

“Everybody should have choice”:

Municipal & Regional Planning, Social Policy, and Housing Options for Disabled Persons in Waterloo

Region, Ontario

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

The purpose of this study was to analyze how municipal planning impacts housing options for disabled people in the Waterloo region of Ontario. Through analysis of relevant local and provincial planning-related documents as well as key informant interviews, it is determined that despite increased focus on ‘accessibility’ and ‘inclusion’ in high level planning documents, that group homes for disabled residents continue to be subject to minimum separation requirements within some area municipalities. Alarming, despite an increasingly broad definition of disability at the provincial and federal levels of government, many municipal planning documents focus primarily on accessibility for wheelchair users – excluding a significant proportion of disabled individuals. While regional and municipal planners may play an indirect role in the provision of housing for disabled people, they are restricted by provincial legislation that limits municipal powers. Thus, planning is best understood as a local layer of social policy in a complicated web of disability-related legal frameworks, including housing and accessibility policies. Evidence demonstrates that demand for publicly subsidized housing for disabled people far outstrip supply, a phenomenon exacerbated by the rising cost of housing across Canada and government retrenchment from social service provision. True universal access, or a right-based approaches to housing, healthcare, and social services, would drastically improve housing choices for disabled individuals.

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Chapter 1

Introduction

Prior to beginning graduate studies, I worked at a disability-focused non-profit organization. It offered a variety of recreation and pre-employment programs to disabled adults. Over time, program participants expressed gratitude towards the programs, but requested support in searching for housing in the extremely unaffordable Metro-Vancouver area. Shortly after, my sister, Grace, who lives with multiple, complex disabilities, also sought to live independently in a small town in Ontario. She, too, has been unable to procure any type of housing that would suit her needs.

Recent developments designated for disabled people, including a purpose-built condominium tower (Hanes, 2019) and a community residence with on-site supports (Reena, 2020), demonstrated that there is demand for more housing to suit disabled people in Ontario. As I began to pursue graduate studies and housing research, I noted that while there were growing bodies of work about housing and intersections of race, poverty, and gender, little existed pertaining to housing and ability. As Bickenbach wrote:

[T]he demands of people with disabilities are similar to those of other isolated, disadvantaged, and marginalized groups in society. Moreover, the social-psychological, political, and legal dynamics of all forms of difference – be they racial, sexual, religious, age-based, or disablement-based – are probably parallel, although it can be argued that people with disabilities confront a range of disadvantageous attitudes that have stigmatized them in unique ways. (1993, p. 19)

Similarly, Gleeson (1999) noted that space, mobility and accessibility were largely ignored by social policy and the social sciences, including urban planning. At the core of his argument was the principle that disablement is deeply inscribed within capitalist cities (p. 129). Gleeson (1999) and Prince (2009) both established that persons with disabilities are often absent from research and social policy decisions. Similarly, Pineda et. al. (2017) wrote “there has been relatively little empirical work done on disability inclusion by urban studies scholars or urban environments by disability studies scholars” (p. 6). These scholars and others (Finkler & Grant, 2011; Smith et. al., 2010) underline the importance of examining disability and housing within the context of urban planning.

Contextualized by critical scholarship within the fields of urban planning, disability studies, and geography, I seek to understand how planning has affected housing choice for disabled people in the Waterloo region of Ontario. This is accomplished by examining planning documents produced by various municipalities, and key informant interviews. For the purpose of this study, key informants include professional planners, non-profit professionals, and a parent of a disabled individual. Throughout this thesis, I explore the question: *How does planning shape housing options for disabled people in the Waterloo region of Ontario?*

In this thesis, I point out that higher orders of government devolved responsibility for social programs, including non-market housing and disability supports during the 1980s and 1990s. Canada has downloaded social responsibilities to non-profit organizations or lower levels of government, despite the fact that these organizations have very little power or capital available to deliver multiple, complex programs (Wolch, 1990; Alexander et. al., 1999). While disabled people have long faced exclusion from the housing market and civil society, they are particularly disadvantaged by the current, neoliberal approach to housing and social service provision exercised in Canada.

The geographic scope of this thesis is limited to municipalities within Waterloo region. This was partially due to convenience since the University of Waterloo is located within the City of Waterloo. However, the region's two-tier municipal structure and the Regional Municipality's role as non-market housing service manager influenced the study's findings and is applicable to other, two-tiered municipalities within Canada. Meanwhile, the region's location in Ontario, which enacted the *Accessibility for Ontarians with Disabilities Act (AODA)* in 2005, provides an opportunity to examine local planning practice in the wake of accessibility legislation.

This thesis unfolds over seven chapters. Following the introduction, Chapter 2, the Literature Review, is divided thematically into two main sections. Sub-section 2.1 explores the relationship between property ownership, affordable housing, and social policies in Canada, with particular focus on Ontario. This section draws primarily upon texts from the fields of sociology, political science, and housing studies. Sub-section 2.2 shifts focus towards disability within the context of cities and urban planning.

This section is based on the work of geographers, urban planners, and disability scholars. As a whole, this literature review provides the theoretical foundation for the two major foci of this thesis: (1) regional and municipal planning for disability, specifically through land use and design regulations (2) the challenges of procuring adequate, affordable housing for persons with disabilities within the current housing system. It concludes with a brief discussion of interrelated themes.

Chapter 3: Methodology, begins by presenting my research questions and objectives. Then, it presents my overarching research philosophy and approach before describing specific methods, including a brief discussion of ethics and rigour.

Chapter 4 provides important background to subsequent chapters of this thesis, drawing upon a combination of grey literature, news media, industry, and academic sources. Sub-section 4.1 begins with a brief discussion of the fragmented nature of disability-related policies that have historically adopted an anti-discrimination approach. Then, it discusses the prevalence of disability in Canada and housing need amongst disabled people. This establishes that disability rates are prevalent, and that disabled individuals disproportionately experience core housing need or homelessness. Sub-section 4.2 shifts focus to provincial legislation, including disability policy and programs and planning documents that mention disability. This provides an overview of the *Accessibility for Ontarians with Disabilities Act* (AODA) as well as provincial planning documents, which theoretically aim to foster a more accessible Ontario. Finally, sub-section 4.3 provides an overview of the Waterloo region with specific focus on housing, establishing the area as affluent and experiencing significant economic growth.

Chapter 5 focuses on accessibility and group homes within regional and municipal planning, drawing primarily from the document analysis, contextualizing the documents with data from key informant interviews when relevant. It begins by presenting the definitions of disability across documents produced by the Regional Municipality of Waterloo and seven area municipalities; demonstrating vast discrepancies in how disability is defined by the various municipalities, as well as a connection between stigmatizing language and the age of the documents. Following that, it focuses on planning documents produced specifically by the Region, then the area municipalities. This establishes that while the Regional

Municipality recognizes that disabled people experience challenges procuring housing in the private system, area municipalities have been slow to identify this and adopt amendments that would expand housing choice for this population. The latter subsections of the chapter provide a comparison of how group homes are regulated across area municipalities, identifying that exclusionary zoning and restrictive minimum separation requirements continue to be on the books in a majority of municipalities.

Considering restrictive planning practices and the high cost associated with group homes, combined with ethical concerns regarding provincial funding and management of group homes, group home development appears to be declining.

Chapter 6 focuses on regulating the built form, subsidized housing demand, and partnerships in the non-profit sector, drawing upon information from key informant interviews. Ontario's *Building Code* requires that a small percentage of units in new, high density residential developments be barrier-free. This serves to limit housing choice for people who require barrier-free suites, and will likely fail to meet both current and future demand for such units. Barrier-free design is also problematized, since it both carries stigma and is co-opted as a marketing tool. The chapter then establishes that demand for housing subsidized by the government has increased as the cost of living has grown. Sub-section 6.4 exhibits the reliance on partnerships to provide non-market housing – including group homes or other forms of supportive living - which falls on a strained, feminized non-profit sector.

Chapter 7, the Conclusion, presents key findings, organized by the research question and related objectives. Subsection 7.1.4 outlines important findings that fall outside the scope of the stated research objectives. Subsection 7.2: Looking Forward, outlines a need for systemic change to public awareness regarding disability as well as changes to Canadian Social Policy while offering some immediate recommendations for the planning profession. Finally, sub-section 7.2.3 presents limitations and options for future research. The remainder of this introductory chapter contextualizes the research by discussing 'disability.'

1.2 Conceptualizing and Discussing “Disability”

Disability is difficult to define due to variations in disability type, disability activism in different parts of the world, and existing political structures surrounding disability that vary between jurisdiction. There are various models of disability deployed by scholars, policy makers, advocates and disabled communities. I will briefly summarize various models of conceptualizing disability, since they shape how I frame my work and subsequent analysis.

The medical model is rooted in medical science and thus emphasizes defining disability based on categorizations of symptoms, limitation of function, and a deviation from what is considered normal (Stroman, 2003; Rioux & Valentine, 2006). There is also an economic model of disability, which focuses less on medical conditions and more on disabled individuals’ contribution (or perceived lack thereof) to the economy (Prince, 2009). Underlying these models of understanding disability is a charity ideology, where basic human rights are perceived as charitable “gifts” provided to disabled people by wealthy, powerful individuals (Lynch, 2014; Van Aswegen, 2019; Rioux & Valentine, 2006). As part of the 1960s civil rights movement, disability activists and scholars propagated the social model of disability (Tremain, 2005; Carey, 2009). According to this model, disability is a social construct imposed upon broader institutions such as governments and cities (Furrie, 2006; Tremain, 2005; Carey, 2009). This led the way towards a rights-based approach to disability, whereby access to housing and health care is not a matter of charity or alleviating comfort, but a key component of citizenship (Rioux & Valentine, 2006). Notably, as Foucauldian and critical disability scholars have pointed out, the construction of disability is a by-product of institutional power (Tremain, 2005; Gleeson, 1999; Carey, 2009).

By the 1990s, the social model of disability demarcated a distinction between impairment and disability (Tremain, 2005; Carey, 2009). The difference is explained succinctly by Tremain:

The social model defines *impairment* as the lack of a limb or part thereof or a defect of a limb, organ or mechanism of the body, it defines *disability* as a form of disadvantage which is imposed on top of one’s impairment, that is, the disadvantage or restriction of activity caused by a contemporary social organization that takes little or no account of people with impairments and which therefor excludes them from participation in the mainstream of social activities (Tremain, 2005, p.9).

Generally, this definition of impairment largely coincides with the medical model of disability, whereas disability is related to the social experience. This distinction provides the basis for the bio-psycho-social model of disability currently adopted by the World Health Organization (2002) and the International Classification of Functioning (ICF). This aim of this model is to incorporate physical, environmental and social considerations to understanding disability while providing a common conceptualization to facilitate international clinical, research and policy development and is used to describe a broad range of conditions (World Health Organization, 2002).

For the purposes of this thesis, I will adopt this model of understanding since it integrates both the physicality of disability with social influences, and it best reflects policy-based approaches to disability, including Statistic Canada's most recent disability survey. Thus, "disability" as discussed in this thesis is defined as a long-term condition or health problem as well as experiences of limitation in daily activities (Morris et. al., 2018). Statistics Canada identified various types of disability, including pain-related; flexibility; mobility; mental health-related; seeing; hearing; dexterity; learning; memory; developmental; and unknown (Morris et. al., 2018). The same survey also identified that two thirds of respondents identified more than one type of disability (Morris et. al., 2018).

In Canada and the United States, it is conventional to adopt person-first language (e.g. persons with disabilities) when referencing disabled individuals, especially within the policy context (Prince, 2009). Lynch et al. (1994) identified that British government employees preferred person-first language, or the term "person with a disability" to all other phrases referencing disabled people; however, this study merely demonstrates what public sector workers in Britain consider politically correct, and fails to describe people with multiple conditions. In other contexts, scholars and activists make a strong argument that identity-first language (e.g. disabled persons) is more appropriate, drawing parallels between disability and other minority group movements (Barnes & Mercer, 2003; Devlin & Pothier, 2006) and identifying person-first language in scholarly writing as stigmatizing (Gernsbacher, 2017). To some, the adoption of person-first language is associated with the reclamation of an identity that was previously considered negative (Brown, 1995). Both person-first and identity-first language are widely used. Dunn &

Andrews (2015) make a compelling argument that, considering varying preferences and experiences of the disabled community, using both person-first and identify-first language interchangeably is a “value-neutral option for identifying an individual or group as disabled” (p. 261). In light of this, the reader will notice that person-first language is quoted in policy and planning documents, while I will elect to adopt identity-first language in my own writing. This is a purposeful decision that aims to recognize both Canadian policy's preference for first person language and the varied perspectives of disabled individuals.

Throughout this thesis, rather than using the term “able-bodied,” I follow the American National Center of Disability and Journalism’s recommendation and deploy the preferred term of “non-disabled” (n.d.). This language aims to avoid the pathologizing of disability while normalizing it. (National Center of Disability and Journalism, n.d.; Smith et. al., 2010).

Chapter 2

Literature Review

2.1 The Relationship between Property Ownership, Non-Market Housing, and Social Programs

This section outlines the shift away from government-funded social housing in Canada, towards a decentralized ‘shadow state’ of providers, funded at lower levels than in the past. Land and property ownership are cornerstones to Canada’s development and contemporary housing system. As a nation, Canada was settled through violent dispossession of Indigenous land, and the transfer of land ownership to settlers (Toews, 2018). The Canadian government has encouraged private land ownership through supporting the development industry and providing low-cost mortgages to wealthy Canadians (Finkel, 2006). Throughout the twentieth and twenty-first centuries, various orders of government have played a role in non-market housing, which has been influenced by broader shifts in politics, economics, and social conditions. As Suttor (2016) points out, housing policy is related to “political and economic context, social policy, prevailing ideas, and conditions in the housing market and urban development” (p. 171).

After the Depression and World War II, Keynesian economics became prominent (Canteno & Joseph, 2012; New Solutions, 2010). Governments engaged in redistributive taxation, international trade constraints, and economic regulation (Canteno & Joseph, 2012; New Solutions, 2010). During this period, the Canadian government delivered 46,000 units of social housing and created the Canada Mortgage and Housing Corporation (CMHC) (Suttor, 2016). This coincided with increased social welfare spending, although Canada provided less social housing per capita than the United States and Australia, and 9 out of 10 low income renters continued to rent within the private housing system (Suttor, 2016).

Throughout the 1960s through 1980s, social housing expanded significantly, as did social programs and provincial-municipal cost sharing (Suttor, 2016). During the 1960s, Ontario’s Provincial government created the Ontario Housing Corporation to encourage more rental housing and, by

extension, more social housing within the province (Suttor, 2016). Ontario hoped to “piggy back” off booming private rental development with integrated low-income social housing within new, suburban residential developments (Suttor, 2016). In the 1970s, there was a departure from government-run “public housing” to social housing delivered through non-profit organizations, housing cooperatives, municipalities and mixed-income models of housing, where tenants paying market rates subsidized low-income units (Suttor, 2016). This model of provision allegedly “sequestered the inevitable stigmatization of low-income housing within the pre-1974 public housing sub-sector” (Suttor, 2016, p.178) – although the partnership model was more likely a cost-saving measure for higher orders of government.

Following major global recessions in the late 1970s, the neoliberal political economic paradigm began to dominate policy making (Canteno & Joseph, 2012; New Solutions, 2010). This approach is based on an ideology promoting minimal government intervention, individualism, and the free market; and involved reduced government expenditures on social services and the privatization of services that were previously provided by the state (Canteno & Joseph, 2012; New Solutions, 2010). During the 1980s, the federal government began a gradual devolution of social service provisions, including non-market housing, to the provinces, although it continued to provide funding and policy directions (Suttor, 2016). Non-market housing policy began to focus more on low-income housing, particularly people with disabilities or experiencing homelessness. However, this coincided with a stall in rental housing production, a rise in gentrification and urbanization, and higher prevalence of homelessness (Suttor, 2016). By the mid-1980s, Ontario had 42% of Canada’s social housing stock (Suttor, 2016). Left-leaning provincial governments kept the development of non-market housing policy relatively stable, until the economic recession of the early 1990s and a Conservative provincial government took power in the mid-1990s (Suttor, 2016).

The recession bore witness to a decline in home prices and interest rates, leading to greater affordability for homeowners, and less public support for renters and social housing, disability and income support programs (Suttor, 2016; Rolnik, 2013; Hackworth, 2008). In the mid-1990s, Ontario downloaded fiscal and management responsibility for social housing to municipalities (Suttor, 2016).

While other provinces adjusted to the complete federal retrenchment from non-market housing, Ontario's approach was the most extremely conservative (Suttor, 2016). Ontario Premier Mike Harris eliminated subsidies for an estimated 17,000 units of social housing in Ontario (Hackworth, 2008). In 2000, the *Social Housing Reform Act* downloaded responsibility for provincial social housing to 47 agencies across the province who would oversee the portfolios in their area (Hackworth, 2008). At this time, in keeping with neoliberal attitudes, non-profit housing providers were encouraged to become more entrepreneurial and develop stronger relationships with the private sector (Hackworth, 2008). Even after a Liberal provincial government was elected, the issue of social housing was eclipsed by other portfolios, such as health care (Hackworth, 2008).

In Canada, the provision of non-market housing, including subsidized housing for disabled people, is reliant on partnerships. In 2017, the federal government announced Canada's National Housing Strategy (NHS), *A Place to Call Home*. This strategy signaled federal re-engagement with non-market housing in Canada after a long period of retrenchment. It requires co-investment between the federal government, the provinces, as well as non-profit and private actors. It outlines "vulnerable groups" that will be prioritized (Government of Canada, 2017). These groups, in the sequence they are presented in the NHS, include survivors fleeing family violence, northern and remote residents, newcomers, the aging population, and people with disabilities (Government of Canada, 2017). In the description for disabled people, the NHS states:

People with disabilities face unique challenges in accessing affordable and appropriate housing. Inadequate social supports, insufficient financial assistance and inaccessibility of housing units all contribute to the difficulties they may face in their quest to live independently. People with disabilities are more than twice as likely to live on low incomes as those without a disability. Women with disabilities face higher rates of core housing need (19%) than the overall population.

The National Housing Strategy is expected to have a positive impact on people with disabilities, especially women by improving social inclusion, including accessibility of housing units as well as other accessibility measures, such as proximity to transit, service and supports, and employment opportunities. The National Housing Co-Investment Fund sets accessibility requirements for new and renewed projects and targets the construction, repair and renewal of housing for people with developmental disabilities. (Government of Canada, 2017, p.26)

The NHS has some barriers to success. As the Strategy’s own website describes, it takes a minimum of three years for the construction of new non-market housing (Government of Canada, n.d.). It will take the \$1.3 billion partnership between the federal government and the Toronto Community Housing Corporation over a decade to renovate 58,000 housing units (Government of Canada, n.d.). This renewed federal government involvement in social housing will require years to produce new social housing units while the need for housing will continue to grow. In an opinion piece for the *Globe and Mail*, housing scholar David Hulchanski (2017) pointed out that the NHS aims to benefit a narrow segment of Canada’s population; the reliance on intergovernmental joint funding will significantly delay or prevent the investments outlined; and the NHS lacks a systematic review of the existing housing system.

Canada’s reliance on partnerships – specifically, the non-profit sector – is reflective of what Wolch (1990) describes as ‘The Shadow State.’ In her landmark work, *The Shadow State: Government and Voluntary Sector in Transition*, she argued that governments have downloaded responsibility for social welfare provision to the voluntary sector (including individuals and families) as well as certain for-profit organizations, all of which are dependent on the government for their funding (Wolch, 1990; Alexander et. al., 1999). This translates to a non-profit sector that is effectively an arm of the government and therefore unable to challenge or offer alternatives to state policy (Wolch, 1990; Jongbloed, 2006). Although Trudeau (2008) argued that the relationship between the shadow state and the government is more relational than Wolch indicated, non-profit organizations and municipal governments have pointed out that they are struggling to provide services that have been downloaded to them from higher orders of government since they have not been provided with corresponding financial or fiscal resources (Vaillancourt et. al., 2001).

