

Report on Women's Health and Safety in SRA Hotels managed by Atira Property Management

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1. Introduction

1.1 A Social Learning project in DTES

The current project is part of the Social Learning Studio taught by Nathan Edelson at the School of Community and Regional Planning - UBC. Through the class we approach planning practice in the Downtown Eastside (DTES) from a social learning model. Friedmann (2011) defines planning as “the art of *linking knowledge to action in a recursive process of social learning*” (p. 4), and proposes an epistemological model of Social Practice and Social Learning, based on the world of human experience and social construction of knowledge (Friedmann 1978). Social learning begins and ends with an action that involves political strategies and tactics, theories of reality and social values that inspire and direct the action. In this model “acting and knowing are united in a single process of learning”, the division between objective and subjective disappears, as well as the division of labor between knower and doer, making social practice a democratic process where anyone can participate (Friedmann 2011). The core idea of social learning is that planning has a strong component of “learning by doing”.

The Social Learning Studio class has given me the possibility to examine planning practice with Atira Women’s Resource Society, and its role as a feminist non-profit organization on improving women’s wellbeing in the DTES, an area that has been pressured by gentrification for the last decades. Gentrification is a phenomenon widely studied that is characterized by the displacement of low-income and marginalized population by high-income people that enter the area willing to live there. High-income people invest in new and renovated housing and retail spaces, process that leads to an increase of the cost of living. As a consequence, affordability in the neighborhood is shrunken and low-income residents become aliens in their home community. In this scenario, there are different actors involved. The *gentrifiers* such as newcomers, new business, architects and developers; public institutions that paradoxically may support gentrification and support the low-income community at the same time, they regulate public spaces, non-market housing, among others; and the non-profit sector that responds to low-income people’s needs in this context of pressure and displacement. In this last group we find social enterprises and non-for-profit organizations. Atira is an example of the organizations that have been working for the last decades in DTES providing support services for low-income women and children.

1.2 Atira Women’s Resource Society

Atira Women's Resource Society is a not-for-profit feminist organization committed to the work of ending violence against women through providing direct service, as well as working to increase awareness of and education around the scope and impact on our communities of men's violence against women and children.



Atira Women's Resource Society owns a social enterprise: Atira Property Management Inc. (APMI). Atira Property Management offers personalized, client-focused management solutions for strata corporations, building owners, housing cooperatives, not-for-profit societies, and developers in Greater Vancouver. All

Atira Property Management's profits are donated to the Atira Women's Resource Society and used to fund transition housing and support services for women and children who are recovering from the effects of violence and abuse within their families. The Society operates three first-stage transition houses, a second-stage transition house program, one women's emergency shelter, and long-term supportive housing for "hard-to-house" women in Vancouver's Downtown Eastside. "Hard-to-house" women struggle with situational mental wellness because of the situations of gender violence they have experienced in their lives, in addition, to issues of poverty, and other social exclusion mechanisms based on class, race or ethnicity.

Atira Property Management has a partnership with BC Housing and manages a portfolio of 13 provincially-owned single room accommodation (SRA) hotels in the area of Downtown Eastside, Vancouver, which an average of 23 per cent of women residents.

The term Single Room Accommodation (SRA) includes market Single Room Occupancy (SRO), nonmarket buildings that have SRO units, and self-contained units that are less than 320 ft² in size. Most SRA hotels contain small single rooms that share common bathrooms and sometimes cooking facilities (2009 Survey of Low-Income Housing in the Downtown Core, City of Vancouver). SRA hotels make up a large majority of the non-market rental stock in the DTES, especially for individuals on income assistance and others living on a fixed income, and are considered the last housing resort before homelessness (Antolin 1989). The current monthly rent paid per SRA unit is \$375 in the 13 buildings that Atira manages. In many cases, residents are welfare recipients, and their rent is paid directly from their monthly checks.

Atira Women's Resource Society recently created the Women's Health and Safety Liaison (WHSL) to support women living in these coed SRAs hotels. The WHSL visits the SRA hotels in a daily basis to resolve women's health and safety needs. This report focuses on

the work the WHSL develops, the strengths and limitations of the program, as well as future pathways of intervention.



2. A gender perspective of the Downtown Eastside

2.1 Planning of the DTES from a gender lens

DTES was the center of the city at the beginning of the 20th century and concentrated industry, the hub of rail transit, shopping areas, and a major cultural and entertainment district along Hastings St. It was also the house of many low and moderate-income people. Men have predominantly inhabited the area, because its closeness to the industrial zone, the type of jobs historically offered and the way housing was designed. According to Antolin (1989), Single Room Occupancy hotels were the main accommodation of male immigrants and transient workers. These hotels also housed couples and families during the first decades of the 1900s. Until these days, the major group of SRAs residents continue being men, although the percentage of women living in this type of units have increased over the past years.

