



Inclusive Communities of Care

Discussion Paper with Case Studies

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Introduction and Necessity for Intervention

Due to mental illness, addiction, disability, or other circumstances, individuals become excluded from living as fully accepted members of the community, often resulting in further isolation, personal tragedy and an inability to achieve their potential. All of us in society, moreover, suffer from their being excluded, because their humanity is lost to us. Yet the possibilities for inclusion are great. This report serves to highlight the many existing examples we already have to draw on, including some right here at home. What has been done so far in the BC Lower Mainland is just the beginning; we have much more to accomplish.

The purpose of this study (and the roundtable, in conjunction), is to help us come together to establish common ground and chart new initiatives by examining existing cases. Collectively, we benefit from learning about the existing frameworks, as well as about undertakings that have just begun, like the proposed inclusive community on the Riverview Lands.

The Riverview Lands are located in Coquitlam, BC, a suburb of Vancouver, within the traditional, unceded territory of the Kwikwetlem First Nation. The province began developing the Lands in 1904 for a mental health facility. For more than a hundred years, Riverview has been the primary mental health institution and psychiatric hospital for the province of British Columbia. The hospital closed in 2012 in favour of community-based care with smaller local facilities spread across the province.

A few years after the closing of the Riverview Hospital, the Riverview Village Intentional Community Society (RVICS), a not-for-profit society, was formed with a specific use of the Lands in mind. RVICS argues that the Lands should continue to serve those who are facing the challenges of serious mental illness, and that the best use of the Lands for that end is an intentional community.

The purpose of this report is to serve as a discussion paper for a roundtable of experts about what communities such as the one proposed by RVICS might look like. The authors were tasked with researching intentional, inclusive, and therapeutic communities which have had success and to highlight elements that could be incorporated to create a therapeutic, inclusive community on a neighbourhood scale.

Definitions

Prior to entering into discussion around case studies it is important to understand the different types of communities that are being discussed. Some of the case studies that follow this section are hybrids of these types

Inclusive Community

The City of Burnaby's Social Sustainability Strategy defines an inclusive community as one that "values all its members and helps them to meet their basic needs so that they can live in dignity, engage actively, and contribute to their community." An inclusive community is one that works to be welcoming to all people, with special attention paid to including marginalized and diverse populations. Promotion of the values of inclusion often comes from various levels of government as well as from civil society – organizations such as community groups, non-governmental agencies, and activists. Inclusive communities not only strive to be free of intolerance but also often actively work to be welcoming of marginalized and underserved populations, celebrate diversity, and strive for equitable access to place. Inclusive communities are safe for Indigenous Peoples, visible minorities, refugees, immigrants at large, people of diverse cultural and religious backgrounds, members of the LGBTQ2S community, people with developmental disabilities, those with mental illness, people with low incomes, and the homeless. Inclusive communities work to create opportunities for people to overcome challenges and to feel a sense of belonging.

Intentional Community

An intentional community is a collection of people who create a community based on shared values. It can be people collected in a house, in a group of houses, an apartment block or at a neighborhood scale. Intentional communities come in many forms but the shared values that bring people together are commonly religious or cultural in nature such as an Israeli kibbutz, or lifestyle choices, such as an eco-village. Intentional communities tend to have at their core the values of relationship-building, improving social bonds, and strengthening the community ethos. While the benefits of living according to certain values may be what draws many to intentional communities, the conditions created by living in a tight-knit community are what provide substantial benefits of well-being.

Therapeutic Community

Therapeutic communities are those that frame themselves around healing physical conditions, mental illness, or trauma, or dealing with other disabilities, by overcoming the obstacles and stigmas that create barriers for these community members. There is a strong emphasis on equal standing and status of all members in their everyday activities and on social relationships becoming a source of healing and therapy. Therapeutic communities are also often intentional due to their specific goals and values related to care. Early examples of therapeutic communities focusing on mental illness include The Retreat in York, which was opened in 1796 by a Quaker named William Tuke, who argued that the mentally ill were

human beings who deserved to be treated humanely with kindness and compassion. Therapeutic models of care became more prevalent as a result of the treatment of mentally ill and physically disabled soldiers during and after the Second World War. At the same time, care facilities began to emphasise the social and physical needs of their patients.