Over recent decades, the cost of housing in Canada has steadily increased (OECD, 2014). While the term “affordable housing” used to be equated with non-market housing, it is now commonly used to describe market housing that is slightly lower than average market rents or mortgage costs (Czischke & van Bortel, 2018). In Canada, the convention promoted by the CMHC is that housing is considered “affordable” if a household spends no more than 30% of their gross income on shelter (CMHC, 2019b). If

a household spends more than 30% of their gross income on housing, then they are experiencing core housing need (Statistics Canada, 2019). Housing must also be considered adequate and suitable (i.e. in good repair and meet National Occupancy Standard requirements regarding the number of bedrooms and residents) (Statistics Canada, 2019).

Stone (2006) is critical of this 30% threshold, also referred to as the ratio approach, arguing that this method of defining affordability has little theoretical or logical foundation. He established that shelter cost burdens disproportionately impact larger households, renters, people of colour, women-headed households, and the elderly (Stone, 2006). Although Stone did not reference persons with disabilities, the fact that Canadians with disabilities are more likely to experience homelessness or core housing need than their non-disabled peers is indicative that housing market trends are negatively impacting this population as well (CMHC, 2001; Canadian Observatory on Homelessness, 2019). As a response to the cost of housing and expanding social inequity, the notion of a rights-based approach to housing has come to the forefront of housing scholarship and advocacy (Hartman, 2006; Madden & Marcuse, 2016; United Nations General Assembly, 2017; Government of Canada, 2017). While the rights-based approach to housing contradicts the approach long adopted within Canada, Hartman (2006) frames this movement within the evolving nature of social entitlements and as a useful tool for political organizing. While non-market housing for the disabled has not been a priority in Canada since the 1970s, a true rights-based approach to housing could be beneficial to disabled individuals who are unable to procure housing within the current system.

2.2 Disability, Cities & Urban Planning

The *Oxford Dictionary of Psychology* defines ableism as “discrimination against people who are not able-bodied, or an assumption that it is necessary to cater only for able-bodied people” (Colman, 2015). In Ontario, it has been identified more broadly as a discriminatory belief system that considers disabled people less valuable than other groups (Human Rights Commission, Ontario, 2016). It is “analogous to racism, sexism or ageism...and may be embedded in institutions, systems or the broader culture of a society” (Human Rights Commission, Ontario, 2016, p.3). In a study involving 300,000 American

residents, Harder et. al. (2019) identified that men, and individuals who do not have disabled friends or family members, were more likely to hold ableist attitudes than people who do not identify as men and who are close to disabled individuals. Ableism is deeply embedded not only in individual attitudes, but within the power structures – including urban planning – that shape communities.

Historically, urban planning processes have helped to exclude disabled people from cities. While there is a “professional mythology” (Fainstein & DeFilippis, 2016, p.6) that urban planning can be traced back to unsanitary, unsafe conditions of capitalist cities (Hall, 2014; Daunton, 2004); this mythology ignores early, informal, non-western forms of community building that pre-dated the industrial revolution (Fainstein & DeFilippis, 2016). Another common narrative is that urban planning began to shift from an elitist, scientific practice to a more participatory, human-focused practice during the latter half of the twentieth century (Bacharov et. al., 2018). Despite continued arguments for even more participatory planning in the twenty-first century (Sandercock, 2004); planners now are implored to be even more inclusive than previous generations (Davidoff, 2016).

In an examination of urban planning practice in Oslo, Norway, Ploger (2006) argued that despite rhetoric to the opposite, urban planners are not successful in respecting pluralism or a co-operative planning process (Ploger, 2006). He, like Sandercock, argued that planners must be more reflexive, self-critical and analytic in order to truly practice in the interests of pluralism (Ploger, 2006; Sandercock, 2004). Similarly, in Great Britain, Imrie & Wells (1993) determined that planners felt limited in the means in which they could incorporate accessibility into their work due to a shortage of time and resources. Imrie (1996) also identified that planners tended to only consider people in wheelchairs in accessibility planning – which fails to consider people with physical disabilities who require other forms of mobility assistance as well as people with non-physical disabilities. Morris (1993) identified that housing and access to required supports are essential for the self-reliance of disabled persons. A study of housing policies for disabled persons in the UK discovered that local governments rarely had housing strategies, and fewer still had strategies that mentioned disabled persons or the fact that they were at risk of experiencing homelessness (Morris, 1993).

When disabled persons were considered in architecture and urban planning in the twentieth century, there has been a focus on improving access for people with physical disabilities through barrier-free or universal design. While barrier-free design was the direct result of the disability rights movement, it focused on removing barriers for people with physical disabilities rather than individuals with sensory, cognitive or mental disabilities. The proliferation of universal design was intended to expand the narrowness of barrier-free design (Mace, 1985). The aim of universal design was to destigmatize design features (Mace, 1985); however, it has been pointed out that universal design has been leveraged as a marketing tool (Imrie & Hall, 2001) to appeal to older adults (Hamraie, 2013; Steinfeld & Tauke, 2002). Recently, much of the focus around accessibility in housing has focused on concepts of ageing in place and ensuring that there is adequate, affordable and accessible housing for seniors (Bookman, 2008; Hodge, 2008; Weeks & Leblanc, 2010). In Australia, Wood et. al. (2020) identified that, due to economic factors and Australia's ageing population, that government expenditure on rent assistance to seniors will increase to three times its current level. While this thesis does not exclude seniors with disabilities, I do assume that individuals who experience disability from a young age are less likely to participate in the labour force and more likely to experience what Oliver (1991) calls "housing poverty." This housing poverty is exacerbated by the fact that young disabled people lose significant funds and access to services once they turn eighteen (Milen & Nicholas, 2017; Oswald et. al, 2013; Dowshen & D'Angelo, 2011; Shattuck et. al., 2011). This could explain why young people with severe disabilities tend to live with their families throughout their adult lives (Suto et. al., 2005; Pilapil et. al., 2017).

In addition to focusing on urban design to reduce barriers for people with wheelchairs or older adults, urban planning has limited residential opportunities for disabled people through land use zoning. Exclusionary zoning is exacerbated by social policies that aim to "deconcentrate" poverty, including households reliant on income supports, through the dispersal of social housing as well as the promotion of "social mix" (August, 2019; Wilson; 1987; Arthurson, 2008). While there may be some safety benefits of zoning (for example: separating residences from risky land uses) it has significantly contributed to socio-spatial segregation. As Rose & Stonor (2009) articulated, "the same principles which were originally

developed to improve the quality of life of the urban poor at the beginning of the 20th century have significantly contributed to the production of spatially and functionally segregated urban areas with high unsustainable impacts and high social costs for communities."(p. 80-81)

In an exploration of disability and housing in the American south, Smith et. al. (2010) drew upon the Foucauldian conceptualization of institutional power and established that housing design and construction is an exertion of this power. They pointed out that design features for people with physical disabilities does not equate to true ‘accessibility’ (Smith et. al., 2010). Despite the arguments in support of universal design, design features for the disabled carry stigma and have the potential of lowering the re-sale value of a property (Smith et. al., 2010). Smith et. al. (2010) identified the added costs to including these design features, since specialization in building is more costly than mass production. These costs are especially problematic considering the ubiquity of disability. They explained: “disability, above all, is ‘normal’, and must be seen as such, as part of the broad spectrum of human abilities and functioning. Local and national efforts need to be made to change the public and bureaucratic view of human variability” (p. 240).

Cost of design is not the only financial consideration. Affordability (typically of rent) was identified as the main barrier to accessing housing for disabled people in Canada and internationally (CMHC 2001; CMHC 2006; Eide et. al. 2011; National Council on Disability, 2010; Human Resources and Skills Development Canada, 2010). It is worth noting that, despite common perceptions and policy directions, actual physical accessibility is a secondary concern when compared to affordability. This could be partially explained by the fact that, according to the bio-psycho-social conceptualization of disability, there are numerous disabilities that are not related to mobility but would still prevent or hinder labour force participation.

2.3 Conclusion

Social policy – whether it takes the form of housing or disability policies, or municipal-level planning – does not exist in a vacuum. It is inextricably based within broad, social systems and attitudes. This is why I have elected to draw upon interdisciplinary bodies of literature throughout the course of this review.

Zoning, government policies that encourage homeownership, and the continued commodification of housing, serve to exclude low-income individuals from specific communities (Madden & Marcuse, 2016; Hulchanski, 2004). Therefore, a low-income individual who experiences intersecting systems of oppression, including ableism and classism, is at an incredibly high risk of being excluded from urban life by experiencing extremely limited access to housing (Bickenbach, 1993; Gleeson, 1999). Saugeres (2011) work with disabled people and carers determined that a lack of adequate housing and welfare provision reinforced dependency of disabled people on the state, thus socially reproducing the marginalization they already experience.

Canada's political system, which includes urban planning, exists within the constraints of capitalist democracy as described by Miliband (1984). Representative forms of government provide the façade of public participation in government, while leaving policy decisions to an elite ruling class (Miliband, 1984; Schwarzmantel, 1995). This is similar to Foglesong's (2016) argument regarding the capitalist-democratic contradiction; urban planning as a discipline is focused on socializing land while simultaneously supporting capital flows. This is why, despite gradual changes in planning practice in the name of equity and inclusion, there has been relatively little progress in terms of establishing affordable housing for all income groups, or communities that are truly inclusive for disabled persons.

Chapter 3

Methodology

3.1 Research Questions and Objectives

My research question is: *How does planning shape housing options for disabled people in the Waterloo region of Ontario?* Associated research objectives include analyzing planning documents, such as housing strategies, strategic plans, Official Plans and Zoning By-Laws. To better understand how these documents are implemented in practice, I conducted semi-structured interviews with key informants as well as a secondary, close analysis of Official Plans and Zoning By-Laws, which are the primary documents that guide planning and land use decisions. An underlying objective of both methods was to assess whether current housing options are adequate, affordable and accessible. I also aimed to assess whether planning documents considered accessibility measures for a comprehensive spectrum of disabilities, including physical, cognitive, sensory, and intellectual disabilities.

3.2 Research Philosophy & Approach

My overarching research philosophy is based on critical pragmatism. As a post-modern critique of knowledge, pragmatism assumes that truth is changing and relational (Given, 2008; Cresswell, 2003). Pragmatists begin their research from a practical orientation and aim to provide solutions to challenges (Salkind, 2010; Cresswell, 2003). I aim to “illuminate...social injustice” (Lewis-Beck et. al., 2004) while considering the social power imbalances that contribute to the experiences of marginalized populations (Carroll, 2004, Introduction). This orientation has influenced by decision to focus on the social and practical dimensions of planning and its impact on housing in this thesis.

3.3 Methods

Following a decidedly postmodern epistemological perspective, my analysis centres on a reflexive deconstruction of language as it is adopted in interviews as well as planning documents. Since the primary aim of this research was to determine how planning shapes housing options for disabled people in the Waterloo region, I began to analyze relevant planning documents and related policies between May

and December 2019. Recognizing that planning does not necessarily lead to implementation or evaluation (Talen, 1996), and that policy objectives are only significant if they achieve affiliated policy goals (Bickenbach, 1993), I supplemented this data with semi-structured key informant interviews to provide valuable data and methodological triangulation. What began as an analysis of municipal planning soon spread to a broader study in the role of governance and questions of housing affordability.

3.3.1 Document Review

I began with an analysis of all official plans, zoning bylaws, strategic plans, and housing strategies regarding disability and/or housing. Between May and October 2019, I reviewed a variety of documents created by the lower tier municipalities of Waterloo, Cambridge, Kitchener, Wellesley, Woolwich, Wilmot, North Dumfries, and the regional municipality of Waterloo (see Section Four - Figure One). These documents were selected by an online word search on each of the jurisdictions' websites for "disability", "housing," "accessibility," and "inclusion." I then read each document once to understand the document as a whole, then re-read the document more closely. I made notes on the materials and created spreadsheets to assist in the document review. Appendix A includes a summary table that describes all documents reviewed.

Since urban planning and public policy are intrinsically linked (Scott, 2008), I intended to review the documents using a framework analysis based on the *Disability Policy Lens* (McColl & Jongbloed, 2006). This lens was developed to help researchers assess and analyze Canadian disability policy by providing a framework or guiding questions for analysis, including questions regarding the policy intent, jurisdictional scope, and definition of disability (McColl & Jongbloed, 2006). See Appendix B for a summary of the *Disability Policy Lens*. While this lens provided an excellent starting point, it soon became evident that, unlike provincial or federal policy, many of the objectives described in planning documents were not legally enforceable.

Between January and April, 2020, I conducted a closer analysis of all Official Plans (OPs) and Zoning By-Laws (ZBLs). This was because these documents are the primary, legally enforceable tools adopted by the planning profession (Hodge & Gordon, 2014, p. 96). Utilizing Microsoft Excel

comparison tables, I then analyzed all OPs and ZBLs based on year approved by Council, jurisdiction, definitions of disability (if applicable), group homes or assisted living facilities (if applicable), noted which zones the properties were permitted on, as well as minimum separation requirements. This secondary analysis incorporated key components of the Disability Policy Lens (e.g. the importance of definitions and policy mechanisms), while assessing policy and zoning restrictions pertaining to group homes or living facilities for people with disability. This close analysis of zoning was especially important since “studies reveal a broad consensus that exclusionary zoning is prevalent in Canada, though there is a serious shortage of studies analyzing the process through which exclusionary zoning has been established, or the concrete ways in which it works” (Skelton, 2012, p. 4).

3.3.2 Semi-Structured Interviews

While the textual documents provided insight into the various jurisdictions’ political-legal approaches to housing for the disabled, semi-structured interviews with key informants provided deeper insights into the current state of planning and housing for the disabled in the Waterloo region. These interviews served to provide additional context surrounding planning history and priorities (based on interviews with planners), as well as perspectives regarding how the current housing system functions (based on interviews with non-profit professionals). I attempted to recruit planners from every regional and area municipality, as well as professionals from non-profit organizations that provided housing to disabled people, in addition to individuals with lived experience of housing programs for disabled people. Through a preliminary literature review, it became evident that management of housing and social services had been downloaded to the non-profit sector, so I reasoned professionals from this sector would have valuable perspectives on the implementation of various programs and the operation of housing with integrated supports.

To recruit planners, I emailed planning departments for each of the local municipalities as well as the Region of Waterloo. I was successful in recruiting three planners for local municipalities and one planner from the Regional Municipality. I followed a similar recruitment method for non-profit professionals. I conducted an online search for organizations that provide housing for disabled people. I

contacted eight organizations located in Kitchener, Kitchener-Waterloo (both municipalities), Cambridge, Waterloo, and the Township of Woolwich by emails available on their websites. Again, four out of eight organizations – or 50% of participants approached - agreed to interviews.

Through conversations with planners and non-profit organizations, it became evident that a key perspective was missing; that of housing system users and group home residents. I adopted a snowball method of recruitment for these individuals through three of the local non-profit organizations as well as my professional network. Despite indirect contact with hundreds of potential interview subjects, only one research subject was recruited this way. The subject, a parent of an adult with various complex disabilities, provided valuable data relating to experiences with group homes in two local municipalities.

I began recruiting key informants in December 2019 and conducted all interviews between January and March, 2020. The names, job titles of the research subjects, and municipality they work for (if applicable), and gender expression are omitted from this thesis. This is to mitigate risk for the study participants. Table 1 provides a summary of key informant type and respective interview modes. Throughout this thesis, I indicate the type of key informant (planner, non-profit professional, or parent) for clarity.

Table 1

Research Subjects (Profession, Interview Mode, Key Informant Number)

Type	Interview Mode	Key Informant Number
Planner	In-person	1
Planner	In-person	5
Planner	In-person	6
Planner	Skype	2
Non-Profit Professional	In-person	3
Non-Profit Professional	In-person	4
Non-Profit Professional	In-person	7
Non-Profit Professional	In-person	8
Parent	In-person	9

Prior to the interview, I provided research subjects with a letter of information and interview guide for their review. The interview guide is included in Appendix C. This document includes guiding questions that I could adapt based on the nature of the subject and our conversation. Following the interviews, I familiarized myself with the content by listening to, transcribing, and re-reading transcripts. I then utilized inductive, open coding to identify emergent themes from the interviews. Some themes – such as the definition of disability – were influenced by my initial document analysis while others emerged solely from the interviews.

3.4 Ethical Considerations

The University of Waterloo Research Ethics Committee approved this study and its data collection procedures. There were no ethical considerations regarding the documents I gathered, since they are all public documents.

It was important to achieve informed consent from key informant interview participants while maintaining confidentiality. There is minimal risk to participants of social or work-related consequences if their personal viewpoints were traced back to them. Informed consent was achieved by providing research subjects with relevant study details through the email script and information letter. Participants were invited to ask questions before, during and after the interview. The fact that they could withdraw from the study at any time was iterated in the information letter as well as verbally. To demonstrate the respect and dignity of research participants (Bryman & Bell, 2007), they were provided transcripts of the interview soon after the meeting, which allowed them to confirm the transcript contents and clarify any concepts. The participant I spoke with over Skype was informed that no internet transmissions are completely secure and were comfortable proceeding with the interview. Following the interviews, I stored data securely. Personal identifiers, organization names, and even gender identity were removed from final presentations of this study. The aim of this study design was to ensure that the benefits of the findings and recommendations outweigh risk to participants.

3.5 Rigour

Baxter & Eyles (1997) identified four criteria for assessing rigour in qualitative research methods. These include credibility, dependability, transferability, and confirmability (Baxter & Eyles, 1997; Dean, 2019). Following the interviews, I provided subjects with transcripts of the conversation. Subjects were provided an opportunity to clarify or correct any of the text therein. One interview requested a follow-up discussion so they could clarify some points, since new information regarding the research topic was brought to their attention. Throughout the document analysis, I selected documents that were up-to-date. As new information was provided during the literature review and interview process, I re-assessed my coding and the documents themselves. The scope of the document analysis grew to include provincial documents, since they were directly relevant to the municipal-level documents I assessed. These processes help establish both credibility and dependability. Dependability was further established by drawing conclusions and recommendations directly from data gathered throughout this work and informed by my literature review (Lincoln & Guba, 1985).

Through the triangulation of methods and data sources (Flick, 2007), I was able to gather information-rich data. The legislative context and related conclusions are easily transferable to other two-tier municipalities located in Ontario. The broader findings and conclusions relating to the housing system are transferable to other communities located within Canada, given the impact of capitalism and the neoliberal state on housing across the country. The approach and methods described throughout this section can be easily reproduced and adapted for additional local-level analysis in Canada and elsewhere, which provides this study with transferability.

Postmodern ontological perspectives, as well as critical research, does not assume that objective, universal truths exist. My position as a critical researcher interested in social change has impacted my research design, analysis, and conclusions. However, as Given (2004) points out, critical perspectives serve to counteract significant power imbalances in social research address inequities. While my approach is decidedly critical, I still strove to treat interview subjects with respect and the document analysis with consideration for the documents in their entirety and as a component of a broader policy context. I

meticulously tracked the documents I observed, saved all my notes within Microsoft Word and Excel, and saved my interview transcripts and recordings. I strove to ensure confirmability through thorough documentation and the acknowledgement of my critical position.