Analyzing the history of the neighborhood from a gender perspective helps understand women's everyday life in DTES. The DTES is an example of how cities have been historically designed from a male-centered perspective. Planning is not neutral and historically has developed gender-blind policies with the goal to respond to a universal idea of the public interest. However, this idea of "universal" has focused on the male

experience (Greed 1994). Thus, the social construction of gender has been reproduced through the construction of space assigning different roles and spaces to women and men. “The public sphere’s economic and political activities at the community, state and national levels were linked to production, paid employment—and men. The private sphere, defined as the site for reproduction, was and is still associated with personal and family relations and activities, informal or unpaid employment—and women” (Sweet and Ortiz Escalante 2010, p. 2131). Social and political theories have accentuated this separation between public and private and devalued the private sphere perpetuating women’s exclusion from and marginalization in public spaces (Sweet and Ortiz Escalante 2010).

Planning has historically regulated which bodies were allowed or not in the public sphere (Sandercock 2003). Elizabeth Wilson writes how “with the intensification of the public-private divide in the industrial period, the presence of women on the streets and in public spaces of entertainment caused enormous anxiety, and was the occasion for any number of moral and regulatory discourses” (Wilson 1992, p.90). She continues arguing “the androgynous woman, the lesbian, the prostitute, the childless woman... all aroused fears and created anxieties concerning the eroticization of life in the metropolis” (Wilson 1992, p. 106), a regime in which women – their bodies, their sexuality – were suddenly on the streets, potentially both tempting and threatening male order, male self-discipline and the male disciplining of the city (Sandercock 2003, p.51). Her words still represent how women are perceived under a gender imbalanced culture in DTES. Modernist planning according to Hooper was a patriarchal tradition that participated in new forms of social control directed at women; “female/female body became synonymous with that which disorders, threatens, undoes the work of Man, the work of Reason, the idea of the Plan”. (Sandercock 2013, p.52)

2.2 Women’s safety in DTES

Women in DTES are still in some cases considered second-class citizens; women’s bodies are undervalued, objectified and become vulnerable to all types of gender violence; this is aggravated not only by the fact of being women, but also by being low-income, marginalized, migrants, from a minority group, with mental health challenges, drug addictions or for being sex workers. For some people their lives do not have the same value than any other human being.

Women’s safety is a major issue in the DTES. Poverty, homelessness and unsafe housing make many women more vulnerable to sexual, emotional, mental, and physical violence. According to the DTES Local Area Profile (2012) about 8,000 women live or work in the Downtown Eastside or visit the area (40% of the population). The rates of physical and sexual violence against women are reported to be double in DTES than in other regions of Vancouver. The Downtown Eastside “Missing Women” case is a tragic example of how marginalized women, including many Aboriginals and sex workers, can become victims of serious crime (DTES Local Area Profile 2012). Despite making up only four per cent of the

female population, women of Aboriginal descent make up the majority of women who are missing and murdered in Canada. The case of the serial killer of the pig farm is one of the cases that caught a lot of media and public attention. However, women continue being missed and murdered in the area. Above all it affects sex workers, in particular from Aboriginal origin. In Vancouver, 80 percent of the street sex workers are women, and an estimated 40 percent of them are immigrant or from a minority group. The urban Aboriginal population is vastly over-represented in street sex work. While comprising two percent of Vancouver's population, they represent 40 percent of street sex workers. (DTES Local Area Profile 2012).

3. Atira's Women Safety and Health Liaison in SRA Hotels

The role of the Women's Health and Safety Liaison is to visit the 13 coed SRAs hotels on a daily basis to assess and follow-up health and safety concerns of female residents, in coordination with SRAs managers and staff.

In October-November 2013, as a student of the Social Learning Studio class, I shadowed the Women's Health and Safety Liaison (WHSL) to gather information and write the current report. During two months I was able to meet SRA's managers and staff, some of the women living at these SRAs, and learn from the work and the experience of the WHSL. The following table summarizes the information of the 13 hotels visited during this period¹.

SRA HOTEL	Non-profit Operator	Women	Total Units	%Women
Abbott	APMI & Central City Foundation	13	72	18%
Arco Hotel	APMI	18	55	33%
Carl Rooms	APMI & Portland Housing Society	13	38	34%
Colonial	APMI & Vancouver Coastal Health	31	140	22%
Cosmo	APMI & Central City Foundation	4	42	10%
Dominion Hotel	APMI	28	63	44%
Flint	APMI	23	99	23%
Hazelwood Hotel	APMI & MPA Society	26	110	24%
Hutchinson Block	APMI & Portland Housing Society	23	55	42%
London Hotel	APMI & Vancouver Coastal Health	22	72	31%
Marble Arch Hotel	APMI & Portland Housing Society	11	149	7%
Savoy Hotel	APMI & MPA Society	6	26	23%
St. Helen's Hotel	APMI & Coast Foundation Society	23	82	28%
TOTAL		172	750	23%

Source: Atira Women's Health and Safety Liaison, November 2013

¹ During the month of October 2013, we also visited the Dunsmuir hotel, but it is not included in the report, because it closed on October 31 and all residents were relocated in other SRAs hotels.

