HUTs. Our non-resident respondents ultimately proposed that a new Takeover Vulnerability Assessment Tool (TVAT) be developed, which would assess residents' vulnerability to takeovers based on the criteria identified above.

Before we delve into the specifics of this new tool, we must note that the idea of more stringent screenings and background checks worried some of our resident participants. Even though 90% of non-residents felt they were essential for predicting HUTs, residents feared that giving intake and assessment tools more weight might reduce people's access to housing. Many were wary that the more landlords and providers know about a potential tenant's underlying vulnerabilities and prior tenancies, the less likely that person is to get housing. Thus, we must bear in mind that intake tools—including the TVAT described below—should not prevent people from accessing housing; they should inform and prepare providers and tenants with a sense of their needs moving forward.

Indeed, in many cases, Vulnerability Assessment Tools (VATs) can help people understand how their past actions and underlying vulnerabilities have and could impact their housing. For example, Seattle's Downtown Emergency Service Center (DESC) VAT is used frequently by providers in many other cities to help people experiencing homelessness understand the mental, physical, and other factors that have contributed to their homelessness in the past, and which will likely come into play in the future. DESC (2003) defines their VAT as follows:

The DESC Vulnerability Assessment Tool provides a structured way of measuring an individual's vulnerability to continued instability. By rating a person's level of functioning or severity of condition across 10 domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other people experiencing homelessness. The assessment process entails a structured interview followed by completion of the rating scales. The tool was designed for use by service workers accustomed to interacting directly with individuals experiencing homelessness, and training is required to ensure reliable application of the tool. (p.1)

(See Appendix B for more details on the DESC VAT).

In Ontario, many shelters, transitional housing programs, and supportive housing programs use such tools to help vulnerable people identify their triggers and the potentially catastrophic choices they are at risk for making. VATs also help these individuals find the right supports that can help them manage those triggers and decision-making processes. Although some of our resident respondents said they felt they had been denied housing in the past based on their history of addictions and mental illness, providers insist that VATs are not intended to keep people out of housing. On the contrary, they are designed to help vulnerable people get

the type of housing and supports they need.

Guided by the concerns voiced by our resident respondents, we believe we should begin to develop a VAT designed to screen people for their vulnerability to HUTs. The warning signs identified by our non-resident participants would form the foundations of this new TVAT. Of course, such a tool would have to be developed in consultation with stakeholders, and would have to be sensitive to the concerns we have raised throughout this report. To that end, we do not recommend that the TVAT be designed to inform landlords, police, or housing providers about potentially troublesome tenants. Instead, it should give tenants the self-knowledge they need to avoid HUTs in the first place. The TVAT would be administered by support workers and housing providers with the goal of helping residents become more self-aware; identify their vulnerabilities and triggers; understand how their needs might lead to tensions or conflict with landlords, police, and predators; and ultimately take charge of their tenancy.

However, as we have repeated throughout this report, residents cannot and should not be expected to solve HUTs all by themselves. While there are absolutely steps that tenants must take to protect themselves from HUTs, housing providers and other stakeholders must provide the "stairs," or the support tenants need to take those steps. Participants in our final roundtable thus recommended that a second tool be developed to identify housing programs that are vulnerable to HUTs. The Program Vulnerability Assessment Tool (PVAT) would help housing and supports providers identify hot and soft spots in their buildings, strengths and weaknesses in the provisions they make, and so on. Just like the TVAT, the PVAT would be designed to account for input from an interagency advocacy council, described below. Used side by side, these two tools would allow providers to better help tenants, and tenants to better help themselves.

6.3: FLEXIBLE SUPPORTS AND ONGOING FOLLOW-UPS

Even after residents are appropriately housed and provided with initial supports, regular follow-ups are absolutely necessary to prevent or intervene in HUTs. The kinds of supports our participants mentioned repeatedly were: checking in on tenants, educational counselling, regular mental and physical health check-ups, and addictions counselling. No matter the specific type of support, residents emphasized that it needed to be delivered flexibly. People with mental illnesses and addictions typically move between what Butera (2013) calls "brighter and darker places" (p. 18). In brighter phases, residents might take excellent care of themselves, feel quite independent, and proactively seek support. But in darker phases, they are more susceptible to self-medication, and therefore, to HUTs.