Chapter 4

Background

This chapter provides the reader with an overview of provincial disability and planning policy, as well as a brief demographic profile of Waterloo region. While provincial policies, including *AODA* and the *Planning Act*, aim to promote inclusion within the province, the Ontario Disability Support Program (ODSP) has long provided insufficient funds for disabled persons seeking to rent or own within the private market. As a region, Waterloo has a strong economy, and the cost of living has increased in recent years, leading to high rates of core housing need and increased demand for limited social housing stock.

4.1 Disability Policy & Housing Need

Canadian disability policy “is a patchwork of legislation, regulations, programs, providers and entitlements that requires considerable probing to reveal, and considerable patience to understand” (McColl et. al., 2017). This “patchwork” falls under the jurisdiction of, at minimum, 14 jurisdictions, including provinces, territories, federal government, Indigenous governments, municipal and regional governments (Stienstra, 2018). Existing disability policy in Canada has been criticized for a lack of coherent goals (McColl & Jongbloed, 2006) and a lack of integration between housing and health care provision (Glare, 1991). In Canada and the United States, there has been a reliance on anti-discrimination legislation, and an assumption that anti-discrimination would lead to greater equality (Bickenback, 2005). Similar to patterns of investment in the non-market housing sector (see Chapter Two), provincial and federal governments have been steadily retrenching from disability-related funding programs as they simultaneously began to focus on channeling funds through community-based and non-profit organizations rather than individuals with disabilities (Boyce et. al., 2006). Less overall funding led to increased competition among disability organizations, and a trend towards organizations changing project mandates to coincide with new funding requirements (Boyce et. al., 2006). Furthermore, a cost-sharing program where federal investment matched with provincial investment in public interest groups was

phased out during the late 1990s, effectively dis-incentivizing provincial governments from supporting disability-related non-profit organizations (Boyce et. al., 2006; Rioux & Samson, 2006).

Four national disability surveys conducted between 1983 and 2001 estimated that Canadians with disabilities accounted for between 10-15% of the overall population. In 2016, the Canadian Survey on Disability included an expanded definition of disability, leading towards a higher prevalence of disability, at 22% (Morris et. al., 2018). These surveys identified that disabled people were less likely to be employed, more likely to be living in poverty, and that these conditions were more likely for individuals with severe disabilities (Morris et. al., 2018). Similarly, the PALS survey in 2001 identified households that include disabled people are much more likely to be experiencing core housing need than households consisting of non-disabled individuals (CMHC, 2001).

In Ontario, the Ministry of Community and Social Services funds and coordinates various types of what they call “residential services,” that include group homes, supported independent living (housing provided in private market, subsidized health services), host family residences in which people live in a model similar to foster care, intensive support residences where 24/7 support is provided, or “specialized accommodation” that incorporates residential care, support, and treatment for people with comorbid conditions (Auditor General, 2014, p. 333). In 2014, 17,853 Ontarians with developmental disabilities accessed these residential programs during the calendar year (Auditor General, 2014 p. 333). The waitlist included an additional 7,300 people (Auditor General, 2014 p. 333; MaRS Solutions Lab, 2014, p. 1).¹ That year, Toronto-based consulting firm MaRS Solutions Lab plainly stated that “Ontario’s developmental service system is in crisis” (2014, p.1) and pointed to most of the crisis stemming from the need for housing with integrated supports. The options available to people with physical disabilities are

¹ I inquired with both the Ministry of Community and Social Services and the Ministry of Health to request up-to-date and local information regarding waitlists for residential programs for disabled people, however they did not respond prior to this thesis defence.

similarly narrow, however they have the additional ability to access direct funding to arrange their own attendant care (Centre for Independent Living in Toronto, n.d.; Spalding et. al., 2006). Wood (2010) identified that there has been a shift away from congregate living (large institutions as well as group homes) to “integrated living” with support services, although this fails to provide disabled persons with real housing choice.

While there is a considerable gap of knowledge about Canada’s homeless population, studies conducted by Street Health Toronto and the American Center for Justice & Social Compassion estimate that people with some form of disability represent anywhere from 16% - 55% of clients experiencing homelessness (Canadian Observatory on Homelessness, 2019). Despite the extremely limited information available about residential programs for disabled people and their representation amongst Canadians experiencing homelessness, evidence points to the current housing system, including disability supports, as insufficient in meeting estimated demand.

4.2 Legislative Context in Ontario

4.2.1 Social Policy

4.2.1.1 Accessibility for Ontarians with Disabilities Act (AODA)

In 2005, Ontario passed the *Accessibility for Ontarians with Disabilities Act (AODA)*. It is law that establishes the process for the development and enforcement of accessibility standards (Queen’s Printer for Ontario, 2008). It focuses on five key areas; customer service, information and communications; transportation; employment; design of public spaces (Queen’s Printer for Ontario, 2008). While *AODA* defines disability similarly to the most recent Statistics Canada survey, it instead categorizes disability as follows: any degree of physical disability; mental impairments or developmental disabilities; learning disability; mental disorder; or injury. This approach collapses many of the categories developed by the federal government, and explicitly makes reference to injuries as a causal factor for disablement.

This multi-stage legislation contains milestones that must be reached every five years, with the goal of an accessible Ontario by 2025 (Queen’s Printer for Ontario, 2008). It requires municipalities over 10,000 persons to establish accessibility advisory committees where the majority of committee members

are persons with disabilities, while the establishment of the same committees are optional for municipalities smaller than 10,000 residents (*AODA*, 2012-20, VII, 29. 1-3).

Previously, accessibility standards were primarily enforced through a complaints-based process under Ontario's Human Rights Code (Beer, 2011; Flaherty & Roussy, 2014). While *AODA* is an improvement to that, the legislation has weaknesses (Beer, 2011). Public, private and not-for-profit entities that are impacted by this legislation have expressed that the implementation of the accessibility requirements are inconvenient and costly (Beer, 2011). Beer (2011) argued that in light of changing economic conditions, these costs should be considered. Flaherty & Roussy (2014) pointed to a number of issues with the legislation itself including, but not limited to, the standards development process and the province's failure to enforce the standards. While *AODA* has implications for municipalities in terms of the design of public space and the creation of the aforementioned advisory committees, the legislation has no impact on the interior of residential units.

4.2.1.2 Ontario Disability Support Program (ODSP)

There are seven major income security systems in Ontario that are available to disabled people, regardless as to whether the disability is short-term or permanent. These are (1) the Canada Pension Plan Disability (CPP-D); (2) Employment Insurance (EI) Sickness; (3) Veterans' programs; (4) Disability tax credits; (5) Ontario Disability Support Program (ODSP); (6) Private disability insurance; (7) Workers' Safety and Insurance (Stapleton et. al., 2011). ODSP is designed to provide financial assistance to help a disabled person and their family cover "essential living expenses", prescription drugs and vision care, as well as job search and advancement tools (Queen's Printer for Ontario, 2019). Table 2 demonstrates the funding levels for basic needs in Ontario. There is an additional allowance available to individuals living in remote communities, and households where two adults have disabilities receive the "double disabled rate," which does not, in fact, double the household's ODSP overall amount (Queen's Printer for Ontario, 2018).

Table 2***ODSP Basic Needs Calculations***

Number of Dependants other than a Spouse	Dependants 18 Years or Older	Dependants 0-17 Years	Recipient	Recipient and Spouse	Recipient and Spouse
0	0	0	672	969	1,341
1	0	1	815	969	1,341
1	1	0	1,041	1,157	1,529
2	0	2	815	969	1,341
2	1	1	1,041	1,157	1,529
2	2	0	1,230	1,367	1,739

Source: Queen's Printer for Ontario. (2019, September 4th). *Basic Needs Table*. Retrieved from https://www.mcsc.gov.on.ca/en/mcsc/programs/social/directives/odsp/is/6_1_ODSP_ISDirectives.aspx

As Table 2 demonstrates, individuals receiving ODSP are on incredibly limited incomes. The low amount of funds provided to recipients, combined with a lack of clearly conveyed information provided to them by the government and affiliated organizations, severely limits their social and spatial lives (Crooks,

2004). Chouinard (2006) pointed out that broader neoliberal shifts in Canada's economy (housing and employment) have the effect of benefiting affluent citizens and leading to "insecurity and misery" for others, especially women receiving ODSP (p. 401). Stapleton et. al. (2011) found that ODSP expenditures have been increasing as employer-based disability programs are tightening requirements and more Canadians experience job instability. This demonstrates how important income support programs are for disabled people, especially as economic instability increases.

4.2.2 Planning

4.2.2.1 The Planning Act

Ontario's *Planning Act* establishes the land use planning system in the province, while incorporating consideration of the economy, health, provincial interests and recognizing municipal council's role in planning (*Planning Act*, R.S.O. 1990, c. P.13. S.1.1). While one of the purposes of the *Planning Act* is "to provide for planning processes that are fair by making them open, accessible, timely and efficient" (*Planning Act*, R.S.O. 1990, c. P.13. S.1.1.d), 'accessible' does not necessarily mean to accessible for disabled people. The *Act* indicates that accessibility for persons with disabilities to "all facilities, services and matters to which this Act applies" (*Planning Act*, R.S.O. 1990, c. P.13. S.2.h.1) is an aspect of healthy community development. However, subsequent provisions in the legislation outline that municipal council should "have regard for" accessibility for persons with disabilities. For example, plans and drawings of any proposed development will not be approved by an upper-tier municipality unless "where the land abuts a highway under the jurisdiction of the upper-tier municipality, facilities designed to have regard for accessibility for persons with disabilities" (*Planning Act*, R.S.O. 1990, c. P.13. S. 8, a, v). Similarly, considerations for draft plans of subdivision should regard "among other matters...the health, safety, convenience, accessibility for persons with disabilities and welfare of the present and future inhabitants of the municipality" (*Planning Act*, R.S.O. 1990, c. P.13. S 24). While the *Planning Act* does include brief mention of disabled people, actual provisions regarding this population applies in very few instances.

4.2.2.2 The Provincial Policy Statement

In Ontario, the *Provincial Policy Statement (PPS)* is issued under Section 3 of the *Planning Act* and provides policy direction on key land use planning challenges, including housing. The *PPS* provides more clear verbiage about accessibility. Under Section 1.1.1, the *PPS* states that healthy, liveable and safe communities are sustained by a number of initiatives, including “improving accessibility for persons with disabilities and older persons by addressing land use barriers which restrict their full participation in society” (*PPS*, 2020, 1.1.1.f, p. 7). Section 1.4.3 states:

Planning authorities shall provide for an appropriate range and mix of housing options and densities to meet projected market-based and affordable housing needs of current and future residents of the regional market area by...permitting and facilitating: (1) all housing options required to meet the social, health, economic and well-being requirements of current and future residents, including special needs requirements and needs arising from demographic changes and employment opportunities. (*PPS*, 2020, 1.4.3.b, p. 16)

Special needs housing is included in the Policy’s definition of housing options, and defined as follows:

Any housing, including dedicated facilities, in whole or in part, that is used by people who have specific needs beyond economic needs, including but not limited to, needs such as mobility requirements or support functions for daily living. Examples of special needs housing may include, but are not limited to long-term care homes, adaptable and accessible housing, and housing for persons with disabilities such as physical, sensory or mental health disabilities, and housing for older persons. (*PPS*, 2020, p. 52)

While including “special needs housing” is potentially a step towards more inclusive municipal planning, my analysis will demonstrate that these policy statements are generally not reflected in current municipal planning documents in Waterloo region in Chapter 5.

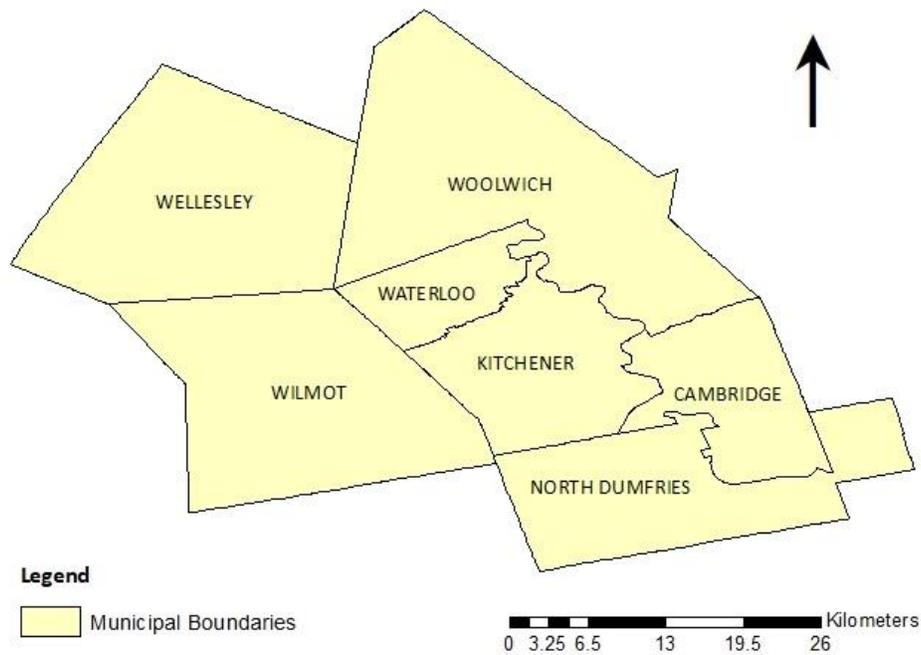
4.3 “Staggering Growth & Relentless Development”: Contextualizing Waterloo Region

Waterloo region is located in southwestern Ontario. It consists of three cities and four townships, including the cities of Waterloo, Kitchener, and Cambridge as well as the townships of Wellesley, Woolwich, Wilmot, and North Dumfries (see Figure 1 – Region of Waterloo). It has a two-tier government structure, with an upper-tier (or regional municipality) and lower-tier (local or area

municipalities) representing the aforementioned cities and townships. Responsibilities outlined under Ontario’s *Municipal Act* are divided between the two levels of government. The Region of Waterloo is a designated service manager, delivering provincially funded programs such as Ontario Works (income assistance) and social housing, in addition to locally coordinated waste management and public transit (Region of Waterloo, 2020a). As of the 2016 Census, Waterloo region had a population of 535,154 residents (Statistics Canada, 2017).

Figure 1

Region of Waterloo



Produced by Amanda McCulley
October 19th, 2020
Data Provider: KitchenerGIS (services1.arcgis.com)

Waterloo region is on unceded Treaty 3 territory of the Neutral/Attawandaron, Anishanwbe and Haudenosaunee peoples (LSPiRG, n.d.). The townships of Woolwich and North Dumfries are on land that was given to the Six Nations of the Grand River by the British Empire in recognition for their support during the American War of Independence (Department of History, 2013). While 950,000 acres were

originally promised to the Six Nations on what is called the Haldimand Tract, only 48,000 acres are currently owned by the Six Nations (Department of History, 2013). These territories are part of on-going land claims (Department of History, 2013). Early settlers to the area included individuals of Pennsylvania German ethnic backgrounds, many of whom began Mennonite religious and farming practices (Region of Waterloo, 2020b). Scottish settlers tended to purchase land near the river and resided in the municipalities that are now North Dumfries and Cambridge (Region of Waterloo, 2020b). Despite limited evidence that approximately 1,500 Black residents established the Queen’s Bush Settlement in Wellesley township in the 1820’s, official historical documents are scarce since Black residents did not legally own title to their homes (Parkhill, 2012).

Present-day Waterloo is predominately white and affluent. Although one in five residents are visible minorities, the level of diversity is 10% lower than the Ontario average (18.7% compared to 28.9%) (Canadian Index of Wellbeing, 2017). The region has higher employment and education rates than the provincial average (Canadian Index of Wellbeing, 2017). This relative affluence could be explained by an economy focused on knowledge and technology. The area is home to two universities and one college. It has a rapidly expanding technology sector and claims to have the highest start-up density after Silicon Valley (Region of Waterloo, 2020c). The Region’s own website states, “the access to human, intellectual, financial and physical capital from the finance and tech industry clusters is why the Toronto-Waterloo Corridor is Canada’s main innovation driver” (Region of Waterloo, 2020c). Despite the region’s economic success, one in four households in the area live in core housing need (Canadian Index of Wellbeing, 2017).

According to a report from real estate company, Re/Max, residential home prices in Kitchener-Waterloo-Cambridge increased 8% between 2018-2019 and were positioned to increase 7% in 2020²

² This projection was made prior to the impact of the COVID-19 pandemic.

(Re/Max, 2019). The same report quoted an executive staff member who attributed strong home sale prices to “the region’s resilient economy, staggering growth and relentless development” (Re/Max, 2019). Renters are also seeing an increase in housing costs. In 2019, Padmapper published a report indicating that the median rental costs of one-bedroom apartments in Kitchener increased by 16%, faster than any of the other cities included in the report (Eppel, 2019). Median rent for two-bedroom units increased at a rate of 8.7% (Eppel, 2019). Based on rental units sampled by the Canada Mortgage and Housing Corporation (CMHC) in 2018 and 2019, average rents increased 5% in one year alone (CMHC, 2020). CMHC also determined that vacancy rates declined from 2.9% to 2.1%, possibly explaining why the turnover rate has dropped from 18.7% to 14.2% (CMHC, 2020). This report concluded that the City of Waterloo was the least affordable city within the Waterloo Census Metropolitan Area (CMHC, 2020).

Historically, social planning initiatives have conducted specific research on housing and disability, although funding for such projects have either been significantly diminished or cut entirely. In Southwestern Ontario, the municipalities of Guelph and Hamilton conducted studies examining the housing options available for residents with disabilities in the 1970s and 1980s (Guelph and District Community Service Council, 1976; Social Planning and Research Council of Hamilton-Wentworth, 1986). This coincided with the de-institutionalization movement and the need for local governments to better understand how persons with disabilities could live in community. In 2003, the Social Planning Council of Cambridge and North Dumfries conducted a study regarding the challenges faced by people with physical disabilities in the Waterloo region. They identified that disabled people were extremely limited in terms of housing options, most often due to a lack of physically accessible units, affordable homes, homes near family members and necessary services, as well as safe and secure housing (Smith-Carrier et. al., 2003). They observed that independent disabled people receiving ODSP were largely unable to afford housing in the private market due to the extremely low amount allotted for shelter through the program (Smith-Carrier et. al., 2003). The waitlists for social housing were multi-year, with longer wait times for accessible units (Smith-Carrier et. al., 2003). Notably, funding for initiatives that

examine disability has also diminished over the years. The Social Planning Council of Cambridge and North Dumfries ceased operations in April, 2020, following provincial funding cuts (CBC News, 2020).

Chapter 5

Planning & Housing for Disabled Individuals

This chapter focuses on municipal planning documents; including how they define disability and land use planning for housing for disabled people. My analysis demonstrates that disability terminology in recent planning documents are generally less stigmatizing than language used in older documents, indicating a slow, gradual shift in conceptualizations of disability and inclusion in planning. The Regional Municipality has prioritized housing for disabled people in a number of planning documents, however existing programs are insufficient to meet existing and projected demand. At the local municipal level, the City of Cambridge prioritizes housing for disabled people across numerous planning documents. A close examination of land use planning for group homes, including definitions, zoning, and minimum separation requirements, reveals a lack of cohesion amongst local municipalities, despite direction from both the Province and Region.

5.1 Defining Disability Across Planning Documents

In this sub-section, I look more closely at how disability is defined and therefore conceptualized in planning documents in the Region of Waterloo. Table 3 outlines various definitions of disability, special needs housing, accessibility, and adaptability within municipal documents, including the source and my own interpretation of who is excluded by the definition provided.