In November 2013, women living in the coed SRAs hotel represented 23 per cent of the tenants. However, there are hotels, such as the Dominion and the Hutchinson, where female tenants make more than 40 per cent of the tenants. The percentage of women and the total units available fluctuates on a regular basis, because of women's relocation, eviction, and units that are closed due to health or safety issues, such as bedbugs, small fires, etc.



All these hotels, with the exception of the Cosmo, have staff 24 hours year around. In addition, the buildings have security cameras that monitor the activity in the buildings and allow having a record if any incident happens. These hotels have also controlled access, through a locked door. This access is also controlled 24/7, and official identification is required for visitors, who are daily registered in a visitor list. During daytime, 9am to 5pm, the manager and a desk clerk work in the front desk. In some small hotels, only the manager works at the front desk during daytime. There is also staff in the building in charge of cleaning common areas. As the table illustrates, some of the hotels are co-managed with other social enterprises in the area and they also have staff in the hotel, that often provide other services such as mental health support, harm reduction, etc. After 5 pm, there is a person in the front desk in charge of controlling the entrance, monitoring the cameras, and record in a notebook any incident that happens during the night, when some of the hotels activity increases. At night, rounds also take place throughout the hotels. At the end of this document, in Appendix 1, there are information cards for each hotel that include their location, services within the hotel and around the area.

The Women's Health and Safety Liaison (WHSL) is a position that was created by Atira Women's Resource Society in March 2012. The liaison is a female worker who visits on a regular basis the SRAs hotels, which are managed by Atira Property Management Inc. She is responsible for reviewing the tenant list, the health and safety form and the visitors' list. The health and safety form records whether women have been seen in the last 24 hours and any safety or health concerns reported by the women or identified by the staff. The managers and staff are responsible for reporting any missing women. Before the WHSL position was created, a missing woman would be filed after 72 hours of not seeing her. With the WHSL program, managers have to inform if a woman has not been seen in 24 hours. Once notified, most often the manager and the WHSL do a wellness check, going to the unit of the woman, and they proceed from that, depending on the situation. This accelerates the process and increases women's safety, since the reaction to a possible incident of violence starts earlier. Female residents are told to communicate the

staff if they are going to be absent for more than 24 hours, and they know that if they do not notify and they are not around the hotel during this period of time, the hotel will file missing person.

Also, if managers and staff report specific needs of a woman in the building, the Women Health and Safety Liaison meets the woman, assesses the situation and finds the better outcome for her. Some examples of the issues encountered are: bedbugs and cockroaches in the rooms; cleanliness and hazards in the rooms; the need of basic appliances such as refrigerators; safety issues such as physical, economic or sexual violence; difficulties paying the monthly rent, evictions and relocation; addiction issues; missing and dead women. Thus, some of the tasks of the Women's Health and Safety Liaison include: relocate women from one hotel to the other for safety reasons or due to eviction; find room to house new women in the program; accompany women to court; follow-up women's missing reports and deaths; accompany women to health care appointments; pay attention to women's access to food, as well as other services to cover basic and everyday life needs.

The role of the Women's Health and Safety Liaison is also mediating between the female tenants and the hotels' managers and staff, to make sure that women's health and safety issues are addressed in a daily basis in a non-judgmental way.

4. Conditions of the SRAs that impact women's safety



The challenges that women face in coed SRAs hotels are still inherited from the male-centered history of DTES. Some of the main challenges deal with the male dominant culture still present in the hotels and neighborhood, the design of SRA hotels, the surveillance and access to the building, and the role of managers and staff.

Male dominant culture

As already mentioned, most SRAs hotels are male dominated, and women's residents are still a minority. This male-dominant environment in an unequal society that reproduces women's discrimination, added to issues of poverty, addictions and mental health increases women's risks. In a male dominant culture women are highly exposed to physical, sexual and economic violence; for example, women experience sexual assaults because their bodies become objectified and many times as a commodity that is abused to pay off debts or drugs.

To address these challenges, the role of the WHSL is key, as well as the role of the managers and staff of the coed SRA hotels.