Inclusive or Supportive Housing

These terms are applied to wide range of housing policies and approaches. In its broadest sense, inclusive housing combines key features such as suitability in relation to the needs of the resident, which may include physical accessibility and access to needed support. It is also designed to facilitate social inclusion, both within the residential housing units but also within the local community. Supportive housing, on the hand, may focus on specific health issues without addressing the holistic needs of individuals for social inclusion. Community Living BC has worked with stakeholders to develop a framework for inclusive housing for people with developmental disabilities that recognizes the contribution that participation in the wider community makes to individual wellbeing. The City of Vancouver, in its housing design guidelines, acknowledges that inclusive housing design involves not only addressing physical accessibility issues but also the promotion of genuine interactions and social connections between people of diverse backgrounds.

Principles for Further Thought

1. Need for living in community with extensive meaningful relationships versus transactional institutional care (critical for well-being, effectiveness, cost)
2. Need for intentionality plus inclusivity plus care — all emphases together
3. Need for celebration of diversity, not just acceptance
4. Need to focus on the intentional demographic and also at same time to address inclusion of others (recognition of the inherent contradiction of an inclusive community that is exclusive)
5. Need for structures and design to support and inform the desired outcome — identification of core relations, information sharing, capability comes before structure, strategy, systems and processes (form follows function)
6. Need for credible governance that is both authorized (empowered) and accountable
7. Need for an “engine room” beyond governance to drive and sustain intentionality, inclusion, and caring
8. Need for porous interfaces within the community (no silos) and between the community and the wider context
9. Need and opportunity for synergistic utilization and leverage of previously siloed expertise, funds, and resources
10. Need for a balance between a dedicated core group providing initial and ongoing governance and momentum, while allowing ample room for, and commitment to, emergence and flow of momentum and of new developments (a balance of the structured and focused and the organic and dynamic)
11. Need for integrating initiatives with the realities and opportunities of the here-and-now
12. Need for the wider community (society, business, government, infrastructure) to embrace the concept versus creating an isolated island in an alien context

Case Studies

#1: San Patrignano Community, Italy

San Patrignano was started in 1976 by Vincenzo Muccioli in response to the rising levels of addiction in the Emilia Romagna region. Muccioli began by inviting people suffering from addiction over for Christmas, and eventually invited a few to live on his estate under the conditions that they discontinued all drug use, didn't ask for money from the state, and would choose from a list of activities to help sustain San Patrignano.

Today San Patrignano serves over 2,000 meals per day, has 228 rooms (with 6-8 residents each) and 60 detached homes. Their operating values are to provide education (often in the form of skills training), to be free of charge, and to be secular. All of their educational and therapeutic activities are "based on the respect for life, for one's self, for others, and for the environment which are universally recognized by various faiths and religions and are enshrined in the Italian Constitution."

Funding: San Patrignano receives no public funding, but does some fundraising, and receives the rest of its funding (50 per cent) from their social enterprises and the goods and services they produce. Funds received go back into the community to serve the residents' needs and facilities.

Governance: San Patrignano is a non-profit foundation which functions like an autonomous city district, with many of its own amenities such as a medical centre, physical therapy clinic, nursery school, kindergarten and after-school care.

San Patrignano governs four social co-operative societies, including the San Patrignano Soc Coop Soc. of Agriculture, related to agricultural and horticultural activities, as well as San Patrignano Education and Training (in collaboration with the Ministry of Public Education) and the San Patrignano Association of Amateur Sports.

Activities (training leading to employment)

- Dog therapy for pet training
- Home decoration
- Vet
- Decorating/painting
- Wine production
- Beekeeping & apiculture
- Meat production
- Wrought iron workshop
- Bike workshop
- Stables
- Wood working
- Interior design
- Cheese making & dairy processing
- Livestock farming
- Landscaping
- Candle workshop
- Riding club
- Restaurant
- Electricians
- Carpentry workshop
- Baking & pastry making
- Graphics, publishing, web design
- Olive growing
- Cultivation (ornamental plants & flowers)

Highlights: social enterprises; non-profit foundation; social cooperatives; skills and employment training; education; rural; addictions; zero tolerance.

Case Studies

#2: Delancy Street Foundation, USA

"We are a community where people with nowhere to turn, turn their lives around."