Table 3***Definitions of Disability***

Definition	Source	Who is excluded?
Persons with disabilities are those who reported difficulties with daily living activities, or who indicated that a physical, mental or health problem reduced the kind or amount of activities they could do.	Waterloo Region’s Housing Action Plan for Households with Low to Moderate Incomes, 2013	
Special needs housing – any housing, including dedicated facilities, in whole or in part, that is used by people who have specific needs beyond economic needs, including but not limited to, needs such as mobility requirements or support functions required for daily living.	Township of Wellesley, Official Plan, 2015	People with disabilities who do not require daily support
Examples of support needs may include but are not limited to: a history of homelessness or housing instability, recovery from a serious trauma, physical health issues, mental health issues, substance use issues, physical disabilities, and/or cognitive disabilities (e.g., development disability, acquired brain injury, learning disability)	Region of Waterloo Community Homelessness Prevention Initiative – Supportive Housing Program Framework	
Disabilities include the following groups: cognitive (including developmental, acquired brain injury and Fetal Alcohol Spectrum Disorder), physical, mental health issues and problematic substance use (as alcoholism and drug addiction are defined as disabilities under the Ontario Human Rights Code).	The Policy Framework for All Roads Lead to Home: the Homelessness to Housing Stability Strategy of Waterloo Region, 2012	
Persons with disabilities are those who reported difficulties with daily living activities, or who indicated that a physical, mental or health problem reduced the kind or amount of activities they could do. For individuals living with disabilities, the key issue is the lack of accessibility in available housing.	Region of Waterloo Housing Action Plan 2014-2024, 2014	Developmental disabilities ³

³ Developmental disabilities are not typically considered a “mental problem.”

Definition	Source	Who is excluded?
Barrier-Free - means that a building and its facilities can be approached, entered and used by people with physical and/or sensory disabilities.	City of Kitchener Official Plan: A Complete & Healthy Kitchener, 2014	Developmental disabilities, mental health challenges, cognitive disabilities
Barrier-Free – Buildings, facilities and sites which can be approached, entered and used by persons with intellectual, physical and sensory disabilities.	City of Waterloo Official Plan, 2020	
Group Home – A single housekeeping unit in a residential dwelling in which a range of three to ten residents (excluding staff or the receiving family) live under supervision and who, by reason of their emotional, mental, social, or physical condition or legal status, require a group living arrangement for their well-being. The home is licensed or approved for funding under an Act of the Parliament of Canada or the Province of Ontario.		
Accessible – that a building and/or facilities can be approached, entered and used (including washroom facilities) by persons with physical or sensory disabilities. This includes persons using wheelchairs. In the case of a multi-storey building, at a minimum it should be possible for persons with disabilities to approach, enter and use the ground floor and washroom facilities.	City of Cambridge, Official Plan, 2018	Definition of Accessible excludes people with developmental disabilities
Adaptable – in regard to a residential unit that it can be modified to accommodate the special needs of a person with disabilities without undertaking major renovations such as re-wiring or changing doorway widths. It would mean, for example, that ground floor doorways and washrooms would accommodate a wheelchair user, or that flashing light doorbell system could easily be installed for a hearing impaired resident.		
Housing for people with special needs – residential accommodation for people with physical, mental or emotional or other disabilities who require supervised and/or assisted residential care.		
Disability – any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.	City of Cambridge, Facility Accessibility Design Manual, 2014	
Accessible – describes a site, building, facility or portion thereof that complies with the requirements of this design manual.		

Table 3 demonstrates that terminology around disability, accessibility and housing vary significantly across documents and various municipalities. For example, while the City of Waterloo's OP includes people with intellectual, physical, and sensory disabilities in its definition of accessibility, the City of Cambridge's OP includes people with physical and sensory disabilities, therefore excluding people with intellectual disabilities.

There is a relationship between the age of the document and how disability is described; older documents tended not to mention disabled people or included more stigmatizing language. Recent Official Plans, in particular, are less likely to include stigmatizing or derogatory language, and more likely to mention disabled people and/or *AODA*. This reflects changing conceptualizations of disability (Tremain, 2005; Prince, 2009). For example, the City of Cambridge Facility Accessibility Design Manual from 2014 refers to disabled people as experiencing restriction or a "lack of abilities" (p. 3). Four years later, Cambridge's Official Plan (2018) describes Special Needs Housing as housing for "people with physical, mental or emotional or other disabilities who require supervised and/or assisted residential care" (p. 218). The earlier definition of disability reflects a medical conceptualization of disability – an understanding that focuses on a "lack" of something or abnormality. The latter definition focuses more on the needs of the disabled individuals – needs that could help them participate in daily life. While the latter definition does not fully reflect the bio-psycho-social understanding of disability, it does represent an increased focus on the needs of individuals rather than supposed abnormalities. This understanding is less focused on pathologizing individuals and more focused on need for social supports.

Recent documents have opted for increasingly general definitions of disability by adopting terminology such as "other disabilities" (City of Cambridge, 2018, p. 218) or broad umbrella categories such as "emotional, mental, social, or physical condition or legal status" (City of Waterloo, 2020, p.421). Some disabled groups are excluded from most definitions of disabilities, notably people with developmental disabilities, mental health related disabilities, cognitive disabilities, as well as disabled people who do not require daily support. These types of disabilities are often considered lower down in

the “disability hierarchy,” after individuals with physical disabilities or low-severity conditions (Include NYC, 2017). While many individuals who do not require daily support may require no residential accommodations, others may still need support at infrequent time intervals (e.g. once every few days, twice weekly, weekly). While these populations may not require the same modifications to the built form or be as “visible” as individuals with physical disabilities, this population should still be included in public policies.

Across all documents, disabled identities and policies are framed within the context of minority group rights. Within documents produced by the Regional Municipality of Waterloo, disabled people are literally described alongside other minority groups, including victims of domestic violence, “aboriginal persons”, seniors and immigrants (Regional Municipality of Waterloo, 2013). This is due to the role of what Prince refers to as the role of “federal and provincial human rights regimes” (2009, p. 110) in mainstreaming disability in public policy. Disabled people are presented as a minority group through the Ontario Human Rights Code and *AODA*, and this conceptualization of disability is then translated to municipal public policy. This approach coincides with notions of distributive justice, which underlies Ontario’s systems of justice and governance. Under these current systems, distributive justice cannot be implemented if equity-seeking groups are not identified. This is why the inclusion and exclusion of certain types of disabilities is so important – if people with less visible disabilities, such as developmental disabilities, are not mentioned, they cannot be included in related policy and programs.

A notable departure from framing disability policies as a minority rights issue is when the Regional Official Plan discusses the importance of appropriate housing for all in Objective 3.1, which is described as:

an appropriate range and mix of housing choices for all income groups. Housing is a basic necessity of life and is an essential element to individual health and community vitality. The provision of a full and diverse range and mix of permanent housing that is safe, affordable, of adequate size and meets the accessibility requirements of all residents, is important if the region is to maintain and enhance its quality of life (Regional Municipality of Waterloo, 2015, Objective 3.1).

While, in other documents, the Region identifies disabled people as a “priority group,” within the context of this Official Plan, accessible and appropriate housing for all residents is framed as a universal issue. This universal approach to housing is consistent with notions of housing as a human right, which is a premise the Region adopts in the policy framework for its *Housing Stability Strategy* (2012). This underscores a crucial point – housing access for disabled people is foundational to a universal, rights-based approach to housing.

5.2 Regional Planning & Policy

The Regional Municipality of Waterloo is an upper-tier municipality as well as social housing service manager. In this capacity, the Region produces guiding documents for area municipalities as well as its various partners. They range from broad strategies and policy frameworks to action plans.

The Region has two key housing focus areas; ending homelessness and non-market housing. *The Policy Framework for All Roads Lead to Home: the Homelessness to Housing Stability Strategy of Waterloo Region* provides the broad direction for subsequent policies and programming. The vision, as outlined in the framework, is to be “an inclusive community where everyone has adequate housing, income and support to make a home” (Social Planning, Policy and Program Administration, 2012, p. 27). This document identifies that disabled people are at an increased risk of experiencing poverty and homelessness. One of the principles of the framework, in addition to a rights-based approach to housing, is to “promote accessibility to meet people ‘where they are at’” (Social Planning, Policy and Program Administration, 2012, p. iii). Policy direction #3 is strengthening the overall housing stability system, described as “people have access to high quality, accessible housing stability programs and initiatives designed to end homelessness” (Social Planning, Policy and Program Administration, 2012, p. 8).

Policy directions within the framework are supported by the *Region of Waterloo Housing Action Plan, 2014-2024*. This document identifies actions that are measurable and time-based, as outlined within Table 4.

Table 4***Housing Action Items from the Region of Waterloo Housing Action Plan, 2014-2024***

Action	Measure	Timing
1.6 Advocate to senior levels of government for adequate funding for affordable housing along with other related issues (e.g. income support).	Number of advocacy efforts made to senior levels of government, support of community advocacy organizations.	On-going
2.3 Explore opportunities with Waterloo Wellington Local Health Integration Network (WWLHIN) and other organizations to further integrate supports into existing Community Housing.	Create a community health framework to better connect Community Housing Residents with services.	On-going
3.1 Explore housing needs and gaps in both the rural and urban areas and develop ways to respond where economies of scale do not exist.	Research on the different needs of rural and urban areas is completed and creative solutions identified.	Long-term
3.3 Work with community partners to create housing solutions that meet the diverse needs of our community, especially for seniors, victims of domestic violence, persons with disabilities, the Aboriginal community and immigrants.	Continue supporting community partners in addressing diverse housing needs wherever possible.	On-going

Source: The Regional Municipality of Waterloo. (2013). *Waterloo Region's Housing Action Plan – 2014-2024*. Retrieved from <https://www.regionofwaterloo.ca/en/living-here/resources/Documents/Housing/waterloo-regions-housing-action-plan-for-households-with-low-to-moderate-incomes-access.pdf>

The policy framework and objectives included in the Action Plan demonstrate that Waterloo Region is aware of the challenges identified elsewhere within this thesis; that income support for disabled people is insufficient and that they are more likely to experience housing instability, as well as the housing gaps between rural townships and urban cities.

It is notable that the measures of success are not outcome-oriented. For example, the measure of success for advocacy is based on the number of advocacy efforts made by Waterloo Region to upper levels of governments instead of an actual increase in funding for non-market housing. This could be due to a need to measure actions based on what the Region can control or manage, however it could also translate to no real changes to income supports. Here is an interesting distinction between government

initiatives and non-profit organizations; while non-profit organizations have been forced to restructure to behave like businesses (as discussed in Chapter 6), formal government has the autonomy to avoid results-oriented outcomes. This supports the argument put forth by Martin & Halachmi (2012), who attributed the lack of accountability within partnerships to unclear roles and fragmentation of responsibility, contributing to major implementation challenges.

Recently, the Region produced a *Supportive Housing Program Framework* as part of Ontario's Community Homelessness Prevention Initiative. The Province's vision for this initiative is "a better coordinated and integrated service delivery system that is people centered, outcome-focused and reflects a Housing First approach to prevent, reduce and address homelessness in communities across Ontario" (Social Planning, 2014, p.15). This document provides program parameters for supportive housing properties that are funded by the Region of Waterloo. The Region, like Key Informant #4 (non-profit professional), estimates that people with a wide range of disabilities will represent a significant proportion of residents within supportive housing.

In terms of non-market housing support, the *Region of Waterloo Affordable Housing Strategy (2014-2019)*, outlines funding for accessibility modifications in private homes for older adults and disabled people through Ontario Renovates. During the pilot for Ontario Renovates, 86 households were assisted, including 12 households that required accessibility modifications. A goal outlined in the Strategy is to expand the program to renovate 250 homes and rental units, including accessibility modifications. This program is an opportunity to help disabled people live in a home of their choice within the private market, however it is not specific to disabled people. Not only are disabled people conflated with seniors (while some seniors have complex disabilities, not all disabled people are seniors), but based on the pilot, only 10.32% of households serviced required accessibility modifications. This low percentage of accessibility modifications is surprising, considering the most recent Canadian Survey on Disability indicated that 22% of Canadians have some form of disability (Morris et. al., 2018). While the lower percentage could be attributed to a lower proportion of individuals requiring physical modifications, it does suggest that the Ontario Renovates program in Waterloo region emphasizes renovations for seniors,

rather than disabled people. This focus on seniors is not unique to the Waterloo region, however it will fail to address the significant housing needs for the majority of disabled people.

As per the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005*, the Regional Municipality developed a *Multi-Year Diversity, Accessibility and Inclusion Plan* with the goal of “identifying, preventing and removing barriers to programs and services” (The Regional Municipality of Waterloo, 2018, p.15). This document demonstrates an emphasis on removing barriers to public services and spaces and does not specifically deal with housing for the disabled population. In fact, the only explicit action items regarding disabled people include hosting a learning event about serving customers with invisible disabilities, and keeping staff updated with changing provincial legislation (The Regional Municipality of Waterloo, 2018). While services for disabled people absolutely should be accessible, what good are they if disabled people are unable to afford homes in the community?

The *Regional Official Plan*, updated in 2015, outlines three major policies and directions including policies that pertain to accessibility and housing for disabled people. These policies are described in Table 4.

Table 5

Regional Official Plan Policies – Housing & Accessibility

Identifier	Policy
3.A.1	The Region, in collaboration with Area Municipalities and other agencies, will prepare and regularly update the Community Action Plan for Housing and the Homelessness to Housing Stability Strategy.
3.A.2	Area Municipalities will plan to provide an appropriate range of housing in terms of form, tenure, density and affordability to satisfy the various physical, social, economic and personal support needs of current and future residents.
3.H.5	The Region and Area Municipalities will, wherever appropriate, develop accessibility policies and regulations in their official plans, Zoning By-Laws, urban design guidelines, site plan guidelines, and other documents, in accordance with the provisions of the Accessibility for Ontarians with Disabilities Act.

Source: The Regional Municipality of Waterloo. (2009). *Regional Official Plan*. Retrieved from <https://www.regionofwaterloo.ca/en/regional-government/land-use-planning.aspx>

Policy 3.A.2 is interesting since it exemplifies the tension between regional and local municipal jurisdiction. While the Region is careful not to infringe on the responsibilities of area municipalities, it

downloads responsibility for identifying and planning “appropriate” housing to the local municipalities. The term “personal support needs” was not defined and, reducing the likelihood that its definition will be uniform or addressed across area municipalities.

The Regional Municipality of Waterloo’s recent documents pertaining to accessibility are either reactive to *AODA*, or to a recognition that disabled people are homeless or precariously housed. The policies outlined by the Region are distinct from provincial legislation regarding barrier-free accessibility and the Zoning By-Laws for area municipalities, which will be discussed in the subsequent sections. While the regional policies appear to be well-intentioned, the jurisdictional limitations between provincial, regional, and local municipalities limit the effectiveness of their implementation.

5.3 Area Municipal Planning

5.3.1 Strategic Plans

A policy paper produced by United Cities and Local Governments describes a strategic plan as an “instrument of management which encourages citizen participation in local policy decisions” (n.d., p.2). They assist in the guidance of local planning. Within strategic plans produced by the seven area municipalities included within this study, the terms ‘accessibility’ and ‘diversity’ were frequently referenced. ‘Inclusion’ was a key theme in strategic plans produced by the Township of Woolwich, the Township of Wilmot, and the City of Cambridge. The Township of Woolwich (2015) identified that it would “provide for inclusive and accessible communities” as one of its strategic goals (p. 11). This would be accomplished through the following actions:

- Preserve and protect the unique nature of the 'community of communities' but address the challenge geography and distance creates and come up with solutions that focus on ‘the ties that bind the community fabric’.
- Consider municipal policies, services and programs that take into account the impact of an aging population.
- Implement legislated requirements, with the goal of improving and expanding opportunities for persons with disabilities, and identify, remove and prevent barriers to their full participation in the life of the community.
- Provide opportunities and consider incentives for constructing Seniors' housing.
- Advocate for affordable housing development.
- Council and Staff will find ways to connect people together (Township of Woolwich, 2015, p.11)

These actions would theoretically contribute towards inclusive and accessible communities. However, with the exception of the “legislated requirements” pertaining to individuals with disabilities, they are not necessarily enforceable.

The Township of Wilmot indicates that accessibility and inclusivity are values within their strategic plan (2013, p. 6). However, the only other mention of accessibility in the report is an objective pertaining to more funding for transportation accessibility in the municipality (Township of Wilmot, 2013, p.9). Herein lies another issue in municipal public policy; the term accessibility is often used in transportation planning. Even when it is deployed to mean accessibility for disabled people, the definition of disability can be narrow, ignoring the varied nature of disabled experiences and needs. This point will be illustrated further in sub-section 5.3.1.1.

5.3.1.1 Planning Alignment: Examining the City of Cambridge’s Approach to Inclusive Housing

The City of Cambridge’s *Strategic Plan* (2016) and related documents provide the most comprehensive goals and objectives related to accessibility within the region. The Plan includes the following vision:

“Cambridge residents and visitors enjoy the natural environment, safe, clean, caring, sustainable and *accessible* neighbourhoods, with a *wide variety of lifestyle and housing options* and ample cultural and recreational opportunities” (2016, p.10, emphasis added). The *Strategic Plan* outlines the following accessibility objectives:

- 1.1 Work with partners to create a safe, inclusive and accessible city.
- 1.3 Deliver accessible, inclusive and age-friendly services, programs, and facilities.
- 1.4 Promote, facilitate and participate in the development of affordable, welcoming and vibrant neighbourhoods.
- 5.1 Work with the community to provide the right mix of recreational opportunities that meet the needs of a changing and diverse population.
- 7.4 Continue to improve the accessibility of all built infrastructure. (City of Cambridge, 2016)

The emphasis on accessibility evident in Cambridge’s *Strategic Plan* is supported by objectives and policies in other documents. One of the goals of Cambridge’s *Official Plan* is to encourage a range and mix of housing types:

The City will encourage developers to make housing accessible and adaptable to people with disabilities and may require that a proportion of dwellings in residential developments and redevelopments be accessible and adaptable to people with disabilities, generally in keeping with the proportion such people represent in the City of Cambridge and in accordance with the *Accessibility for Ontarian's Disability Act [sic]*. (City of Cambridge, 2018, 2.8.2.1)

While other municipalities within Waterloo Region mention *AODA* in their Official Plan, they generally do not explicitly connect *AODA* with housing. The wording around proportionality to the disabled population in Cambridge indicates that the percent of accessible housing could potentially exceed the minimum described in *AODA*. Through this *Official Plan* policy, Cambridge is formally addressing the fact that accessible communities are inextricably linked to accessible, affordable and adequate housing.

In 2014, the Corporation of the City of Cambridge produced a comprehensive *Facility Accessibility Design Manual*. On the first page of the design manual is a listing of the 7 Principles of Universal Design, which are (1) equitable use; (2) flexibility in use; (3) simple and intuitive use; (4) perceptible information; (5) tolerance for error; (6) low physical effort; (7) size and space for approach and use (NC State University in City of Cambridge, 2014, p.1). The design manual provides guidelines pertaining to (1) access and circulation; (2) washroom facilities; (3) other amenities (including drinking fountains, dressing rooms); (4) systems and controls; and (5) facility-specific requirements (e.g. arenas, halls, places of worship). It also explicitly states that all public housing owned or leased by the Region should align with the guidelines therein (Corporation of the City of Cambridge, 2014, p. 100). In conformity with provincial legislation, the design guideline indicates that all of the public housing units must be visitable by disabled people (Corporation of the City of Cambridge, 2014, p. 100). Visitability is defined as a “reasonable level” of access for physically disabled visitors, meaning they can access the suite and a toilet (Corporation of the City of Cambridge, 2014, p. 5). Ten per cent of the units, in addition to common-use areas, must be barrier-free (Corporation of the City of Cambridge, p. 100). The manual does include a Facility Accessibility Design Manual Checklist; however, it is unclear whether the checklist is intended to be completed by city staff or a third party. This document provides the City and its partners with a clear, concise method of understanding and reinforcing accessibility of its own

buildings. These documents produced by the City of Cambridge exemplify how broad accessibility policy can be formalized in Strategic and Official planning documents and reinforced with operational documents.