While our participants consistently noted that flexible supports and follow-ups would be helpful in addressing HUTs, they can be difficult to deliver. 68% of our non-resident participants agreed that funding was an issue. Only 38% of residents said they had very strong supports from family, frontline workers, or others, while 35% said they did not have support. As one resident put it: "Having a home is a right, not a privilege. I feel people are being housed and not receiving care." 77% of non-residents felt there were not enough supports available that specifically help residents being targeted by HUTs.

When it came to follow-ups, many residents said they would prefer that support workers, rather than law enforcement officials, knocked on their doors and checked in on them. Some tenants who had endured HUTs in the past and understood how devastating they can be insisted that it did not matter; they just wanted to make sure that someone—anyone—checked in on those who were in jeopardy. On the other hand, in line with CPO's findings, some of our resident participants who had experienced HUTs cautioned against such visits. The last thing they wanted was law enforcement or support staff checking on them when predators were in the unit; all that would do is mark them as "rats."

All of this is to say that policies and strategies must be developed to help all stakeholders do their part more effectively: police have to make themselves more approachable to residents; frontline workers need tools and funding to provide better supports; landlords need to be held accountable for the spaces they own; and some tenants need to understand themselves as potentially complicit in HUTs. HUTs happen when these responsibilities go unfulfilled, and the relationships between these key players break down.

6.4: A PROPOSED INTERAGENCY ADVOCACY COUNCIL

As such, tenants, housing providers, support staff, law enforcement officials, and other stakeholders must collaborate on better ways of preventing and dealing with HUTs. In line with this sentiment, there was

overwhelming support from our participants for an advocacy-oriented interagency council on HUTs. Advocacy, in this sense, means that the proposed council would be responsible for facilitating the sharing of data and ideas about HUTs, with the goal of reducing their occurrence, protecting tenants from the negative consequences we described above, and improving housing stability overall. In other words, the proposed council would be the lead organization for identifying, designing, implementing, and assessing potential solutions to HUTs.

Of course, because it does not yet exist, we had a difficult time imagining what such a goal-oriented and creative council would look like. Perhaps new roles devoted to HUT management would need to be created and added to the organizational structure of independent stakeholders, resident communities, tenant associations and so on. No matter its specific member composition, the proposed council could:

1. Create safe and confidential spaces where data and lived experiences can be shared.
2. Be a nexus for collaborative experimentation with policy and practices.
3. Provide the political weight to carry agenda pieces to City, Provincial and Federal policy makers.
4. Provide spaces and funding for meetings, roundtables, outreach, and knowledge transfer activities.
5. Become a driver of national and international research and data sharing on issues related to HUTs and other threats to housing stability.
6. Become the body that oversees the training of HUT supports, including a dedicated support line similar to Crime Stoppers.
7. Oversee outreach in communities with a great deal of supportive or social housing.
8. Liaise with press and schools to educate the public.

One approach to social innovation that should inform this interagency council is called the Design Thinking Protocol (DTP). DTP combines the spirits of three major dimensions of thought: science, art, and design. We use science to gauge the relationship between variables, art to see the differences between similar things, and design to integrate these contrasting views into feasible “wholes”—or, in our case, ways of addressing the complicated problem of HUTs (Cross, 2007). But the true key to DTP is that failures are part of the process of innovation. Thus, the interagency council would lead the way by presenting, implementing, and testing innovative ideas, some of which will inevitably fail. We would evaluate these new ideas at different stages to detect such failures as soon as possible, and adjust them to achieve the desired results. While there are indeed certain things we cannot sacrifice in the name of innovation—including residents’ safety, dignity and wellbeing—we must do as many great leaders have done before us: experiment ambitiously with creative solutions until we find the ones that work. One such experiment that we discussed in our research group was a pilot transitional housing project for people with a history of HUTs.

6.5: THE HOUSING UNIT TAKEOVER PREVENTION PILOT PROJECT

Many of the residents we spoke with said they had experienced multiple HUTs. These individuals often displayed a habitual need to let guests and visitors into their homes, and then struggle to get them out. Current rules impose time limits and terms of stay on such guests and visitors that, in principle, seem like they could control predators, but in practice, are almost impossible to enforce. To address this serious problem, we would like to propose an experiment: The Housing Unit Takeover Prevention Pilot Project (HUTPPP).

The HUTPPP would be a voluntary study that explores how effectively new policies address HUTs. We have already outlined one of these experimental policies above: the TVAT. Another policy that we would like to investigate is a zero or limited guest policy that would help residents filter the people they let into their homes more effectively.