Delancey Street was founded in San Francisco in 1971 with four residents, a small apartment, and a thousand-dollar loan by Mimi Silbert and a charismatic ex-con, John Maher. The goal was "to develop a new model to turn around the lives of people in poverty, substance abusers, former felons, and others who have hit rock bottom." Instead of following the traditional non-profit model of hiring staff and procuring funding, they followed an extended-family model whereby everyone did something to contribute to the community. If someone could cook they became the head chef, if someone could hold a hammer they became the head of construction, whoever could read tutored those who could not, and so on.

By pooling their funding, they were able within two years to purchase their first building accommodating 80 residents. By 1990, 20 years later, they had moved into a brand-new self-built home on the waterfront. The new 400,000 sq. ft. space, which was primarily built and supervised by Delancey residents, covered a city block and was four stories high, with shops and services run by Delancey residents on the ground floor. City officials were so proud of the accomplishments of the foundation that they renamed the section of the street where the new complex was built Delancey Street. In 1978 the foundation bought a 17-acre ranch within a reservation on the San Juan Pueblo, in New Mexico, as their first satellite campus. In New Mexico they started with 15 residents from San Francisco. Today Delancey owns six residential education homes around the country, with a seventh on the way which will be specifically geared for training residents in the arts.

Accomplishments

- Over 10,000 formerly illiterate people have received high school equivalency degrees
- Over 1000 have graduated with a diploma from their state-accredited post-secondary vocational three-year program taught by their own residents;
- Fifty students have received an accredited BA either in Human Relations from the chartered college campus, through Golden Gate University, or majoring in Delancey's Urban Studies program through San Francisco State University;
- Over 100 students have graduated from their charter public high school for juvenile-justice youths (graduation rate of over 90%), with 88% going on to higher education.

Governance: Delancey Street Foundation (DSF) is a California non-profit public-benefit corporation governed by an independent board of directors, with Mimi Silbert acting as president and CEO. DSF is the parent corporation of four nonprofit corporations which operate the six "residential education communities," which are the driving force of DSF. Each nonprofit is a registered charity. There is also a second DSF division called Delancey CIRCLE: Coalition to Implement Revitalized Communities, Live and Economies. Delancey CIRCLE was begun in 1996 to demonstrate the effectiveness of DSF principles in response to complex social problems associated with severe generational poverty, drugs, and crime.

Funding: The six residential educational communities operate in the same fashion. Residents manage daily work under Mimi Silbert, who is subject to oversight by the board of

#2: Delancy Street Foundation, USA (cont'd)

directors. In terms of allocation of funds, the most recent audited statement showed 99% of expenditures were allocated to programs and less than 1% to administration and funding.

Operating funds are generated as follows:

- 55%–65% comes from pooling the incomes from the resident-run training schools in businesses such as moving and catering;
- 25%–35% comes from donations of products or services, primarily from corporations;
- 5%–15% comes from financial donations from individuals and foundations.

Highlights: social enterprise; social co-operative; skills and employment training; education; peer leadership; grass roots; urban.

Case Studies

#3: OPZ Psychiatric Centre, Geel, Belgium

Geel, Belgium is the location of the first therapeutic community in Europe, with patient records dating back as far as It began as a religious program run by the church in the 13th century where a church was founded at the site of the murder of Saint Dymphna, patron saint of the mentally ill, near the present day city of Geel. At the time mental illness was thought to be caused by demonic possession, and healing could only be done through religion. The church of St Dymphna became renowned as a place for the healing of possession and mental illness. This resulted in pilgrimages of mentally ill to Geel where local families began a tradition of foster care. In 1852 the state took over responsibility from the church and opened a supporting psychiatric care facility.

Methodology/Community Structure: Prior to being placed in foster care patients are admitted to the hospital (landing zone) in order to settle into routines. Patients begin with participation in programs at the “observation house” where they work in a group of up to eight patients and two “coaches.” There, patients are given domestic responsibilities like cooking cleaning, shopping, or yard work.

Foster families are evaluated to ensure they are suitable for providing foster care, but there is no formal training. The program attributes its success to a common-sense approach. Foster placements are collaboratively agreed upon with input from the patient, medical professionals, and the foster family. Patients are supported by district nurses who provide medical and social support and are available on-call in the case of emergency or conflict.