The glossary definition for disability reflects the medical-social model of disability, describing it as “any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being” (Corporation of the City of Cambridge, 2014, p.3). This implies that disability is abnormal, therefor pathologizing disabled individuals. While the City of Cambridge is making strides in terms of planning alignment and clearly communicated and enforceable design guidelines, the language used demonstrates an actively stigmatizing approach to disability.

Analysis of the design manual also reveals potential conflicts between various legislation. It states the following:

Where conflicts exist between scoping and/or dimensional requirements of this design manual and standards or legislation enacted by the federal or provincial governments, the most accommodating requirements shall apply (i.e. the requirement(s) that will result in the most accommodating environment, but never less than the minimum requirements of the current *Ontario Building Code* and *Accessibility for Ontarians with Disabilities Act Regulations*), provided federal or provincial approvals are obtained where required (Corporation of the City of Cambridge, 2014, p.1).

This provision errs on the side of increased accessibility, while adhering to approvals and legislation from other orders of government. The same design manual includes a number of exceptions to its own accessibility guidelines made for city owned or leased heritage facilities, such as facilities that fall under the Canada National Parks Act or Historic Sites and Monuments Act (Canada), the United Nations Educational, Scientific and Cultural Organization’s World Heritage List, or poses adverse risk to ecosystems. There is a peculiar caveat as well, which states that facilities do not need to conform with the design manual if “it is not practicable to comply with the requirements, or some of them, because existing physical or site constraints prohibit modification or addition of elements, spaces or features, such as where surrounding rocks bordering the recreational trail or beach access route impede achieving the required clear width” (Corporation of the City of Cambridge, 2014, p.8). These exceptions demonstrate

the conflicting nature of heritage planning and accessibility legislation, observed by Goodall et. al (2005) and Sandell (2015). It also raises an important issue; accessibility for disabled people is only a priority if it does not conflict with natural or historical conservation or is considered too costly or impractical.

5.3.2 Official Plans

Official Plans (also referred to as OPs) provide land use planning policies to coordinate development within a municipality. Within Waterloo region, OPs are produced by all the municipalities. While all of them must conform to the Regional Official Plan, they do retain land use policies that are unique to each distinct area municipality. My review of Official Plans demonstrates that policies regarding accessibility and housing vary widely, reflecting divergent political and development priorities.

For example, the City of Waterloo addresses housing for disabled people through two major means; urban design and group homes. Policy (3).11.5.3 states:

massing, orientation and design including exterior design, sustainable design and facilities designed to have accessibility for persons with disabilities, shall be determined through site plan control and shall be subject to City design guidelines and performance standards. For the purpose of site plan control and building elevation approval, building design shall include matters of exterior design without limitation the character, scale, appearance and design features of buildings, which include building materials, colour and architectural features. (City of Waterloo, 2020)

The City's corresponding design guidelines include parameters for barrier-free or unobstructed access for public and private sector projects, focusing on the exterior, parking, entrances and exits of buildings (City of Waterloo, 2019, Appendix N).

To support Waterloo's goal of supporting a range of housing options, the Official Plan indicates that group homes will be permitted in all land use designations that permit residential uses (City of Waterloo, 2020, 10.1.2.14). This includes commercial or institutional land uses that permit residences. While the OP does not specifically reference Ontario's Human Rights Code, this provision is consistent with the code and recent decisions around zoning as well as the Provincial Policy Statement (Ontario Human Rights Commission, n.d.; Provincial Policy Statement, 2020). Notably, only four out of seven municipalities permit group homes in all residential zones (Waterloo, Cambridge, Wellesley and

Woolwich). In fact, the City of Cambridge's Official Plan encourages group homes in central locations.

Cambridge's Official Plan (2018) states:

The City will facilitate where possible the provision of group homes within the City and Council may pass by-laws to permit the use of a dwelling unit for a group home located within the Urban Growth Centre, Community Core Areas, Nodes, Regeneration Areas, Reurbanization Corridors, Major Transit Station Areas and all Residential designation. (Policy 8.1.5.5)

Similarly, the Township of Wellesley also includes a policy that prioritizes "special needs housing" not only in residential areas, but areas within close proximity to services. Policy 4.3.2. states:

The Township will permit special needs housing in all residential areas, including areas with access areas with access to medical facilities, employment areas, social services, human services, other special needs housing and amenities, subject to the policies of this Plan. The Township Zoning By-law shall not distinguish between the users of special needs housing on the basis of personal characteristics. (Township of Wellesley, 2015)

These policies are consistent with a growing body of evidence that housing for disabled people should be in close proximity to the services they require, either situated in or nearby commercial or mixed use land designations (Mont & Nguyen, 2018; Saskatoon Housing Initiatives Partnership and Saskatchewan Association for Community Living, 2008; Botticello et. al., 2019). Ironically, these progressive amendments to OPs and corresponding Zoning By-Laws for group homes coincides with a time period that the number of new group homes are declining.

Kitchener's Official Plan does not have the same policies around group homes in all residential neighbourhoods, which is particularly striking since Kitchener was an appellant in the Ontario Municipal Board case around "people zoning" against group homes and service providers in the Cedar Hill neighbourhood (Ontario Municipal Board, 2010). However, the OP does include a policy about the design of barrier-free and universal accessibility for new and redesigned developments. Policy 11.C.1.16 is worded as follows:

The City will encourage new sites to be designed, existing sites to be redeveloped, the public realm and community infrastructure to be planned to be barrier-free and universal accessibility by all citizens. In this regard, the City will enforce the Ontario Building Code and other accessibility related legislation and regulations. (City of Kitchener, 2014)

This policy is unique within Waterloo region; while it expands the scope of accessible sites beyond public spaces and community infrastructure, the phrase “will encourage” is less enforceable than “will require.” One key informant described accessibility-related Official Plan policy statements as “nice to have,” but pointed to the Zoning By-Law as the enforceable, primary planning tool referred to by planners, developers, and Council (Key Informant #2, planner).

Similarly, accessibility is mentioned in Schedule A6 of the City of Waterloo’s Zoning By-Law.

Specific Provision Areas, PR.4 indicates:

The development of new buildings and the public realm will incorporate principles of Crime Prevention Through Environmental Design (CPTED), which may address such matters as: appropriate landscaping, lighting, and visibility and animation of the ground floor. New development will also have regard for the principles of universal accessibility. (City of Waterloo Zoning By-Law 2018-050, p. 287)

In this text, not only is universal accessibility a literal afterthought to CPTED, but the language “have regard for” is vague, and not mandatory. This points to a larger problem – within the public realm, accessibility is rarely a priority and – if it is – it is presented as optional next to other, potentially conflicting standards.

While the majority of this study has operated under the assumption that restricting the location of group homes and residences for disabled persons is negative, there is one limitation across a number of OPs and Zoning By-Laws that is logical and safety-oriented. These policies restrict group homes on hazardous sites. The City of Kitchener’s Official Plan (2014), Policy 6.C.2.6 (a) reads:

Notwithstanding Policy 6.C.2.5, development proposing the following land uses will not be permitted within hazardous lands and hazardous sites

- a) an institutional land use associated with hospitals, nursing homes, pre-school, school nurseries, day care and schools, where there is a threat to the safe evacuation of the sick, the elderly, persons with disabilities or the young during an emergency as a result of flooding, failure of floodproofing standards or protection works standards, or erosion.⁴

⁴ Note that as of June 2020 this policy was under appeal.

OPs produced by the City of Waterloo and all four townships have similar policies that effectively prevent land uses pertaining to the disabled from being situated on hazardous lands. A similar provision is also included in the City of Cambridge Zoning By-Law (2012). While this provision is, arguably, paternal (Van Aswegan, 2019), at least it considers the safety of disabled people and other residents.

One emergent theme across both the document analysis and key informant interviews is the relatively limited jurisdiction of municipalities in Ontario. Municipalities have updated appropriate documents in compliance with *AODA*, as amended. In Canada, and Ontario specifically, a commonly adopted metaphor is that municipalities are creatures of the province. According to a document produced by the City Solicitor of Toronto, the Solicitor clarifies that this metaphor means that municipalities do not have inherent powers and that their powers are legislated by the province (2000). Similarly, a province is unable to legislate powers to cities that the province does not, itself, possess (City Solicitor, 2000).

However, it is notable that the solicitor describes Ontario's *Municipal Act* (2001) as the "laundry list" legislation:

Their governing legislation spells out every power. If the power is not listed or necessarily implied, the municipalities do not have the power. The "laundry list" legislation is the most restrictive way a province can grant powers to a municipality: it often prevents a municipality from easily and efficiently adapting to changing conditions: each change requires the municipality to apply to the province for amending legislation. (City Solicitor, 2000)

In comparison, Albertan municipalities have the powers of "natural persons," and in British Columbia, local governments have broader powers (City Solicitor, 2000). The difference between powers become especially obvious when comparing priorities and actions between municipalities. For example, since 1999 the City of North Vancouver has implemented an Adaptable Design Policy that provides greater accessibility than regulations in the *BC Building Code* (City of North Vancouver, 2020). The City of Delta, BC recently identified a need for more supportive and accessible housing, and is currently in the process of identifying how it can require *and* incentivize construction of supportive, accessible units (City of Delta, 2020). In Ontario, the Province has effectively limited accessibility planning to public space,

social housing, and new, high density construction (which will be discussed in Chapter 6.1) and fostered a context where municipalities are hesitant or unable to take bold action to improve accessibility in residential housing.

5.4 When Inclusion is Exclusive: Land Use Planning & Group Homes

5.4.1 Introduction

One of the few types of housing often (but not always) designated for disabled people are group homes. During the document analysis, I examined how group homes are defined, which zones they are permitted in, and made additional notes regarding language or uses. A close analysis of group home definitions in municipal Zoning By-Laws (ZBLs) in Waterloo region demonstrates that, despite a common understanding that minimum separation requirements and exclusionary zoning run counter to human rights and progressive planning theory, they are still included in operational ZBLs.

Prior to changes in provincial legislation, organizations that managed group homes were required to seek public approval for new group home development (or redevelopment) in neighbourhood meetings. During these meetings, non-profit organizations were often required to educate the public about group homes and essentially convince the public that group homes for disabled people were not a threat. One key informant described these NIMBY attitudes:

I think the fears are really based on ignorance and not understanding our population. The meetings that I used to participate in was a lot about educating people, [saying] there's nothing to be afraid of here, and the folks we support are probably going to be better neighbours than anybody else. Our staff are well trained in first aid and fire safety and, you know, the individuals we support are well supervised. And, in fact, there was one situation where our neighbour was really quite resistant and after, probably about two or three years after we moved in, they required some medical assistance and our staff were right there to assist with that situation and help them out. Because again, they were so well trained...and then another situation where probably about 50 or 60 people showed up and we invited about 10, different neighbors and, and it was, it was like a, like into a public lynching. They were very, very angry it was an interesting approach because they used the safety issues as the reason why we shouldn't be there and you know my response was "*Well you have your children here so why shouldn't we have our children in this community?*" (Key Informant #8, non-profit professional, emphasis added)

The exclusionary, angry attitudes of individuals who would reside adjacent to group homes for

the disabled demonstrates how prejudice shapes who has access to a community. Community opposition to developments for low income households or minority groups typically are not explicitly exclusionary, they often reference other causes for exclusion such as environmental or traffic concerns (Clingermayer, 2004). While smaller communities tend to be more exclusionary, large, urban communities can be exclusionary due to political-economic factors (Clingermayer, 2004). While group home development no longer requires public meetings with neighbours, stigmatization of disabled persons is still evident in land use planning pertaining to group homes.

5.4.2 Zoning for Group Homes

All the municipalities within Waterloo region classify group homes based on either density or type of residents. Class A, or a 'small' group home consists of three to six residents, and Class B, or a 'large' group home has more than six residents. Interestingly, the maximum number of residents per group home varies between municipalities. The City of Waterloo has a maximum of eight residents per group home; the municipalities of Kitchener, Cambridge, Woolwich and North Dumfries indicate that there is a limit of ten residents per group home; the townships of Wellesley and Wilmot allow for a maximum of six residents per group home. During an interview with one of the townships' planners, they indicated that the number of residents per group homes are established by provincial legislation:

But then you get to the next step after that would be an institutional zone for example where you have an institutional use so there's almost three classes in the zoning bylaws, but within a typical residential area you would see group home type A or type B. And it's just purely falling legislation of how they kind of break that out. And that's pretty consistent with legislation to say type A and type B. (Key Informant #5, planner)

Despite this assumption, I was unable to find evidence of Type A or B classification of group homes in Ontario's *Long-Term Care Homes Act* (2007), *Operating Guidelines for Homes for Special Care* (2011), or the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* (2008). It is possible that these definitions come from a separate piece of legislation or guideline, repealed legislation, or were determined locally.

The City of Kitchener’s recently revised Zoning By-Law, which is currently under appeal and therefore not operational, defines group homes as “a residential care facility licensed or funded under Federal or Provincial statute for the accommodation of 3 to 10 persons, exclusive of staff, that provides a group living arrangement for their well-being. A group home shall not include a correctional group home” (City of Kitchener. 2019. Section 3 – Definitions). In this case, the City of Kitchener has simplified their definition of group home. By stating that it is licensed or funded under Federal or Provincial statute, it avoids referencing repealed legislation. However, the clause that excludes correctional group homes from the definition is notable and indicative of “people zoning.” The subsequent definition of a correctional group home is below.:

Group Home, Correctional – means a residential care facility licensed or funded under Federal or Provincial statute for the accommodation of 3 to 10 persons, exclusive of staff, that provides housing and rehabilitation for persons on probation, parole, early or re-release, or any other form of executive, judicial or administrative release from a penal institution. A correctional group home shall not include a group home. (City of Kitchener. 2019. Section 3 – Definitions)

This distinction between a correctional group home and all other types of group homes would grant the municipality the ability to exercise additional land use controls over the location of the former. This demonstrates how, while restrictions towards disabled people are slowly being alleviated, restrictions towards other categories of persons society deems “deviant” continue to exist. Despite perceptions that planning is moving away from zoning for people rather than land uses, this regulation pertaining to correctional group homes demonstrates how forms of this practice are still operational.

Zoning for people is demonstrated in how some municipalities define dwellings. For example, the Township of Wellesley’s Zoning By-Law defines them as follows: “DWELLING shall mean a building, occupied or capable of being occupied exclusively as a home, residence or sleeping place by one or more persons, but shall not include hotels, boarding houses, rooming houses, motels, institutions, group homes, crisis housing” (Zoning By-Law 28/2006, 2.53). This definition of dwelling is similar to zoning definitions about single-family homes; it is what Epstein (2017) describes as discriminatory. Despite the occupant-focused language within the Zoning By-Laws, an assessment of zones that permit group homes

for disabled persons across the region’s municipalities does reveal that group homes are permitted in all or most residential zones. Lower-density “Class A” or “Small” group homes permitted in low density residential or mixed-use zones and higher-density, “Class B” or “Large” group homes in medium-density zones.

5.4.3 Minimum Separation Requirements

Despite arguments that minimum separation requirements for group homes do not uphold the human rights of residents (Finkler & Grant, 2011; Smith & Bailey, 2011), minimum separation requirements are still present in most Zoning By-Laws within Waterloo region. Zoning By-Laws in Cambridge, North Dumfries, Wellesley and Wilmot all outline minimum separation requirements. Kitchener’s recently revised zoning by-law merely prevents more than one group home per lot (which is typically designated for one primary residence, therefor is not unreasonable), while the City of Waterloo and Township of Woolwich do not currently have any separation requirements.

Table 6

Restrictions & Separation Requirements for Group Homes

Municipality	Waterloo	Kitchener	Cambridge	Woolwich	North Dumfries	Wellesley	Wilmot
Separation Requirements	None	One group home per lot ⁵	200 metres	None	400 – 100 metres ⁶	200 metres	120 metres

There is a connection between the date of the Zoning By-Law and the existence of minimum separation requirements; Waterloo updated their ZBL in 2018. In Kitchener’s case, the update was in response to an Ontario Municipal Board (OMB) decision that ordered Kitchener to reconsider a policy within its Official

⁵ According to the current ZBL, there are 400 metre minimum separation requirements between group homes and/or correctional group homes, and group homes are not permitted within 100 metres of the municipal city limit (City of Kitchener By-Law 85-1, 5.17)

⁶ Distance is zone dependant.

Plan that would have excluded new non-profit organizations and supportive housing from development within a specific neighbourhood (Ontario Municipal Board, 2010). A key informant described the case:

A couple of years ago, more than a couple, maybe 10 years ago, the Cedar Hill neighbourhood had what they called was a concentration of support agencies and affordable type housing in that in that community. They tried to limit any new support agencies, and any rental housing. So I believe all that they wanted to permit were ownership type housing as well, like, I don't know all the details but it was determined that it contravened the Ontario Human Rights. And then Kitchener, because they used to have minimum distance separation as well, there were four other communities but as part of that... They were all challenged on that and it was deemed that you couldn't adopt minimum distance requirements. (Key Informant #6, planner)

Ultimately, the OMB determined that Kitchener's Official Plan was attempting to "people-zone" and was inconsistent with the Ontario Human Rights Code (Ontario Human Rights Commission, n.d.). Despite amendments to minimum separation requirements for group homes, they are still in effect for correctional group homes.

Planners interviewed expressed that minimum separation requirements reflected out-of-date planning principles. One referenced de-concentration theory and fears of lodging houses in particular neighbourhoods (Key Informant #1, planner). Another indicated that the township they worked for likely implemented minimum separation requirements since they were adopted by the larger municipalities first (Key Informant #2, planner). One informant explicitly linked minimum separation requirements and a push for increased housing options and social mix:

So back when the By-Law was drafted in the 1980s, that was typical. I think a lot of municipalities did that to spread things apart. To some extent, the reason why is we try to just get a mix of things in each neighborhood. We try to get a mix of single-detached, semi-detached, and town houses just to provide people opportunity in the neighborhood so you see a mix in each neighborhood or each area... People can kind of enjoy a neighborhood and stay in it for the rest of their life. We kind of mix them and separate things. But a lot of municipalities did that for group homes back in the day. (Key Informant #5, planner)

When a planner from a rural township was asked about minimum separation requirements in their township, they indicated that they hoped to change the policy soon.:

We just haven't done a general update to remove that provision about group homes, it is actually proposed to be removed. We're doing a general update in March this year during a public council meeting. It is on our list of things to be removed. It doesn't conform to today's standards and thoughts it's not the appropriate method so we're going to be

removing that distance separation. And it just taken us probably about five to ten years to get to that point. We just haven't caught up, because we haven't done a general update like that in a while so this is where our next step is to remove that requirement. (Key Informant #5, planner)

Between the interview and the finalization of this thesis, the group home provision was deleted. By this point, only the City of Cambridge and three other townships still had minimum separation distances on their books. As noted in the interview, amending or developing new Zoning By-Laws are tremendous undertakings. In the case of smaller townships, with a small one to two-person planning team responsible for all the day-to-day planning as well as long-range planning policies, it has taken years to begin to recognize and address the outdated separation requirement. This could be due to the amount of time it takes to implement new ZBLs. Even if an amendment or new ZBL is approved by council, there is a public appeals process that can take years to be resolved and thus implemented. This suggests that the planning process is not conducive to swift ZBL amendments, even if they enforce prejudicial restrictions.