We know that residents and non-residents alike have concerns about such policies. Namely, many residents who are vulnerable to HUTs are isolated; a “no visitors” policy could make them even more lonely. On the other hand, however, many residents have benefited from such policies already. Presently, as one of our non-resident respondents described above, some tenants in social housing agree to sign a waiver that allows security to enter and inspect their unit. While some have suggested this practice is invasive, it does work to control problematic tenants and guests.

We are not suggesting that zero or limited guest policies must be implemented across the board, or

that they are a fool-proof solution to HUTs. However, we do believe it would be useful to explore such policies as one potential option. We should begin by surveying those policies currently in place: what do they entail, how do residents learn about them, what are their weaknesses, and how would residents recommend we improve them? We anticipate that some form of stricter, zero, or limited guest policies would be particularly useful for tenants who are new to social or supportive housing. These policies would provide new residents with the support and guidance they need to settle in, while offering boundaries that help them learn to manage their vulnerabilities. Such policies could also potentially benefit tenants who have been targeted by housing predators repeatedly, and are in need of new tools and strategies to help them keep their homes safe and secure.

The purpose of the HUTPPP would be to evaluate if these innovative policies work as planned. First, caseworkers and tenants would work through the TVAT together to determine the tenant’s vulnerability to HUTs. Those with a long history of HUTs might then think about how a zero or limited guest policy could help them protect themselves from predators. To repeat then, participation in either of these new experiments would be entirely voluntary. Likely, the zero or limited guest policy would be agreed to only by those residents who now recognize, after multiple devastating first-hand experiences, that they are especially vulnerable to HUTs. This is not a policy meant to challenge residents to live alone or isolate themselves. As mentioned above, we recognize that community ties help protect residents from HUTs. Rather, we want to give frontline workers and housing providers new tools they can use to help residents learn to live more independently, and without predators infiltrating their homes.

Voluntary participation in this five-year test program would begin with the resident being housed in a supportive transitional living space that emphasizes independent living. Coaching would be provided so residents could learn techniques to help them avoid problematic behaviours, such as letting unwanted guests into their units. All of these supports would be tailored to the tenant’s specific needs and vulnerabilities. After living with a zero guest policy for two years, graduates of this initial phase of the HUTPPP would be moved into permanent housing suited to their needs. They would then be interviewed to see if their propensity to HUTs has improved—that is, if the zero guest policy helped them learn how to turn unwanted visitors away on their own. Their success or failure would not be attributed solely to their own personal commitment; housing providers and frontline workers will also have to think about the services they provide, admit where they are weak, and work with tenants to improve. In this way, the HUTPPP would test the efficacy of zero or limited guest policies.

In sum, just as addicts in some long-term rehabilitative programs take relapse prevention courses, attend community support meetings, and seek a variety of other supports, so too would the HUTPPP provide people who are prone to HUTs with the resources they need to protect themselves from falling prey to predators again in the future. That said, we must remember that residents cannot solve this problem on their own; the HUTPPP is also about housing providers, law enforcement officials and other stakeholders learning how to best support vulnerable residents as they learn to live without unwanted guests.

The HUTPPP begs the question: what if we see that zero guest policies work? Will vulnerable residents with a history of HUTs be forced to agree to them? The short answer is no. We think the HUTPPP should be made *available* to people who have been repeatedly targeted by HUTs, and those individuals can decide for themselves if they want to experiment with this option. The longer answer is that the HUTPPP is a research project and, thanks to the DTP approach that informs it, there is a lot of ambiguity in terms of how it would work. If it succeeds, maybe someday we could provide voluntary zero or limited guest housing as an option in the supportive and social housing sector. But this idea is just one of many that require further study.

6.6: FUTURE RESEARCH

As our study unfolded and we learned more and more about HUTs, we also realized just how much has yet to be uncovered. The following is a brief list of the goals we believe future research on HUTs should aim to accomplish:

1. Create a structured framework for identifying HUTs. This would involve conducting a larger survey of HUTs in urban and rural settings, and engaging in coherent and frank discussions of interventions and their results.
2. Measure the actual number of HUTs. A more accurate sense of their prevalence could be determined

by including voluntary questions on the census and housing applications, or conducting a sector-wide questionnaire or survey.