Design of the SRA hotels

The hotels are composed of single-room units that share bathrooms and kitchen. Therefore, this type of design is one of the main safety and health challenges. Despite hotel staff reviews in a regular basis that bathrooms are clean, work and their doors lock, sharing bathroom restrain the fulfillment of basic needs. Women's physiology of the excretory and reproductive system requires them to make a higher use of bathroom facilities. In addition, women's physiology also expose them to higher infections. Thus, sharing bathrooms affects directly women's health and safety, since using a common bathroom increases vulnerability and risks.

The units have refrigerators, but some hotels have also space within the unit for a small kitchenette. There are women that have a small kitchen counter with an electric stove and a microwave. In those hotels where this is not a possibility, residents use a common kitchen.

This issue is taken into account in future renovations of old SRA hotels, but since property is own by BC housing, budget is not always allocated to renovate the rooms and include bathrooms and kitchens within the units.

Camera Surveillance and access to the buildings

Many buildings do not have the front desk at the same level of the building entrance, although in most cases people have to check-in in order to access the other floors. The access to the building is supported by security cameras, which allows keeping record of people's entrance and activity. Cameras are an important element of hotels' security. However it is essential to complement this tool with trained staff. The cameras are tools to record, but in many cases they do not prevent incidents to happen. The videos will mostly serve as evidence. For this reason, the presence of staff is of greater help for women. You can have a lot of cameras in a building but this does not guarantee the safety of women. It is of equal importance the type of staff supporting women in the building. One way to make sure staff is supportive is through training that provides strategies to deal with this issue in a sensitive manner, but also with tools to keep written record of the incidents that happen.

The role of managers and staff

The creation of the Women's Health and Safety Liaison has represented an improvement in women's wellbeing at the coed SRA hotels. The recent creation of the program opens opportunities for constant improvement and collaboration between the WHSL and the SRA hotels managers and staff. The managers and staff have a strong influence in the environment of the hotel and the support tenants receive.

Visiting the different hotels, one can see the different personalities, attitudes and approaches of the different managers. In general, managers and staff are receptive to the

Women's Health and Safety Liaison and work in collaboration with her on keeping record of incidents, doing wellness and safety checks and controlling visitors' access. There are managers that take their job very seriously and are particularly concerned with women's safety and wellbeing. This type of managers is willing to talk and share issues that have happened, and they are committed to do their best. The managers' commitment influences also the performance of the rest of staff, and how incidents are recorded and safety issues are addressed. Desk clerks engage with women's safety if their managers do. Some buildings are in better conditions than others, and managers' commitment also influences the conditions in which the hotel is kept: cleanness, hallways cleared of objects, etc.

In contrast, there are some managers that are not as collaborative with the Women's Health and Safety Liaison, and they seem less committed with women's health and safety issues. In these hotels, the managers seem not pleased of the Women's Health and Safety Liaison presence; this attitude is expressed through interactions with her, some time barely looking at her face or responding to her questions. They are less willing to share the tenants and visitor list, as well as the wellness and safety form; and in some case they do not record if a woman has been missed for more than 24 hours. This lack of engagement with the Women's Health and Safety Liaison might be related with the recent creation of this position, and managers and staff may not fully understand her role, and might feel their work is controlled. Unfortunately this mistrust negatively impacts the development of the work of the Women's Health and Safety Liaison work and most importantly, the wellbeing of women in these particular SRA hotels. This is a major concern that needs to be addressed, since some of these issues are encountered in hotels with a large percentage of women residents, or in hotels where women are housed for safety reasons

5. Recommendations

The experience accumulated through the Women's Health and Safety Liaison program open opportunities for future steps that might improve women's wellbeing in SRA hotels:

1. Increase the visibility of institutional support to the Women's Health and Safety Liaison to help consolidate and acknowledge this program in all SRAs hotels.

Despite most managers and staff are already familiar with the Women's Health and Safety Liaison, a strategy to increase the visibility of this program would help consolidate this position. The strategy can include: designing a poster with information about the program that could be a reminder for managers and staff but also for tenants; emphasizing the program in trainings with new staff and managers; or sharing the key points of this report with staff and managers. In Appendix 2 there are some suggestions of ongoing learning systems that can also support the consolidation of the program.

2. Increase sensitiveness and awareness of managers and staff through training on women's health and safety.

Conducting training workshops on women's health and safety issues with current and future managers and staff can contribute to raise gender awareness. The training workshops would need to cover not only how to understand and address women's safety issues, but also how managers and staff feel about this issue, what concerns they have, how this affect them to their personal and professional development and what type of support they would like to have. Training workshops on gender violence issues are more effective if they do not focus only on the theory; there needs to be a strong participatory component where people can discuss about this issue at the practical level.

3. Regular updates on recording and reporting women's health and safety issues and protocols

Safety protocols might change or being not remembered in a regular basis. Finding a way to remind staff and managers about these protocols and updates could improve the reports on safety issues, especially with new personnel.