5.4.4 Group Homes & Housing Choice

When asked about whether minimum separation requirements for group homes impeded the development or rehabilitation of new group homes, planners from the townships indicated that they have experienced minimal or non-existent demand.:

We haven't seen a demand. You know, no one's coming in saying I need space for a group home or any space for these facilities like pushing. Usually if there's a need, they're coming and searching and really trying to find a location. So I haven't been seen that substantially so I think the needs are being met. Generally, but like I said I think a lot of people are probably moving more to the urban areas in the urban settings because of access to transit, doctors and medical care or whatever else they need is easier in an urban area. We are this close to Waterloo, Kitchener, Cambridge or Guelph. It doesn't make sense to be in a rural setting. Maybe not, it is nice to be in a rural setting sometimes because the smaller communities are nicer I think for some people to give choice, like *anybody wants choice so everybody should have choice*. (Key Informant #5, planner, emphasis added)

We don't have any group homes in the township. I've been here for five years, I've never had a request for a group home. The only comparable that I'm aware of is about 30 years ago there was a group home for troubled youth that operated for a number of years but then the operators of that moved out of the township and it closed. (Key Informant #2, planner)

Planners in two townships pointed out that most of the health and social supports are located in nearby urban municipalities. This is indicative of the urban/rural divide that exists within Canada (Rice & Webster, 2017; Braimoh, 2015; Laurent, 2002). Key Informant #5 (planner) indicated that the lack of services reduces non-urban housing for disabled people who cannot drive or who need regular access to health and social supports.

Key Informant #5 observed that while existing group homes within their township were still operational, there is a trend towards other models of residential care. “I would say we haven't seen much in the way of group homes in the last five years, at least, they kind of disappeared ... the group homes are still there but new ones? No. The most recent [developments] are those apartments where they're kind of semi-independent living” (Key Informant #5, planner). While the region's townships continue to have minimum separation requirements for group homes within their by-laws, there does not appear to be much, if any, demand for the group homes. This could be, in part, explained by a movement away from congregate living arrangements (Mandelker, 2011; Carling, 1990).

Cost variances between publicly funded group homes could contribute to the trend away from group homes. While organizations that operate non-market housing limit the amount disabled individuals receiving ODSP can pay in rent to the program's maximum monthly shelter allowance (\$497 a month), disabled individuals living in government subsidized group homes can pay significantly more. They are also costly for the province. During an audit of public group homes for people with developmental disabilities in Ontario, it was determined that the cost per bed ranged between \$21,400 to \$310,000, with no reasonable explanation for the differential (Auditor General, 2014). These costs are subsidized by the government and are in addition to the fees individuals with disabilities provide directly to the group home.

One of the key informants was a parent whose adult son lived in a group home in one of the local cities. They described how their son has approximately \$100 after his monthly bills were paid to his group home. That money is supposed to assist with the costs of activities. They stated that it was not enough to afford basic needs, noting “\$100 isn't going to buy your clothes” (Key Informant #9, family

member). Their son, and presumably others like him who depend on ODSP and live in group homes, have little discretionary spending after they pay expenses to their group home. In contrast, the director of a supportive housing organization indicated that individuals reliant on ODSP pay the shelter rate for their share of the rent and have access to complementary food to help reduce their costs further (Key Informant #4, non-profit professional). They stated, “I'm not saying that one can manage on that \$1,150. It's not enough for anybody, but within the context of this building, people can and do manage quite nicely on it. Just because we try to provide them with a lot of other stuff” (Key Informant #4).

Unfortunately, simply increasing ODSP may not lead to more cash available to individuals with disabilities who rely on it. Key Informant #9 recalled that, when recreation funding was increased, the private camp their son attended simply increased fees. Instead, more consistency and oversight over group homes could be appropriate. The interviewee described how they felt coerced by a group home to sign over control of their son’s ODSP payments to the manager of the home.:

When I first went to [a local community living group home]. It was kind of implied by the manager of that house that we had, I had to give up my control of the ODSP, because they only could see it, because that's where they were drawing their money from. So I naturally signed it over and did all this and then when we switched houses ... They switched me from dealing with someone in Kitchener to someone in Cambridge because [my son] moved to Cambridge. The staff member from Cambridge saw that I had released [control of ODSP], she called me up and she said you need to get that back. That is not okay and that's not how it works. I was upset...they said at [the group home], ‘this is how we do things.’ So to me that's like telling me, that's their policy. And now I know from [my son] being in a new house, that is not [the agency’s] policy that was [the group home manager’s] policy. (Key Informant #9, family member)

This individual understandably felt manipulated by managers within the group home system, and skeptical that funding increases to disabled persons could lead to higher costs of services rather than increased discretionary spending.

Another source of stress to individuals with disabilities and their families is a lack of transparency in how waitlists for group homes are managed. While individuals on the waitlist were supposed to be prioritized in terms of need, this wasn’t always the case, and group home placement is instead determined based on the “fit” of residents within available homes (Auditor General, 2014; MaRS Solutions Lab,

2014). Because of this, minimal information is provided to disabled people who are on the waitlist and their families. Key Informant #9 expressed confusion regarding how people move off the list for group homes. Their child attended for respite care (temporary residence in a congregate living arrangement) in Kitchener for years. After attending respite care in Cambridge once, the family received a call indicating that there was availability in a group home in Cambridge. This confusion and lack of transparency is compounded by caregiver's fatigue, a well-documented condition of parents who have had to consistently advocate for their disabled children (Green, 2007; Gérain & Zech, 2018).

I do not mean to imply that all group homes are corrupt or that Ontario should necessarily shift away from this model of housing and care provision. These conclusions are drawn from a small number of interviews and subsequent research into group home funding. I do want to point out that organizations and planners alike have noticed that fewer organizations are establishing new group homes, especially in rural areas. Within Waterloo region, people on ODSP are struggling to survive on government income supports in group home settings. The Province's own 2014 audit underscores issues such as lengthy waitlists, a lack of coherent waitlist management, as well as funding discrepancies. This points to a need for significant reform of disability-related social services, including income supports, housing, and care provision.

5.5 Conclusion

My analysis reveals that while official planning documents include well-intentioned language and do identify disabled people as a priority group in the provision of non-market housing, there are few tangible measures to increase the supply of housing for this population. Despite the Regional recognition that disabled people have challenges procuring adequate, affordable housing, there are significant variances in terms of how housing for the disabled is planned for across area municipalities. Variation in land use planning and policy language regarding group homes and definitions of disability demonstrate an urgent need for area municipalities to update planning documents to conform with the Ontario Human Rights Code, the *Provincial Policy Statement*, and Regional planning documents.

I also note that while the Region has identified action items in its Housing Action Plan, that the measures are not outcome-oriented. While the Region does offer accessibility modifications for private homes through Ontario Renovates, only 10.32% of program participants required accessibility modifications. Like the Ontario *Building Code*, this provincially organized program fails to centre on the needs of disabled Ontarians and will not be effective at meeting anticipated need.

In Official Plans and Zoning By-Laws, the only type of housing that is explicitly designated for disabled people are group homes, however the land use policies governing group homes vary widely based on jurisdiction. Some area municipalities, like Waterloo and Cambridge, allow group homes in any residential zone, or specifically situate group homes near favourable locations, such as urban growth centres. Simultaneously, when it comes to barrier-free accessibility or group homes, Official Plans deploy soft language, such as “will encourage.” This reflects the relatively limited powers of municipalities in light of Ontario’s Planning or Municipal Act. Unfortunately, these limited powers, in addition to conflicts with heritage or natural conservation, counteract the efficacy of the limited provisions around accessibility, group homes, and housing.

Most Zoning By-Laws classify group homes based on minimum and maximum number of residents, and older ZBLs clearly describe who may (or may not) live in the group homes. While language around disabled residents has become less derogatory over the years, the continued distinction between group homes for the disabled and correctional group homes demonstrates a continued pre-occupation with “people-zoning.” Minimum separation requirements are consistent with urban planning’s objective of deconcentrating pathologized individuals. While deconcentration theory has typically focused on the exclusion of racialized and low-income households, the continued use of separation requirements for group homes (correctional or otherwise) demonstrate that disabled people and people who have been involved in Canada’s justice system continue to be considered inferior bodies in policy making.

The fact that minimum separation requirements for group homes are still operational in some municipalities demonstrates how area municipalities are slow to adapt to provincial direction and

arguments surrounding the human rights of disabled people. This calls into question notions of planning as a progressive profession. Considering that three of these area municipalities are also rural, this phenomenon highlights the rural-urban divide in planning and community building. Small planning departments have fewer staff available to enact changes, even if they have received direction from the regional and provincial governments to do so. Restrictions surrounding group homes are particularly ironic, considering that non-profit housing organizations have indicated that they have either slowed or stopped acquiring group homes. By the time Zoning By-Laws remove restrictive land use limitations for group homes, new group homes may not be built at all.

An unanticipated finding from this research are the unethical costs discrepancies associated with public group homes in Ontario. Not only were the Province's own auditors unable to account for cost variances between public funding for group homes across Ontario, but Key Informant #9 indicated that the lack of transparency surrounding wait lists are a stressor for disabled people and their families. This issue was identified in a 2014 Auditor General's report and has not been addressed in a public way by 2020. At the local level, this informant described how an individual group home manager abused their position to gain control of ODSP funding for their resident. This is indicative of potential abuse of both the group home system as well as ODSP, the government-managed income support system that is supposed to assist disabled people.

Chapter 6

“If you left it completely to planning or individuals alone, nothing would happen”: Affordability, partnerships, and non-profit organizations

The following chapter draws upon themes that emerged during the key informant interviews. Notably, a planner noted how municipal zoning and its density ramifications, combined with Ontario’s *Building Code*, effectively constrain the construction of new barrier-free units to urban, central land – which also tends to be highly valued within the private market. Then, the chapter shifts to planners’ relatively limited tools to encourage development, including non-market housing. Key informants who operate non-market housing indicated that many residents in both supportive and conventional social housing are disabled. Finally, the chapter concludes with a discussion of strain and funding limitations within the non-profit housing sector, despite the federal government’s relatively new housing strategy.

6.1 Density & Housing Design

One way that planning influences housing for disabled people is through density regulations and design standards. Presently, the legislation surrounding barrier-free design standards works in practice to actually limit housing choice for individuals who require barrier-free access to their units. The Ontario *Building Code* outlines accessibility requirements with a focus on entrances for select types of buildings. A minimum of 15% of total suites in “major occupancy apartment buildings” require barrier-free paths of travel from the suite to at least one bedroom, one bathroom, kitchen, and living space (O. Reg. 232/12, 3.8.2.5). Notably, these requirements are only applied to larger buildings – those exceeding 600m² in building area and three storeys (O. Reg. 232/12, 1.1.2.2.1.(b)). Meanwhile, as one planner pointed out, “people may prefer to live in a single [family home] or a town [home]. But it's not accessible. Basically, [this limits] people with disabilities to multi-unit high rise type developments” (Key Informant #6). In

short, the *Building Code* effectively limits new barrier-free units to high density developments, restricting housing choice amongst people who would benefit from barrier-free design.

This provision is especially limiting considering that zoning regulations within Waterloo region restrict higher density development primarily to urban growth areas, including the iON (light rail transit) route, and arterial roadways (The Regional Municipality of Waterloo, 2009). This limits barrier-free development to the most in-demand (and thus most costly) real estate in the region. Furthermore, it reduces the likelihood of barrier-free housing development within the region's rural communities; which may be more affordable, yet lack the health and social supports that disabled people need.

The mandate to include a relatively small proportion of barrier-free units solely in high-density residential forms is similar to American legislature, including the *Americans with Disabilities Act*, *Fair Housing Act*, and Section 504 of the *Rehabilitation Act* (Liebermann, 2013). In a paper prepared for Harvard University's Joint Center on Housing Studies, Liebermann (2013) provided a scathing critique of this limitation this policy position, arguing "laws that mandate accessible design in housing don't meet current needs, much less projected demand" (p. 28). Not only is there a spatially restrictive dimension to barrier-free design standards in Ontario, they likely won't meet current or projected needs. Considering that so much of the province consists of low density or rural communities, barrier-free design should be mandated across housing types and through more home renovation programs. This legislation is especially short-sighted considering Canada's ageing population, who may elect to age in place in single family homes or, alternatively, overwhelm the 15% barrier-free suites in high density developments, further directing younger disabled people towards an inadequate non-market housing system or homelessness. The decision to mandate barrier-free design, rather than universal design – which could benefit more disabled people, including deaf individuals, for example – is perhaps purposely exclusionary. This supports and perpetuates the disability hierarchy discussed in Chapter Five.

While some municipalities may adopt planning tools to encourage medium to high density developments, actual development is reliant on the private sector. Key Informant #5 (planner) expressed

the difficulty of attracting medium density residential development in one of the rural townships, despite significant incentives. They stated:

We have vacant blocks that are sitting and [developers] could have come in three years ago and built up an apartment building but have not. They're building single-family and semi-detached homes, so we're trying to get more apartment units to allow for more flexibility. We're zoning for that, and making [developers] build them. We're even giving them incentives because servicing is an issue. We would like to grow slowly, and servicing is a real cost the Township. So we give [developers] the incentive and say we're not going to count the apartment block and the servicing constraints. They can go build it right away. We're not seeing construction. The zoning is the biggest constraining factor but even with that we're not seeing as much density and housing choice as we would like. (Key Informant #5)

In community-building, planners are often credited or blamed for decisions regarding development. This attitude is demonstrated by community residents interviewed by a local Social Planning Council, who stated that there was a lack of affordable housing and that “planners should build more” (Smith-Carrier et. al., 2003, p. 29). As this section has shown, however, despite the adoption of various planning tools, development is dependent on uptake from the private sector.

The private sector’s goal of maximizing profits impacts accessible design standards as they pertain to the interior of residential units. Key Informant #7 (a non-profit professional) indicated that barrier-free residential units are typically considered to be of lower value than non-barrier free units, due to perceptions about re-sale or rental value in the private market. This observation is consistent with findings from Smith et. al.’s analysis of barrier-free design in the southern United States, which determined that these design features are stigmatized due to their affiliation with disabled bodies (2010). The interviewee was critical of barrier-free design standards that consist of lowering light switches, counters and other aspects of the unit, especially when electric wheelchairs that rise are becoming increasingly common. Furthermore, some aspects of barrier-free design, such as roll-in showers, have become trendy with the proliferation of ‘west coast design’. This key informant argued that the tension between accessible design standards and the private housing market is artificial, since well-executed design should be desirable to anyone.

The argument that barrier-free design standards are valuable is similar to the neoliberal perception of universal design as a value-added component that can appeal to a larger market of possible consumers (Mueller, 1997; Vanderheiden, 1996; Hamraie, 2013). Steinfeld and Tauke (2002) have pointed out that universal design aligns with the goals of late capitalism, as it becomes a marketing tool that can appeal to older adults. Weisman (2012), Mingus (2010) and Hamraie (2013) made strong cases for centering disability, and prioritizing the notion of collective access over value in the capitalist market. Hamraie (2013) concluded that design standards for disabled people can be improved upon, particularly by working with disabled peoples in the re-evaluation of these standards.

For example, one key informant provided an example of how the preferences of a disabled resident of non-market housing conflicted with principles of barrier free design (Key Informant #4, non-profit professional). The resident had participated in the rehabilitation of her unit, requesting a large kitchen island in the middle of her suite, which would not follow barrier-free design guidelines (Key Informant #4). “She loves her big island, so she wanted it, she got it. She’s in a big electric wheelchair so she finds her way around, I don’t know how” (Key Informant #4). This case demonstrates how, while barrier-free design is important, it may conflict with the desires and choices made by disabled people – pointing to a need to re-evaluate design standards with the active, meaningful participation of disabled people.

6.2 Demand for Non-Market Housing

A major concern demonstrated by six out of the nine key informants interviewed for this research was the high cost of private market housing in Waterloo region. Their personal and professional experiences have led them to believe that individuals of all abilities, including lower- to middle-income earners, were having trouble finding rental or ownership housing in the private market as well as challenges accessing the limited non-market housing stock within the region. One interview subject remarked at the expensive costs of real estate, observing that this problem extended across Ontario (Key Informant #1, planner). Key Informant #3 (non-profit professional) remarked that the “Canadian dream” of homeownership was not realistic for many households. Another noted that the majority of housing

within the region is “market-based housing, so [affordability] is a common concern we’re seeing. Just how is housing going to be affordable for anybody?” (Key Informant #5, planner).

Planners for local municipalities are limited in terms of how they can encourage housing development, affordable or otherwise. They already waive development charges (Key Informant #1, planner). Previously, they were able to participate in density bonusing programs, however that tool was eliminated to make way for inclusionary zoning (Key Informant #1). At the time of the interviews, inclusionary zoning was an optional tool that would allow municipalities to require non-market, or subsidized, housing units in properties with ten units or more; however it was not yet implemented since municipalities need to produce the required assessment reports, Official Plan and Zoning By-Law amendments, administration and monitoring procedures as well as public reporting mechanisms (Key Informant #1; Queen’s Printer for Ontario, 2020). While inclusionary zoning is targeted towards households in the lowest 60% of regional income distribution (Queen’s Printer for Ontario, 2020), this tool is not specifically dedicated towards individuals with disabilities on extremely low incomes, and not likely meet demand for more affordable housing in Waterloo region and elsewhere.

As the costs of the private market rise, demand for state-subsidized, non-market housing increases. There are approximately 4,700 households on the waitlist for social housing in Waterloo region (Key Informant #3, non-profit professional; Nielsen, 2019). One director of an organization that provides non-market housing estimated that there are an additional 2,500 households in the queue, waiting to be placed on the waitlist (Key Informant #3). This interviewee attributed the unmet demand for non-market housing to historical political priorities. Their career spanned various public sectors, and they observed that over the decades that housing has been the “poor cousin” of other social issues, such as health care and education (Key Informant #3). This is strikingly similar to the argument put forth by Hackworth (2008), which pointed out that during the rise of neoliberalism, social housing became less of a political priority, eclipsed by other portfolios. Up until recently, non-market housing was seen as a priority for only a small subsection of the population (Key Informant #3). They stated, “let’s not forget that there have been people experiencing precarious housing and homelessness for many years, and just now it’s

affecting the middle class” (Key Informant #3). This observation mirrors academic critiques of the private housing market, which has long excluded low income individuals (Madden & Marcuse, 2016) and disabled persons (Chouinard, 2006; Gleeson, 1999).

Key Informant #3 continued by acknowledging that there appears to be a hierarchy in terms of who can access non-market housing and which types of housing are accepted in neighbourhoods. They point out that, in community engagement for social housing, the location is often disputed if families live close by (Key Informant #3). This hierarchy, or this notion of some people being more entitled to housing than others, is also evident in terms of how tenants are selected and placed into social housing (Key Informant #3). They stated, “we need to get rid of this whole notion of righteousness. Prove you’re worthy of housing” (Key Informant #3). Righteous notions of who should or should not be able to live in a neighbourhood or subsidized housing is similar to the notion of “housing readiness” – a subjective term that has been deployed to provide housing only to individuals experiencing homelessness who participate in programming to reduce substance dependency (Dordick, 2002). This notion of housing readiness or worthiness reflects continued perceptions that housing provision is a charitable act doled out based on merit or perceptions of value, and compounds with ableist attitudes towards disability. A rights-based approach to housing, health, and social supports would eliminate the value-laden, charitable approach to services currently deployed in Ontario and Canada.