3. Analyze stakeholders' experiences of HUTs from across the GTA. Town Hall meetings, roundtables, and consultations with local community members should be held to begin a city-wide collection of lived experiences with HUTs. These experiences should then be analyzed for common causes, solutions, resolutions, and barriers.
4. Launch the TVAT. This will require consultations with housing providers and tenants, whose input will be necessary to design and test the tool. Existing TVATs and consultations with practitioners should also inform the new design. Once launched, the TVAT's efficacy should be tested in a longitudinal study that also incorporates rich qualitative data.
5. Map HUTs visually. Using stakeholder data, future researchers should map out "hot spots" for HUTs: buildings, neighbourhoods, and sectors of the city where they are concentrated. Systemic variables that could be responsible for causing these concentrations should then be addressed.
6. Hold community consultations. Other stakeholders in the community should be consulted to determine other concerns or recommendations of interest to their organizations.
7. Host an international workshop on HUTs. Stakeholders should be invited to a gathering focused on discussing the different perspectives and findings on housing predators, HUTs, and prevention and intervention strategies that have been explored so far across the world.

PART SEVEN: CONCLUSIONS

Our research has shown that HUTs are widespread across the GTA and have a variety of negative consequences, including homelessness. Housing predators skillfully target tenants who have been rendered vulnerable by addictions, physical and mental health issues, poverty, and other disadvantages. As earlier research suggested, we did find that some tenants are complicit in or partially responsible for the HUTs they endure. Some new experiments—such as our proposed TVAT and zero guest policy—could help residents identify and address their vulnerabilities, and take responsibility for their tenancies. However, other stakeholders and social factors always play a role in HUTs as well. A lack of affordable housing and the underfunding of social supports provided within that housing, mean that vulnerable people are often left with unmet needs that they rely on housing predators to fill. Once their homes have been taken over, tenants are relatively powerless to force them out, and law enforcement officials, policy makers, housing providers, and frontline staff currently have few resources they can use to help. All of these stakeholders must make changes to their practices if we hope to reduce the prevalence of HUTs in the future. The problem here is HUTs, not residents; thus, residents cannot be the only ones who are expected to modify their ways. Better and more widely available supports, a greater supply of safe, affordable housing, and more initiatives that foster community bonds will all help tenants live free from unwanted guests and HUTs. Accomplishing these ambitious goals will require some difficult conversations and risky experiments. But if our efforts are steered by the kind of inclusive, committed interagency council we have proposed, we can certainly gain a better understanding of the causes behind and potential solutions to HUTs in Toronto and other cities.

APPENDIX A: EXCERPT FROM THE DESC VAT

The DESC VAT asks staff to rank residents on a scale of 1–5, with "1" indicating no signs of vulnerability, and "5" indicating significant vulnerability. The variables staff take into consideration when assigning their rankings are: survival skills, safety, dependency on others, and ability to maneuver independently in a safe manner. The varying degrees of vulnerability are described on the DESC VAT as follows:

- 1: No evidence of vulnerability. Resident has strong survival skills; capable of networking and self advocacy; knows where to go and how to get there; needs no prompting regarding safe behavior.
- 2: Evidence of mild vulnerability. Resident has some survival skills; is occasionally taken advantage of (e.g. friends only present on payday); needs some assistance in recognizing unsafe behaviors and willing to talk about them.
- 3: Evidence of moderate vulnerability. Resident is frequently in dangerous situations; dependent on detrimental social network; communicates some fears about people or situations; reports being taken advantage of (e.g. gave \$ to someone for an errand and person never returned or short changed).
- 4: Evidence of high vulnerability. Resident is a loner and lacks "street smarts"; possessions often stolen; may be "befriended" by predators; lacks social protection; presents with fearful, childlike or helpless demeanor; has marked difficulty understanding unsafe behaviors; is or was recently a DV survivor; may trade sex for money or drugs.
- 5: Evidence of severe vulnerability. Resident easily draws predators; vulnerable to exploitation; has been victimized regularly (e.g. physical assault, robbed, sexual assault); no insight regarding dangerous behavior (e.g. solicitation of sex/drugs); clear disregard for personal safety (e.g. walks into traffic).

APPENDIX B: COH DEFINITION OF HOMELESSNESS

The Canadian Observatory on Homelessness (2012) defines homelessness as follows:

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.

Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. That is, homelessness encompasses a range of physical living situations, organized here in a *typology* that includes 1) **Unsheltered**, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) **Provisionally Accommodated**, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.

The *problem* of homelessness and housing exclusion refers to the failure of society to ensure that adequate systems, funding, and support are in place so that all people, even in crisis situations, have access to housing. The goal of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible, and suitable in size), and includes required services as needed (supportive), in addition to income and supports.