During the elaboration of this report, Atira started to review protocols and in February 2014 finished a booklet that gathers protocols that will ensure the safety of all women who live in and/or visit Atira's buildings.

4. Increase the amount of reserve rooms in SRAs hotels for emergency cases, to fasten women's relocation.

One major issue encountered by the Women's Health and Safety Liaison is how to relocate the fastest possible a woman for safety reasons. Many times an emergency relocation depends on the availability of units in the hotels, and the woman has to wait some days because the new room has to be cleaned and painted. Having a reserve of vacant rooms in different hotels for emergency situations would help to accelerate emergency relocations and women's safety.

5. Advocate for units equipped with bathroom and kitchen in the renovations of old SRAs made by BC Housing

BC Housing is currently developing the SRO Renewal initiative (SRi), a public-private partnership to renovate and restore 13 provincially-owned SRA hotels. The SRi plans to upgrade these buildings to make them safe, affordable and energy efficient - and protected over the long term for individuals who are at risk of homelessness. Atira Property Management Inc. manages 6 of the 13 SRA hotels that are being or will be renovated: Marble Arch, Gastown Hotel, Dominion Hotel, Cordova Residence, Marr Hotel and Hazelwood Hotel (http://www.partnershipsbcc.ca/files-4/documents/PBC_SRO.pdf). In these renovations, non-profit managers are consulted and they provide advice on the renovation project. Atira has been advocated for renewing units to include bathrooms and kitchens; despite that the renovations do not respond to this demand. For example, the Marble Arch is currently under renovation, and units will continue sharing bathrooms.

6. Include women's participation in the design of future building renovations.

The women who live or have lived in SRA hotels are a source of knowledge and experiences that can help design better places. Through participatory workshops, women can provide information on basic elements that would improve their everyday lives in the buildings. Women can contribute with ideas of design, but also of services in the building and the area surrounding the building that would make their lives safer. With the support of technical staff trained in architecture and planning from a gender perspective, realistic renovations could be done in the buildings; financial support is needed for these renovations, but in the long-term it can result in a cost reduction for BC Housing and the non-profit managers. There are experiences of women's participation in the design of buildings in other cities such as Viena, Mexico City, Barcelona, which can be a reference for future work in DTES.

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Appendix 1: SRA hotels locations and cards



St. Helen's Hotel

1161 Granville St.
Vancouver, BC V6B 2G6
Tel. 604.687.2132
Co-managed with Coast Mental Health

Total units: 82
Average % women: 28%
Single Rooms
Shared bathrooms and kitchen
Option of Kitchenette in the room

Services within the building:

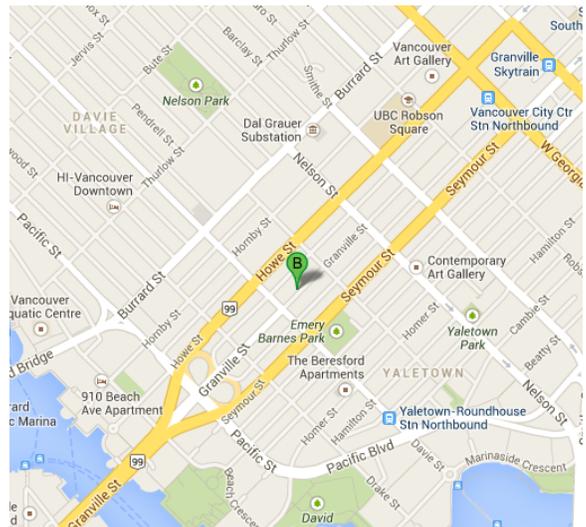
- Community kitchen twice a week
- Warm breakfast on weekends
- Coast Mental Health: tenant support services in the 2nd floor. Connect with general practitioners and other health care providers
- Inner Youth Team in the 3rd floor: mental health services for youth between 19-25; prevention of youth homelessness.

Services in the area:

- Resource center in Davie St with Seymour St.
- Yale Pharmacy
- Three Bridges Clinic
- Food Banks in the West End and Kitsilano

Special characteristics

The St. Helen's is a resourceful hotel because it provides more in-house services than other SRA hotels. They have outreach support workers from Coastal Health, Rain City and Covenant House. The location is convenient for those tenants that used to live in the Downtown Eastside but wanted to move out; in particular, for some women it might be a safer environment.