One informant managed a building that provides subsidized, supportive housing. While this type of housing is not exclusively designated towards disabled persons, it does offer much-needed health and support services for individuals who are at risk of homelessness. The key informant estimated that, of the total number of residents, approximately 75% have some form of disability (Key Informant #4, non-profit professional). Despite this, none of the suites were designed to be barrier-free, and the organization is required to pay to renovate units to reflect the needs of their tenants (Key Informant #4). This results in two tenants in wheelchairs, and another two who require canes, who live in suites that do not have any consideration for barrier-free, visitable, or otherwise accessible design (Key Informant #4). When asked about demand for housing for supports within the region, they stated, “there is a desperate need for more

housing. I could fill up ten more buildings within a day” (Key informant #4). They also indicated that the housing priority within the city they operate has historically been student housing, at the cost of the provision of housing for other demographics (Key Informant #4). The City of Waterloo does have a significant number of purpose-built rental units, primarily designated for students (Revington et. al., 2018).

As Waterloo has focused on housing its significant student population, housing adequacy and affordability for disabled individuals (including but not limited to seniors) has declined. This is demonstrated in two key ways: by a lack of barrier-free suites within the supportive housing development in question, as well as the frequency in which inquiries are made on behalf of disabled or elderly tenants.

The interview subject described the latter:

I get, on a daily basis, emails from people saying, ‘My mom’s 84, her rent’s gone up, she can’t afford her apartment. Can you help her?’ I think the next wave of homelessness is seniors. And I think this community is going to be in an enormous crisis, way beyond anything it is seeing now. (Key Informant #4, non-profit professional)

This is not an isolated phenomenon. As Canada’s population ages, more seniors are over-housed or precariously housed (Gaetz, 2010; McDonald et. al., 2007). This informant highlights two main issues; (1) that disabled people represent the majority of individuals accessing the limited supportive local social housing stock; and (2) that an emphasis on purpose built rental units for students fails to address the overall lack of affordable housing supply experienced by other segments of the population.

Key Informant #8 (non-profit professional) who manages a housing organization for individuals with developmental disabilities, indicated that due to the lengthy waitlists for provincially managed housing for disabled people, their agency actively encourages families to add their disabled children to the social housing waitlist managed by the Region. While there is no guarantee that the individual will attain housing through either waitlist, this practice serves to double their chances of attaining some form of government subsidized housing. This reliance on the non-market housing system for disabled people echoed findings from an earlier report, which identified that accessibility and affordability were the two major barriers for disabled people to procure housing within the region; and that disabled persons on

ODSP were unable to find housing supplied by the private market (Smith-Carrier et. al., 2003). It is also consistent with a 2010 American report, which determined that affordability was the number one obstacle to housing for disabled people, with 41% of households with a disabled member either unable to afford rent or mortgages or experiencing homelessness (National Council on Disability, 2010). This report referenced a study which found that 43% of homeless adults in shelters self-reported being disabled; although the actual number of homeless adults is likely even higher due to undercounting of non-sheltered persons (National Council on Disability, 2010). Data from the key informant interviews, combined with reports produced by governments and non-profit organizations, point to rising housing costs as placing adequate housing out of the reach of most people, but especially disabled people who were already reliant on an inadequate non-market housing system.

6.3 “Whose Job is It Anyways?”: Partnerships in Housing and Care Provision

In Waterloo, the Regional Municipality manages the PATHS list, which is the waitlist for public housing. This type of housing is not necessarily accessible (barrier-free) and does not typically include on-site supports. Ontario’s Ministry of Health manages residency programs, including group homes, for people with physical disabilities and the province’s Ministry of Community and Social Services (MCSS) manages residential and care programs for individuals with developmental disabilities. While the Region or Province manages various subsidized housing programs, income assistance (ODSP) for people with any kind of disability is provided through Ontario’s Ministry of Community and Social Services. This web of intricate income and housing support programs only represents a fraction of the government agencies affiliated with disability supports in Ontario and Canada, which Stienstra (2018) described as fragmented.

Subsidized housing – whether it is supported by public funds, a health or social services provider – is typically built and operated through a partnership between public, private, and non-profit actors (McDonald, 2014; Tsenkova, 2019). A planner in a township that has numerous group homes and semi-independent living units for disabled people indicated that this housing stock exists due to a single, motivated non-profit organization:

There is a group here that is focused around helping people...*If you left it completely to planning alone and the individuals alone nothing would happen.* I think you need people to spur it on somewhere in the community or either it's got to be financially viable and somebody is going to make it a business model or someone's going to take the lead, and people take the lead and try to find solutions (Key Informant #5, planner, emphasis added).

A reliance on partnerships has become a key component of planning in Ontario and Canada. In fact, Mason (2007) went as far as describing collaborative partnerships as a new form of urban governance. Dreier & Hulchanski (1990) credited decades of grassroots efforts by Canada's labour movement, church and student groups for the establishment of non-profit and cooperative housing organizations.

The success of the NHS (2017) is contingent on cost-sharing agreements between the federal and provincial governments. At the local level, partnerships may be facilitated or fostered by a planner as an intermediary between various agencies. This is especially true if the municipality is the service manager for housing, as is the Regional Municipality of Waterloo. Key Informant #6 (planner) described how the Region often encourages partnerships between non-profit and private sector entities. They framed it as assisting to create a sense of community and adding to the range of housing types available, which is one of the priorities outlined in the Regional Official Plan (The Regional Municipality of Waterloo, 2019, 3.A.2).

Another key informant framed partnerships practically. In Ontario, it is unlikely that any one organization would have the capacity to develop land and operate specialized housing on their own (Key Informant #7, non-profit professional). They discussed a meeting with fellow non-profit organizations, noting: "there's one person that said, 'I am a social worker I don't know how to build housing.' Well, you better align yourself with builders that know how to build and have responsibility ... because being a social worker isn't an excuse. Well – it *shouldn't* be an excuse to not get into social housing" (Key Informant #7, non-profit professional). In their view partnerships can be seen as a capacity-building exercise, whether the capacity is knowledge and skill based or financially motivated (Key Informant #7).

This quote is striking for a number of reasons. For one, the use of language (e.g. "capacity building") is similar to business jargon typically attributed to the private sector. This indicates one way

through which non-profit organizations have become increasingly business-like. It also is indicative of the knowledge gap within the non-profit sector (e.g. social workers are not formally trained in housing development) while alluding to the complexity of the development process. If these non-profit organizations do not build capacity, and apply for project funding, non-market housing will not be built at all. While government funding is crucial in the development of non-market housing, actual responsibility has been effectively downloaded to the non-profit sector. Mason (2007) identified five attributes for successful partnership approaches to non-market housing, including “resource sharing, leadership, community involvement, mutual learning, and horizontal accountability” (p. 2368). The lack of knowledge described by Key Informant #7 indicates an increased need for resource sharing and mutual learning at the local level.

A director of an organization that operates public housing described how, without partnerships, this organization could not offer the ongoing supports disabled individuals may need. Therefore, residents in their buildings who need supports typically provide their own. They said:

We look to create partnerships within the community because we know that many of the people we are housing are experiencing some sort of mental health issue or they might need supports. But in general, when people come to affordable housing in our organization, we provide no support so we don't have social workers, we don't have any of those staff who can actually provide supports to people. Somebody must be able to come to us and live independently. And if they need supports, they must bring their own supports. So we are different than other non-profit organizations, where they're actually providing supports to people.... I think to the general public, they don't necessarily understand that and even for some of the folks that live with us or it's like you know if they're needing help, they may look to us and really what we can do is provide some connections out to those support agencies, but we can't actually, you know we can't provide them support in terms of their mental health issues or whatever. But it is a it is a particular, I would say that this is an issue in affordable housing. (Key Informant #3, non-profit professional)

This individual, like Key Informant #4, estimated that a high proportion of residents within social housing have some sort of disability in accordance with the current Statistics Canada definition, and require some kind of support from social workers or health care professionals.

Despite the fact that this organization generally requires tenants to provide their own supports, it does operate one property with subsidized rents as well as on-site supports for disabled people. The director described it:

We have a number of people that we're housing that [an independent living agency] support and they are support services 24/7, and it's in the building. That's something that the founder of this organization had the foresight – many, many years ago – to recognize [as] a valued service. So we have [independent living agency] staff in the building, they have an office – we retrofitted a space for them to actually work there – and they provide 24/7 service and support. (Key Informant #3, non-profit professional)

A partnership model was the only way for this organization to provide 24/7 support to its residents.

Despite expressing that they operate as a landlord and not as a community support service, the organization appeared to be going to great lengths to accommodate disabled residents, including contracting an occupational therapist who can assist with identifying modifications to units (Key Informant #3). While this organization is not considered to be a supportive housing agency or health care provider, it operates in a functional grey area, where it leverages partnerships with various actors to ensure that residents are able to live comfortably within their homes. This points towards a need for more supportive housing within the region, where disabled individuals are able to access the care and support systems they need.

6.3.1 Unequal Partnerships: Examining Strain in the Non-Profit Sector

While private actors, such as real-estate developers, can assist with the delivery of subsidized housing for the disabled, non-profit organizations are typically the organizations that manage daily operations of in-home or community-based care. However, the sector is strained due to competition for a limited amount of government funding (Boyce et al., 2006). Every non-profit professional interviewed expressed financial challenges and reliance on government funding through the Region or Province. One informant bluntly stated that housing “is a government issue” before pointing to the redundancy of separate non-profit organizations that compete for the same funding (Key Informant #3, non-profit professional).

Despite the National Housing Strategy (2017) promise of more funding for non-market housing, one key informant indicated that their organization has actually lost funds in recent years. They stated, “I

have been here for eight years. We lost \$150,000 from our core funding. This year, what they decided to do was give us a 2% increase to our budget, and then remove 5% of our admin costs. We are no further ahead whatsoever” (Key Informant #4, non-profit professional). While additional NHS investment could, in theory, assist the organization, recent funding cuts suggest that new investment will not be released to them.

Three out of four non-profit organization professionals indicated that their organizations have become more entrepreneurial in response to funding limitations and competition with other groups. In one case, an organization actually changed the model of care from group homes to local area coordination.

Their director stated:

So, by us creating this model that is neighbour helping neighbour, we were able to get all 22 units, and our mortgage is very reasonable so it's looking at that \$675,000 the property was worth in 2008 move forward to now and we're worth about \$15 million, and talk about a charity building their capacity. That's what charities need to do they need to stop acting like a charity they start acting like a business. And that's what we're doing. (Key Informant #7, non-profit professional)

This informant indicated that their organization could either behave like a business or be unable to continue to provide housing to anyone. Due to competition for government funding as well as charitable donations, non-profit organizations have needed to become more resourceful and to adopt a business-oriented approach. This is characteristic of the neoliberal approach to social welfare in advanced capitalism.

While the Region provides limited funding for barrier-free design, it does not provide funding for other modifications. One informant stated, “I really have trouble figuring out how to make it more accessible than not, and it’s expensive...I had to fundraise \$50,000 for one of the units. Just so [our resident] in a [wheel]chair can have his hoist” (Key Informant #4, non-profit professional). Non-profit organizations are eligible for government funds due to their charitable status; however, the government funding is inadequate, therefore they leverage their charitable status to generate even more funds through donations from their local community. This interview subject speculated that accessibility initiatives are purposely underfunded:

Designing spaces that will accommodate people who are challenged by age and mobility also fits into this whole [initiative] of designing housing...I don't believe the Region, or the government or whoever's handing out the money has actually left enough space for us to meet [accessibility] needs. I think that's some sort of -ism. (Key Informant #4, non-profit professional)

They speculated that the lack of funding was rooted in ableism, and other forms of discrimination. .

They expressed frustration regarding Regional funding cuts to their organization as well as a lack of transparency regarding how it allocates funding received from the Province (Key Informant #4). Their ultimate goal is to partner with another organization – potentially one from the private sector – so that they will no longer rely on public funding (Key Informant #4). This experience is unsurprising since most programs that would result in full citizenship for disabled persons are underfunded (Rioux & Valentine, 2006).

Key Informant #3 (non-profit professional) expressed that they are in favour of significant, systemic changes in the non-market housing system. They remarked that the slow development of relatively small numbers of units will not meet current supply, “16 more units is not going to cut it, right with that size of a waiting list. We need to start making some impact. It's not enough” (Key Informant #3). They also expressed that the management of funding between the Region and the non-market housing provider does not provide their organization with freedom to be creative with their projects. They recognized that the current system is designed to mitigate financial risk to higher orders of government, but it discounts the organization's ability to manage itself autonomously and effectively. They said:

I think it's still a little bit of a patriarchal system. It's very paternalistic, [the Region has an attitude] like “We have the money, we know how it should be spent. We're going to control it.” I think there needs to be some understanding that as a non-profit organization, we have a skilled board. We have skilled staff. We're not going to take the money and just go rogue. We are responsible then and we should be at the [decision-making table]. We don't necessarily need Big Brother, looking over us like I totally get it from a taxpayers' perspective you want to make sure the money's being spent wisely. I understand the need to audit and verify and validate. But I do think there's still a little bit of Big Brother watching over us. How do you create a system where we can be a little bit more like equal partners with those funders and have, have some open discussions or some ideas about how the system might change rather than it being very top-down. (Key Informant #3, non-profit professional)

In their view, the current partnership model, which relies on distributing funds between various non-profit organizations to build relatively small proportions of non-market housing, will not address the dire need for more non-market housing stock.

Importantly, Key Informant #3 demonstrated a desire to work as an equitable partner, rather than a subordinate one. They point out that the high degree of government involvement is “paternal” and similar to “big brother,” leveraging surveillance strategies through reporting mechanisms. This observation is strikingly similar to Van Aswegen’s assessment of disability policy in Ireland that revealed “a paternalistic, charitable discourse through which the State’s understanding of disability is articulated” (Van Aswegen, 2019, p. 435). Similarly, Rioux and Valentine (2006) identified that government adopted paternalistic approaches to disability policies and programs rather than a rights-based or enabling approach. Key Informant #3 identified that these attitudes extend to the relationships between government and non-profit organizations, resulting in tension and mistrust. This relationship between the non-profit organization, and its workers – who are predominantly feminine-presenting (McMullen & Schellenberg, 2002) – and the state is inherently gendered. The state has power, including money, resources, and the ability to audit, question, and survey through reporting mechanisms, and the non-profit entity is obligated to conform. The unequal, gendered power dynamics of state funding and non-profit organization is especially ironic considering the supposedly gender-neutral language of “partnerships,” which implies that the relationship is egalitarian.

Not only are non-profit organizations extremely limited by the current social housing system, but the system creates confusion around who is responsible for non-market housing. One participant criticized the government’s reliance on the non-profit or charitable sectors “absolve themselves in any responsibility” to fund housing (Key Informant #4, non-profit professional). When they approached the Region about funding cuts, the Region’s response was “let the churches help you” (Key Informant #4). The informant noted that this response is due to the prevalence of Christian faith in Waterloo region. They state:

I'm so used to Toronto which functions so incredibly differently. I've been here eight years and it's...to me the overriding philosophy in this community is all about Christian charity. We look after the poor, because it's a good Christian thing to do ...it really interferes with our ability to apply for funds to do anything. 'Go to the Church. They'll look after you.' No they don't. I don't know if you've been in the church lately but they're full of people with white hair and they're all closing up so what we've been working on is trying to get the churches to hand over their space, so we can build. (Key Informant #4, non-profit professional)

Religious congregations in Ontario are ageing and many churches are in precarious financial situations (Allen, 2019). Historically, churches have played a role in the provision of housing or shelter (Smith, 2004). As the financial resources previously associated with churches decrease, congregations are less capable of providing cash donations to organizations and have begun to partner with organizations to provide developable land or airspace (Braganza, 2018; Taylor, 2015). Philosophically, a reliance on non-profit organizations and churches to assist with housing provision and services is a call-back to a charitable approach to social services – a model through which normative conceptions of abilities are imposed on disabled people (Lynch, 2014; Van Aswegen, 2019). This demonstrates how, despite messaging that government is re-engaging with non-market housing provision, that provision remains the responsibility of a charitable sector that has a history of prioritizing individuals of specific faith groups or types of disabilities. While the pathologizing of the disabled is in and of itself a discriminatory exercise of power, these non-profit organizations are struggling to continue operations – suggesting that they will fail to meet the growing need for subsidized housing units.

Due to the costs of operation, the challenges of developing and operating group homes, as well as changing ideologies around models of residential health care supports, two of the four key informants who worked in housing provision indicated that their organizations were refraining from opening and operating any new group homes. Key Informant #7 (non-profit professional) expressed that they were moving towards a local area coordination model, where neighbours assisted neighbours in a combination of formal and informal responsibilities. Key Informant #8 (non-profit professional) indicated that their organization will launch a pilot project with a technology company to test a software application that would help individuals with disabilities track their own medications within a group home setting in order

to help prepare them for an increasingly independent living situation. While this technology could absolutely help disabled people live independently, widespread adoption of this technology could potentially contribute to increasingly informal care models, which could result in continued government retrenchment from support services and/or increased private sector involvement, which would disproportionately advantage affluent disabled persons.

Key informant #8 expressed that, while their organization used to renovate and operate group homes for disabled people in the past, that they are beginning to leverage partnerships to construct multi-unit buildings, where disabled people would be able to access on site supports. They had recently organized an agreement with a developer and a religious organization. They stated the following:

Our practice has been to open group homes, purchase homes in the community and then retrofit them, help whatever we needed to do with regard to that house as it relates to repairs and maintenance and fire safety. We haven't made a purchase of a home in the last, I guess two years...but that is an expensive way of doing business...We are currently in partnership with a [faith-based housing organization] to build an affordable housing project. [A developer] is leading that project. We are going to be making use of community space there, and a community kitchen. We will make use of up to 10 apartments within that building to support folks who can live more independently than we currently support in in group home. And then we'd be able to backfill those spaces but there certainly is a shortage. There are over 530 adults that are waiting for some sort of residential housing within our community that have disabilities. (Key Informant #8, non-profit professional)

Independent units for disabled people may provide tenants with more autonomy over their spaces and routines than a group-living scenario. However, when partnered with the private sector, this housing model consists of a mix of tenant income and abilities. Key Informant #8 acknowledged that the ten units within the building will do relatively little to address the 500+ waiting list for residential care in the Region. This observation is strikingly similar to criticisms of how concepts of “social mix” are used to displace low-income individuals (August, 2019). While the proposed development will not displace disabled people, it will provide significantly more housing to non-disabled people who can already afford homes in the private market.

In their discussion of a shift away from the group home model of care, Key Informant #8 (non-profit professional) described families who had tried to support co-living arrangements for their adult children with disabilities:

I just recently met with two family members who tried to do something different and met with many government officials over the course of many years, and went out on their own and purchased a home and have tried to support their sons who have multiple needs, they're multiply complex in a variety of ways. And that failed because they didn't weren't able to get the government support they were hoping to get to make that work. So those parents are basically back to agencies like mine saying, you know what the group home type of placement isn't wrong. It is a choice that families should have it shouldn't just be this is the only way direction we should go with regard to supporting people. And, you know that it's very individualized. (Key Informant #8, non-profit professional)

This case demonstrates how the provincial government is much more comfortable channelling funds through an overwhelmed non-profit sector than directly to disabled households. This seriously limits housing choice and autonomy for disabled people. Key Informant #9, whose adult son is disabled and currently living in a group home, indicated that it would be preferable if their son could access funding directly and spend it as he wishes on housing of his choice. They stated, “I think you should have a choice of where to spend [the money] and how you spend it because everyone is an individual, and they have different needs” (Key Informant #9, parent). Restrictive funding conditions would perhaps be justifiable if the non-profit sector was able to keep up with demand for housing; however, the waitlists for social housing and relevant non-profit organizations interviewed for this research suggest that demand far outstrips supply. Considering this, more individualized, direct-to-household funding for disabled individuals could be one of many ways to increase autonomy and housing choice.