Numerous populations, such as youth, individuals from different ethno-cultural backgrounds, families,

newcomers to Canada, people impacted by family violence, the elderly, etc., experience homelessness due to a unique constellation of circumstances and as such the appropriateness of community responses has to take into account such diversity. The over-representation of Aboriginal peoples (including First Nations, Métis, and Inuit peoples), for instance, amongst Canadian homeless populations, necessitates the inclusion of their historical, experiential and cultural differences, as well as experiences with colonization and racism, in their consideration of homelessness.

APPENDIX C: PLACEMENT STUDENTS' REFLECTION

By: Daniel Hughes and Josiah Osagie

Community, Population & Public Health: Community-Based Service-Learning Placement Students (University of Toronto, Faculty of Medicine)

Working with the Dream Team on the housing unit takeover project was a remarkable experience. It's interesting to consider how it bloomed from a simple placement, a straightforward "course requirement", to a journey filled with insights, challenges, and significant implications for our future practice. We began our work with the Dream Team with equal measures of eagerness and inexperience. We were keen on the project we were going to put our hands and minds to but had no idea of what to expect.

As medical students, we are taught that the social determinants of health--income, education, housing, living and working conditions, and so on--have an enormous impact on an individual's health outcomes. But these are facts that we learn from the cozy detachment of lecture halls and textbook readings. Working on this project opened our eyes to the stark reality of these previously distant facts. We came to see for ourselves the extent to which how a person lives, where a person lives, and if that person even has a place to live in the first place, can profoundly affect their health. Research has shown that the homeless and the insecurely housed are at increased risk for a wide range of physical and mental health problems including (but by no means restricted to) hypertension, diabetes, kidney disease, alcohol use disorders, and depression (Hwang, 2001). But what does this actually look like? One experience in particular stands out in response to that question. Early on in the project we had a chance to run a focus group interview with a number of housing workers in a public housing project. While we acknowledge that our upbringings were steeped in privilege, we were nonetheless shocked by what we saw and the stories we heard. It felt like we had stumbled onto a dark under layer of life in the city. We walked through the neighbourhood, observed the residents, the clear markers of poverty, the apartment complex with its huge foreboding signs warning tenants not to let strangers in, a nearby corner store we were later informed was a front for a drug operation. It was a lot to take in. We were told the story of a tenant addicted to crack, who wanted desperately to clean up his life but just couldn't escape the influence of his neighbourhood. His dealer was always lurking near his building, he couldn't afford to move out to a better neighbourhood, and the waitlists for public housing is years long; he was trapped.

As future physicians, we ask ourselves: what role can the medical profession play in addressing housing takeovers (especially in light of the fact that mental illness and drug addiction - accepted domains of medicine - are key vulnerabilities that put tenants at risk of takeovers)? And how can physicians better support and care for their vulnerable, marginalized patients? We believe there are several ways that the medical professional can intervene, from the level of the individual up to the level of public policy. First of all, we believe it is essential that physicians working with marginalized patients recognize their unique needs and contexts (Pottie et al, 2000). Our approach to tackling addiction in a patient of low socioeconomic status living in public housing cannot be the same approach we take for our less marginalized patients. We must look beyond their symptoms and consider their psychosocial (or perhaps more aptly, their psychosocioeconomic) story. Furthermore, we believe in the importance of creating truly collaborative relationships with these patients (Woolhouse, Brown, and Lent, 2004). The physician-patient relationship is one that is characterized by power imbalance on the side of the physician; for vulnerable patients, even more so. It is therefore essential for medical professions to explicitly work to establish collaborative relationships where patients feel valued, respected, and safe to articulate their needs.

Finally, we believe in the importance and power of advocating for our patients. The role of a medical professional is not simply to prescribe medication; it is also to be a champion and a voice for patients. This means working to connect vulnerable patients to social services and community organizations that can reach them more directly and support them in their local environment. It also means advocating for higher level policy changes. For patients trapped in unit takeover situations, we as medical professionals can use our influence to lobby for better quality, more accessible supportive housing.

We are grateful to the Dream Team for the opportunity to take part in this project. The people we had a chance to talk to and the stories they shared with us pushed us out of our comfort zone and opened our eyes to the suffering of others. It showed us very clearly how distal external factors--living conditions, socioeconomic status governmental policy on housing--can have a powerful effect on an individual's life and health outcomes. We are determined to become doctors that consider our patients' entire biopsychosocioeconomic context, and to act as voices for the marginalized amongst us.

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