The Hutchinson

429-433 W Pender St

Vancouver, BC V6B 1T5

Tel. 604.682.7472

Co-managed with Portland Housing Society

Total units: 55

Average % women: 42%

Single Rooms

Shared bathrooms and kitchen

Option of Kitchenette in the room

Services within the building:

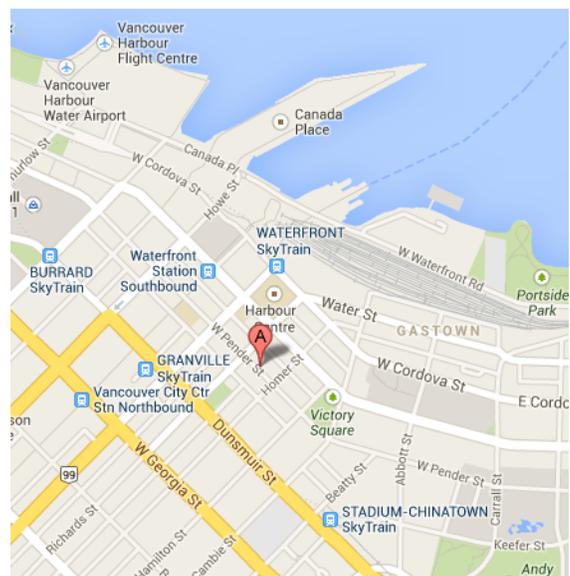
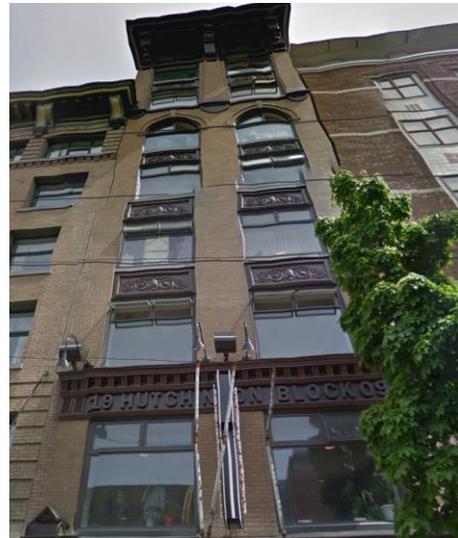
- One meal a week: breakfast on Thursdays or Fridays and lunch or dinner on Tuesdays.
- PHS Integrating Housing team: mental and physical health support; follow-up tenants in hospital and after being discharged; help accessing free food; access to a van that transport tenants to grocery store after check day; addiction treatment; alternative housing support; pregnant women support; methadone management.

Services in the area:

- Most tenants use services in the Hastings St. area

Special characteristics

Well kept building in a convenient location, close to the center of DTES, but far enough to disconnect from there too.



The Colonial

110 Water St.

Vancouver, BC V6B 1B2

Tel. 604.684.3953

Co-managed with Vancouver Coastal Health

Total units: 140

Average % women: 22%

Single Rooms

Shared bathrooms and kitchen

Option of Kitchenette in the room

Services within the building:

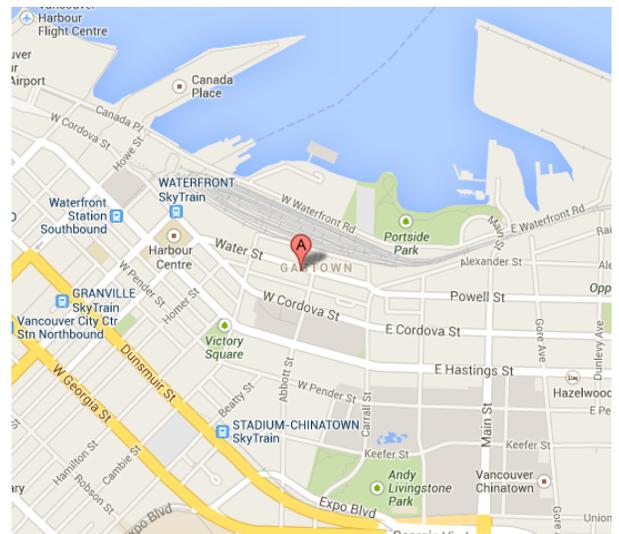
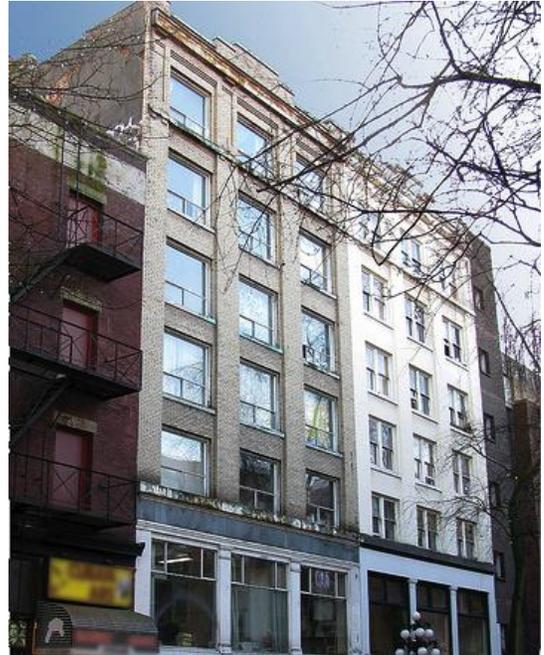
- Lunch delivery by Save on Meats
- Free breakfast on Tuesdays and Saturdays
- Donut delivery from Safeway (left overs)
- Medical clinic managed by Vancouver Coastal Health: in-site in a daily basis
- Strathcona Mental Health
- Needle exchange managed by Consumer Board (PHS)
- Act Team Housing and Mental support outreach