6.4 Conclusion

Key informant #5, a planner, observed that the Ontario *Building Code* limits construction of barrier-free market units to land zoned for higher residential densities. Through a combination of the code and land use policy, this restricts new barrier-free units to land that is in demand. Based on similar policies within the United States, it is very likely that these barrier-free suites will not only fail to meet current and future needs, but also not be affordable to lower income individuals with disabilities.

Barrier-free design itself continues to carry stigma, and is perceived as lowering the value of a residential unit. However, its proponents attempt to present it as a marketing tool, one that can either be incorporated into other design trends (e.g. ‘west coast design’) or appeal to a larger consumer market. As Hamraie (2013) established, barrier-free design should be a matter of collective access that incorporates the actual experiences of disabled persons, rather than a marketing tool.

A lack of housing affordability was presented as a concern by the majority of key informants. Within Waterloo region, there are significant waitlists for non-market housing as well as provincially funded residential care programs for disabled people. However, the fact that disabled people who are attempting to access residential programs through local organizations are encouraged to simultaneously apply for public housing (without formal supports) is indicative of the ramifications of a housing system that reifies private ownership and ability to participate in economic activity. In the private housing market, gentrification and a focus on rental housing for students and high-income households has an exclusionary effect on disabled and senior residents on fixed incomes.

Alarmingly, one key informant estimated that disabled persons consist of 75% tenants within one supportive housing property. These individuals have previously experienced homelessness. According to the National Council on Disability (2010), 41% of households with a disabled member either cannot afford their housing costs or are experiencing homelessness. This suggests that a majority of people experiencing homelessness are also disabled, pointing to a major gap in Canada’s social safety net.

The lack of housing and supports for disabled people is caused, in part, by Canada’s fragmented approach to disability-related supports and services, including subsidized housing. Not only are supports difficult to navigate, but responsibility for housing fall primarily on the non-profit sector. While partnerships present an opportunity for knowledge sharing, key informants employed at non-profit organizations, as well as Key Informant #9 (parent), expressed frustration with the current housing system’s reliance on partnerships. They noted that funding has diminished over the years (Key Informant #4) and a need to adopt more profit-oriented approaches (Key Informant #7). They indicated that there is a lack of transparency within the partnership approach (Key Informant #4, non-profit professional; Key

Informant #9, parent) and that the government's approach to dealing with non-profit organizations is inherently patriarchal and paternal (Key Informant #3, non-profit professional). The interviews reflect how paternal and charitable conceptualizations of disability – adopted by the state – are exercised at the local, organizational and individual levels. They also reveal a disturbing trend – while various levels of government pay lip service to rights-based approaches to housing or increased funding for affordable housing – non-profit organizations are financially struggling and unable to meet current demand.

The two non-profit organizations interviewed who operate group homes indicated that they were beginning to move away from that specific residential model. In both cases, they pointed to the high costs of purchasing and rehabilitating a single family home to conform with applicable building and fire codes. They were either continuing to operate existing group homes, or shifting towards multi-unit developments with on-site supports. However, since multi-unit developments sometimes require partnerships with the private sector, the number of subsidized units designated for persons with disabilities is significantly less than the number of market units designated for non-disabled inhabitants and will fail to meet the growing need for accessible residential units.

This approach to partnerships provides an example of how the shadow state functions in the twenty-first century. First, in Ontario, responsibility for housing and health is fragmented – resulting in a complex matrix of funding and administrative hurdles that are difficult for users to navigate. Then, responsibility for the operation of housing or health care are downloaded primarily to the non-profit sector, without training or additional funding opportunities. People with intellectual or complex disabilities – as well as their families – are deemed incapable of managing their own funds, and are thus funnelled into overwhelmed health and housing systems.

True housing choice for disabled people would include more housing options that are barrier-free or universally accessible, and/or with on-site or nearby support workers, regardless of density, and available in both private and non-market housing stock. More units designated for people who require accessible suites and/or on-site (or nearby) supports within non-market housing will help reduce homelessness amongst unsheltered, disabled Canadians. While organizations (including municipal

government staff, non-profit professionals, and advocates) can work towards this at the local level, significant, systemic change at the provincial and federal governments would be necessary for significant improvements to the current approach to housing.

Chapter 7

Conclusion

7.1 Discussion

7.1.1. How does planning shape housing options for disabled people in the Waterloo region of Ontario?

This thesis has explored how planning shapes housing options for disabled people in Ontario's Waterloo region, with a focus on subsidized housing. Firstly, I think it is important to point out that, in theory, disabled people have a range of housing options. This is because disabilities vary significantly in terms of severity and type. Disabled people who can participate in the labour force and/or have access to familial wealth can access housing within the private market have the purchasing power to incorporate supports or design features in private housing as needed. However, disabled people are disproportionately represented within Canada's homeless population and experience lengthy wait lists for government subsidized housing, pointing to extremely limited housing options for disabled people who cannot participate in the labour force or who are not privileged enough to be part of supportive, affluent families. For this reason, there is significant need for governments to step in and provide safe, affordable, adequate housing for disabled people.

Planning praxis shapes housing options for disabled people in a number of ways. The first is directly through land use policy. While planning policy in Waterloo region outlines the importance of having a range of housing types, planning continues to place restrictions on group homes for disabled people or involved in Canada's criminal justice system through zoning and minimum separation requirements. While there is a push in Ontario to eliminate minimum separation requirements (the cities of Hamilton and Toronto only recently updated their own Zoning By-Laws to reflect this), they remain in Zoning By-Laws for area municipalities in the Waterloo region. This can likely be attributed to (a) whether this has been identified as a political priority by municipal administration;(b) the length of time it

takes to propose amendments to Zoning By-Laws; (c) smaller planning departments in rural townships. In the meantime, however, these exclusionary restrictions are still in force.

Secondly – and more informally – planners act as intermediaries between partners to deliver non-market housing options. People with severe disabilities, who cannot participate in the formal labour market, may seek non-market housing through either the Region of Province, the latter of which manages group homes. In the case of the former, planners support the federally-led partnership approach to non-market housing by connecting non-profit organizations who can operate or subsidize non-market housing with other partners, which may include government or private agencies.

Finally, planning is perhaps best understood as local-level policy, that is influenced by a wide range of social policies at the provincial and federal levels, which has the collective effect of contributing to the further disablement of individuals. Disabled people would not require non-market housing options if income supports or residential programs were adequate, or if market housing were affordable to a wider range of households. The federal government, as well as the Province of Ontario, have been steadily disinvesting from important health and social supports. This became especially evident during the COVID-19 pandemic, when the income supports available to most Canadians were significantly more than provincial income support programs for disabled people (Bresge, 2020) and non-disabled Canadians realized how quickly individuals can lose their health and employment income. In the most recent federal throne speech, the government promised to introduce a Disability Inclusion Plan which could potentially improve disability benefits, employment strategies, and process to determine program eligibility (Her Majesty the Queen in Right of Canada, 2020, p. 17-18), but will do little to address the housing challenges described in this thesis. In planning and as a society, there has been a tendency to conflate disabled people with people in wheelchairs, and this attitude has permeated most policies and regional/municipal planning until very recently.

7.1.2 Do planning documents consider accessibility measures for a range of disabilities, including physical, cognitive, and intellectual disabilities?

A review of documents that provided definitions of disabilities indicated that there is significant variance in terminology employed across the Region. Documents prepared prior to 2015 tended to adopt more stigmatized language that focused on supposed physical impairments. While more recent documents tended to reflect the prevalent understanding of disability as an umbrella term, some documents notably excluded individuals with developmental or cognitive disabilities as well as mental health challenges. There continues to be a focus on the pathologizing of the disabled individual's medical condition or functional capabilities, rather than a focus on universal accessibility or how environments participate in the disabling process. While some regional documents allude to a rights-based approach to housing and universal accessibility, planning documents produced by area municipalities do not align with this – pointing to a need to both re-evaluate the language currently deployed as well as improved planning for disability across regional and area municipalities.

Despite language about accessibility and inclusion in strategic plans for local municipalities, few documents are enforced through law, regulations or guidelines. In fact, when barrier-free accessibility standards exist, they often exist as afterthoughts or as standards that can be relaxed in the context of other legislation, such as laws pertaining to heritage. Considering the provincially driven planning context in Ontario, this is indicative of ineffective accessibility legislation at the provincial level.

In municipal planning documents, accessibility is sometimes conflated with transit accessibility. This points to the importance of defining accessibility in these planning documents and tools. Furthermore, definitions and broad policies are insufficient on their own. As the City of Cambridge planning documents exemplify, broad directions and goals must be supported by operational documents and processes.

7.1.3 Are current housing options for disabled people adequate, affordable and accessible?

Key informant interviews with a parent as well as non-profit professionals suggest that current housing options are often unaffordable and fail to meet the accessibility needs of disabled persons, whether through a lack of barrier-free design or support services. The fact that disabled people who are attempting to access residential programs through local organizations are encouraged to simultaneously apply for regional non-market housing (without formal supports) is indicative of the failure of the Province of Ontario and the Region of Waterloo to adequately supply non-market housing to residents, disabled or not. While adequacy was not directly determined, the lengthy waitlists for non-market housing suggest that demand far outstrips supply.

7.1.4 Additional Findings

Due to a shift away from welfarism towards neoliberalism, funding for social programs, including but not limited to disability income supports and social housing, has been reduced. Agencies that provide non-market housing (often non-profit organizations) have been forced to behave more like private actors, often aligning themselves with a bizarre combination of government agendas and private sector operations, to provide much needed services.

Provincial policy and programs have significant impacts on housing options for disabled people. Currently, there is a provision with the Ontario *Building Code* that 15% of units in newly built, multi-residential buildings be barrier-free. This seemingly arbitrary, American-influenced legislation will not only fail to meet projected demand for barrier-free housing, but effectively limits possible housing choices to high density housing options. Furthermore, including provisions regarding barrier-free design, and not universal design, inherently indicates that people with mobility challenges are the only prioritized disabled group identified by the Province. Especially considering that high-density, multi-residential development is limited, one has to wonder; is this a purposely exclusionary? These barrier-free units will likely be leased or sold to households who can afford the private market rates, reducing the probability that these suites will do anything to address a lack of housing for the extremely disabled. The lack of

barrier-free suites available to disabled persons, in combination with this provision in the Ontario *Building Code*, suggest that rather than making residential housing more accessible for disabled people, barrier-free design has been co-opted for wealthy people with disabilities, most likely seniors, and is not attainable to low-income disabled persons.

While housing programs for the disabled are fragmented across at least two separate Ontario ministries, they are operated by third parties, often non-profit organizations. This contributes to a housing and care system that is inherently bureaucratic and difficult for disabled persons and their families to access. Not only are non-profit organizations competing for limited resources, but their reliance on government funds contribute to blurred roles and responsibilities. While so much of the legislation around housing for the disabled is determined by the provincial and federal governments, planners play an active, yet indirect role in the establishment of partnerships between various actors for non-market housing provision. One planner even admitted “if you left it completely to planning alone...nothing would happen” (Key Informant #5). This fragmented, inefficient mode of housing and care delivery has created a system where the only actors willing to provide housing for the disabled are those within the feminized, overburdened non-profit sector, and they are often unable to develop and operate this housing without support from the public and private sector.

Most interviewees indicated that there is a movement away from group homes. Technology and the local area coordination model of care presents some opportunity towards less formalized care provision. However, any changes to residential and care services should be based on the preferences of disabled individuals; not the cheapest or most convenient options for government and its partners.

An especially concerning finding from this research are the unethical costs discrepancies associated with public group homes in Ontario. Not only were the Province’s own auditors unable to account for cost variances between public funding for group homes across Ontario, but Key Informant #9 (family member) indicated that the lack of transparency surrounding wait lists are a stressor for disabled people and their families. Locally, this informant described how an individual group home manager

abused their position to gain control of ODSP funding that belonged to one of their residents. This begs the question; how widespread is the mismanagement of funds in Ontario group homes?

7.2 Looking Forward

7.2.1 A Need for Systemic Change

Systemic change would be required to dismantle the ableism that is central to social policies, programs, and planning in Ontario and Canada. First and foremost, there needs to be a societal recognition that disability is not “abnormal” – it is an inherent part of the human condition and is experienced by significantly more of the population than what is generally understood. Secondly, the commodification of housing, health care and social services is failing the average Canadian, and further disabling disabled individuals. A rights-based approach to housing, as well as extended health benefits, and the establishment of universal basic income would drastically improve living conditions for everyone, including disabled individuals.

There are some changes that could be implemented immediately. For example, the growing understanding that disability is linked to housing need and homelessness can translate to more funding for supportive housing, accessible/adaptable housing, or housing with health supports. Disabled persons can be involved in accessibility planning and policy at all levels of government. Government funding and programs can be restructured to provide non-government partners with increased autonomy, with more opportunities for knowledge sharing.

7.2.2 Implications for Planning

- i. While systemic change is necessary, there are a number of ways provincial, regional, and municipal planners can eliminate ableist planning practices: Provinces and regional municipalities can demonstrate additional leadership, communicate relevant changes to disability policies and non-market housing priorities to local municipalities to improve policy and planning alignment.

- ii. Area municipalities can prioritize the amendments of Zoning By-Laws to remove stigmatizing, out of date language around disability and minimum separation requirements for group homes.
- iii. Area municipalities can recognize disabled people as a distinct priority group in housing strategies and Official Plans. While this group may overlap with older adults, the two populations are not homogenous. Definitions of disability should align with definitions at the regional, provincial and federal levels to include people with developmental and cognitive disabilities in municipal strategies and action.
- iv. That planners advocate with disabled individuals for improved participation in community building, land use, and housing. *AODA* mandates the establishment of accessibility advisory committees that include disabled people. These advisory committees can help mainstream disability in local government, and their roles should be broadened to be incorporated more in planning and decision-making processes.

7.2.3 Future Research

This work focused on housing for disabled people within the context of housing affordability and local (provincial, municipal) social policy. Future work could adopt quantitative research methods to assess actual, current housing need amongst this population within Canada at the local, provincial or national levels. Deeper analysis regarding the quality and effectiveness of plans and policy could strengthen place-specific bodies of knowledge as well as future advocacy and policy efforts. Furthermore, comparative analysis of planning and non-market housing practices relating to people with disability within Canada (e.g. comparing Quebec and Ontario approaches) can contribute to a growing body of knowledge that focuses on governance and disabled experiences. In-depth explorations into group home operations in Ontario would help identify exploitation, weaknesses, and areas for improvement.

By far, the greatest limitation to this work was my failure to directly incorporate the perspective of disabled individuals. This is incredibly ironic considering the phrase “nothing about us without us” was coined through disability advocacy efforts (Yeo & Moore, 2003). Given the importance of lived

experiences, my sincerest hope is that future work will not shy away from recruiting and learning from disabled research subjects; and that disabled researchers will continue to contribute to knowledge-sharing, both inside and outside of academia.

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Appendix A

Documents Reviewed

Municipality	Document Title	Year
City of Cambridge	Integrated Accessibility Standards Regulation Guidelines	2014
City of Cambridge	Facility Accessibility Design Manual - Corporation of the City of Cambridge	2013
City of Cambridge	City of Cambridge Zoning By-Law (consolidated)	2012
City of Cambridge	City of Cambridge Affordable Housing Community Improvement Plan	2016
City of Cambridge	Cambridge Official Plan	2012
City of Cambridge	Cambridge Connected: Our Voice, Our Vision	2013
City of Kitchener	Zoning By-Law of the Corporation of the City of Kitchener	2019
City of Kitchener	The Corporation of the City of Kitchener Accessibility Plan	2018
City of Kitchener	City of Kitchener Official Plan: A Complete & Healthy Kitchener	2014
City of Kitchener	Kitchener's Strategic Plan 2015-2018	2015
City of Waterloo	Zoning By-Law	2018
City of Waterloo	The Corporation of the City of Waterloo Multi-Year Accessibility Plan	2018
City of Waterloo	Official Plan: City of Waterloo	2018
Region of Waterloo	Waterloo Region's Housing Action Plan for Households with Low to Moderate Incomes	2014
Region of Waterloo	Multi-year diversity, accessibility and inclusion plan	2018
Region of Waterloo	Community Homeless Prevention Initiative (CHPI) Supportive Housing Program Framework	2014
Region of Waterloo	All Roads Lead to Home: The Homelessness to Housing Stability Strategy for Waterloo Region	2012
Region of Waterloo	"Renewing Our Commitment" - A Proposed (New) Region of Waterloo Affordable Housing Strategy 2014 - 2019	2014
Region of Waterloo	Official Plan	2015
Township of North Dumfries	Township of North Dumfries Zoning By-Law 689-83	2018
Township of North Dumfries	Township of North Dumfries Official Plan	2019
Township of Wellesley	Zoning By-Law	2006
Township of Wellesley	Official Plan. Ch. 4: Housing Policies	2015
Township of Wilmot	Township of Wilmot Strategic Plan	2013
Township of Wilmot	Township of Wilmot Official Plan April 2019 Consolidation	2019
Township of Wilmot	The Corporation of the Township of Wilmot Zoning By-Law No. 83-38	2018
Township of Woolwich	Zoning By-Law	2018
Township of Woolwich	Woolwich Township Strategic Plan 2020	2015
Township of Woolwich	Official Plan. Ch.9: Housing Policy	2012

Appendix B

Tips for Policy Analysis

From McColl, M. and Jongbloed, L. (2006). Introduction. In McColl, M. and Jongbloed, L. (Eds.) *Disability and Social Policy in Canada* (pp. 243-253). Concord, ON: Captus Press Inc. Pp. 414-415.

1. What is the objective of the policy? Is it aimed at promoting equity, access, or support?
2. What definition of disability is employed? Who is included, and who is excluded from the considerations spelled out in the policy? Consider the implications of the definitions of disability from the following perspectives:
 - i. Recipients of goods and services;
 - ii. Public perceptions of disability;
 - iii. Service provision
 - iv. Costs
3. Does the policy refer to disability as a minority group issue or as a mainstream, universal issue? Does it propose to provide specialized services to people with disabilities if they meet some eligibility criteria, or does it apply generally to the public or to society as a whole? What are the advantages and disadvantages of this view of disability for the objective of the policy?
4. At which level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policies at that level? At other levels? Is it overlapping, inconsistent or detrimental to the implementation of other policies?
5. What is the history of the policy? How did it come about? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy? Is there a significant silent majority? If so, how are they likely to respond to the policy, and how easy or difficult would it be to mobilize them, either in support or in opposition?
6. Does the policy correspond to the mission of pertinent advocacy organizations? If so, how are they involved? What is their position, and how are they making it known? Are they working alone or together with other interested parties?
7. Does the policy aim to correct an injustice perpetrated on an individual, or does it seek to make Canadian society collectively a more supportive place for people with disabilities? Does it seek to enforce individual rights, or to outline collective responsibilities?

Appendix C

Interview Guide

1. Can you please describe your role at [name of organization]?
2. What types of housing are available to people with disabilities in [local municipality/Region]?
3. In your professional opinion, is there enough housing for people with disabilities in [local municipality/Region]?
4. Do you think that the housing currently available to people with disabilities is adequate?
5. Do you think that the housing available to people with disabilities is affordable?
6.
 - (a) What planning tools currently impact housing for people with disabilities?
 - (b) Do the planning tools have the intended impact, in your opinion?
 - (c) How does the policy relate to other policies at the regional, provincial or national levels?
 - (d) How did this policy come into effect?
7. To your knowledge, is there a municipality or neighbourhood in the Waterloo Region that has more housing options available to people with disabilities?
8. Are there a variety of housing options to suit a diversity of abilities?
9. What are planning or policy changes that could be implemented to improve housing availability, adequacy, and/or affordability for people with disabilities in the Waterloo Region?