Services in the area:

- Tenants access to services in the Hastings St. area

Special characteristics

There is 24/7 staff from Atira, Vancouver Coastal Health and Portland Housing Society.



The Arco

81-83 W Pender St
Vancouver, BC V6B 2T2
Tel. 604.683.0903

Total units: 55

Average % women: 33%

Single Rooms

Shared bathrooms and kitchen

Option of Kitchenette in the room

Services within the building:

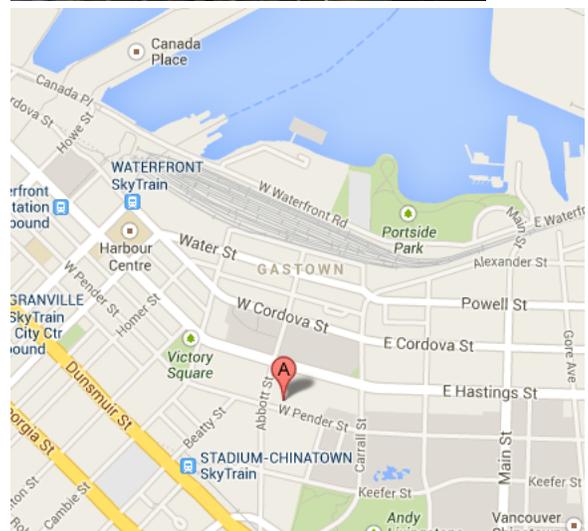
- Downtown Eastside Community Kitchen on Monday- DECK (in conjunction with the Food Bank)
- Vancouver Coastal Health: Primary Outreach Services team (nurses and social workers). The clinic is located in room 107
- Atira support workers: two shifts (morning and evening) 7 days from 7.30 am to midnight.

Services in the area:

- Tenants access to services in the Hastings St. area

Special characteristics

DECK: tenants volunteer to cook for everybody once a week, for breakfast or lunch. They receive food from the Food Bank; the food provided end up being of better quality that some food delivered in other hotels. Tenants involvement in the community kitchen is also an empowering strategy.



Appendix 2: Social Learning Model

As part of the Social Learning Studio class, the project with Atira also promotes that the student/organization collaboration can help create an ongoing "learning system" to follow up on buildings' conditions, women's health and safety needs and the implementation of recommendations. After understanding better how the SRA hotels work, the outcomes have been readapted, because some of them are already developed. Thus my proposal is:

- Reinforce the record of safety and health issues: SRA hotels already have a record system; they have a safety and wellness form where staff records information in a daily basis; they collect violence against women incidences, police reports, health problems, hospitalizations, among other issues. Also, each hotel has a notebook where incidents could be described in detail. Thus, there is a system in place. However this system is not developed in the same consistent way in all the SRA hotels. One way to reinforce its implementation would be asking the hotels to write monthly reports that summarize women's safety and health issues. This would help improve the daily record in those hotels the system is not fully implemented.
- Follow up interviews with some residents: The Liaison already meets with women in a need basis to discuss about safety and health issues.
- SRAs building audits with women's residents: involving women residents in the safety and wellness checks could help better understand and address issues encountered.
- Participatory mapping with women: doing an exercise of participatory mapping with women residents of SRAs would help identify strengths and weaknesses of the building and its surroundings, and identify needs and services. Below I present an outline of how to conduct a training workshop with women to built a collective safety map

Participatory mapping exercise²:

A safety map can help make visible some of the physical and social limitations that prevent women from using certain spaces, as well as the qualities of those places that are felt as safe, and are used with autonomy. A safety map will include "forbidden" spaces that are perceived as unsafe or have limited access, and those "positive" spaces that are used because they feel safe.

² This exercise is based in a similar exercise developed with women groups in the region of Catalonia, Spain, and has been designed by the "Col·lectiu Punt 6", a feminist organization based in Barcelona that works on urban planning from a gender perspective. I am a member of Col·lectiu Punt 6. This exercise has been published in "Women working. Guide of urban reconnaissance from a gender perspective". The guide has been published in Catalan, but we expect to translate it to Spanish and English. I have translated this exercise for the purpose of this report.

<http://punt6.wordpress.com/2013/10/14/proximamente-presentacion-de-nuestra-publicacion-mujeres-trabajando-guia-de-reconocimiento-urbano-con-perspectiva-de-genero/>

Through a participatory mapping exercise we can obtain the following information:

- Individual maps with positive and negative perceptions of the spaces in the neighborhood.
- A list with the 3 spaces that are considered safer and the 3 spaces that are considered forbidden
- A collective map that includes the different perceptions and spaces

Time and Materials: This exercise would require 2 hours of time and could be facilitated by one person. The materials needed are: a map of the neighborhood for each participant; one larger map of the area; pens, markers, small stickers and sticky notes; whiteboard and markers; tape.

Exercise:

INDIVIDUAL WORK

- The facilitator explains to participants the goal of this exercise and hand outs a copy of the map to each participant. Each participant will mark in their individual map, with markers or small stickers, the spaces in the neighborhood where she feels good and safe (positive) and those spaces that she perceives as unsafe, uncomfortable or preferably avoided (negative). Participants will agree on one color for each situation (positive-negative) to be able to read better all the maps. Women will reflect about what makes them feel that way in each of the spaces.
- Women will describe the reasons behind the places that are considered negative and positive. They can write the arguments in the map or in sticky notes that can be attached to the map.

GROUP WORK

- We will form groups of 3 or 4 women to share the individual maps and perceptions. Each participant will explain to the rest of the group her map and her arguments. Once each woman has presented, the group will choose the 3 spaces perceived as negative and the 3 positive places, based on the commonalities between individual maps.
- After choosing the 3 positive and 3 negative places, the group will include them in a new map; like in the individual map, they can write on the map or on sticky notes their arguments that justify their selection.
- Each group will present their results to the rest of the groups and the facilitator will write all the proposals and arguments in a whiteboard separating the positive and negative aspects in two columns. The facilitator can take a picture of the board to document the results.
- Once all groups have presented, participants will choose by consensus, the 3 spaces or elements that considered the most positive, and the 3 most negative. These

elements can be illustrated in the larger map, and accompanied by the arguments collectively presented.

- To end, participants will discuss and propose possible solutions and alternatives. The proposals could be listed through brainstorming in the whiteboard, and later recorded to write a report of the workshop.

Appendix 3: Communication Strategy

The Communication Strategy proposed in the project contract includes the following items that could be used with Atira's explicit consent:

1. Written articles for Atira's website and press notes to send to media to disseminate the main results of the report.

The following news release is a draft that could be used in the second anniversary of the Women's Health and Safety Liaison.

Two years providing safety to Downtown Eastside women in SRA Hotels

Every morning Myrna Cranmer visits several of the Single Room Accommodation (SRA) hotels managed by Atira. She checks with the managers the situation of women, the needs identified and any safety concerns.

Atira manages 13 of the provincially owned SRA hotels located in Downtown Eastside. Historically, tenants in these hotels have been predominantly men, but in the last years the number of women living in these hotels have increased. The average of women tenants oscillates between 10 and 45 percent depending on the hotel. SRA hotels were built at the beginning of the 20th century to accommodate temporary and migrant workers. They were designed with no bathroom and kitchen in the rooms. Despite some of the SRA hotels have been renovated, tenants still share bathrooms and kitchens.

Nowadays, the SRA hotels provide a living place for women, especially, hard-to-house women, who deal with alcohol and drug addiction, mental health issues and other health problems. In SRA hotels Atira expands the possibilities of affordable housing for low-income women offering them a place to live for \$375 a month, where they can find support services such as harm reduction, mental health support, social workers and nurses.

Aware of the women's safety issues in Downtown Eastside, Atira created in March 2012 the Women's Health and Safety Liaison to improve women's wellness living in SRA hotels. The Liaison coordinates with SRA hotels' managers to review any safety or health concerns identified by the staff or reported by the women. The Women's Health and Safety Liaison responds to issues of physical, economic or sexual violence; difficulties paying the monthly rent, evictions and relocation; addiction issues; or missing women.

After these two years, Atira has consolidated the Women's Health and Safety Liaison and continues innovating with new programs to address violence against women and children.

2. Dissemination of the results through Atira's Facebook and Twitter profile.

Once the media piece is released, it could be disseminated through Atira's Facebook and Twitter, linking to the news article.

3. Communication strategy of the main results with residents and staff of SRAs, as well as with neighbours and funding institutions. The communication strategy can include:
 - Organize a meeting with funding institutions to present the report and recommendations and to discuss funding possibilities to implement recommendations and continue auditing SRAs and their environment.
 - Organize SRAs meetings with residents and staff to return the results of the report and discuss future steps.
 - Organize meetings with community members (neighbors, other community organizations)