Work therapy programs are available to “fosters,” with differing opportunities based on individual abilities and interests. Some employment placements have included bike shops, printing and bookbinding, wood carving, gardening, and shop work. Additionally, there are dedicated teams responsible for organizing sports and active-living opportunities. A separate team organizes leisure activities like field trips and social events for all ages. Fosters receive a sense of normal life, with normal expectations, and are treated with compassion and kindness. The average stay with a family is 30 years (some as long as 75 years). This security and overall sense of well-being can result in a significant decrease in medication needed. In return for care, foster families receive a 500 euro monthly stipend and a sense of pride and tradition, as well as company, friendship and additional help around the house. In some longer-term situations, fosters have even ended up caring for ageing foster parents.

Geel’s community care model is unique, organic, and time tested. Its success is rooted in a community with wide acceptance and understanding of the distinct needs of its inhabitants. Those needs are responded to by providing opportunities for diverse, compassionate social interaction in public and private life and through meaningful work in the community. Work in community provides exposure to “normal social behaviour” through family, community, and social life, without undue pressures. Expectations are framed around individuals’ needs, and meeting patients where they are at. Whatever they are able to accomplish is accepted, so long as they are trying.

#3: OPZ Psychiatric Centre, Geel, Belgium (cont'd)

Governance: The Belgian federal government oversees the psychiatric hospital, and the hospital in turn maintains oversight of psychiatric care, the foster program and related community programs.

Funding: Funding is provided through government support and family funding of foster care. Costs of foster care are paid for by the patient's family or home community. Foster care has significant cost savings when compared with other models of care. Foster care costs 47 euros per day in comparison with 280 euros/day for psychiatric hospital stays and, 90 euros a day for supported care in Belgium.

Highlights: community/religious startup; foster system; serious mental health issues; in-the-community model.

Case Studies

#4: Camphill Communities, International

Camphill communities move away from the concept of charitable work assisting the poor and adopt instead a perspective that the “poor,” or in this case the developmentally disabled, can contribute, teach and assist others as well. Given the right support a community setting those in “need” are able to learn, grow and develop personally while forming reciprocal and mutually beneficial relationships.

Camphill was founded by Dr. Karl König, after he fled Nazi-controlled Austria and arrived in Scotland. Having seen the treatment of the developmentally disabled by the Nazis, Dr. König was inspired to focus on the gifts of the individual and not the disability. He argued that people should be viewed holistically and not simply judged by their productivity levels. Dr. König and his colleagues began creating small communities around Scotland and Europe based on community, sharing of lives, work, and recreation.

Camphill Communities are intentional therapeutic communities focused on inclusion for people with developmental disabilities, with more than one hundred communities worldwide. Each community is made up of two to ten houses and residents typically stay for long-term care and many for life. Each community has resident “coworkers” who live and volunteer in the community to provide support and to reap the benefits of community involvement. Camphill invests considerable resources in their coworkers through opportunities for training and through counselling and medical help when needed.

Camphill Communities place value on the practice of therapeutic work. Through this practice they emphasize that people who have developmental disabilities have great capacity for learning, growing and developing. In recognition of this Camphill Communities adjust the approach of the work to fit the person without developing undue expectations.

Activities offered at Camphill include

- Painting, music, theater
- Movement Classes
- External Employment Opportunities
- Academic opportunities
- Physical therapy and massage
- Garden & craft work
- Recreational Sports

There are two Camphill communities in British Columbia: The Cascadia Society located in North Vancouver and Glenora Farms located near Duncan, on Vancouver Island. Both communities offer residential and day programs.

Governance: The Camphill Communities Association of North America is the governing organization for all of the communities and is run by a board of directors. Additionally, each community has its own board of directors and/or management staff.

Funding: Funding differs from community to community, but is made up of charitable donations, government grants, operation of residential properties, and social enterprises.

Highlights: serious mental health issues; therapeutic community; social enterprise; faith-based; inclusive community; recreation

Case Studies

#5: L'Arche, International

L'Arche is an organization that creates and operates intentional communities focused on inclusion for people with developmental disabilities. L'Arche has 140 communities in 40 countries and was founded in France in 1964 by Jean Vanier with the simple act of inviting two developmentally disabled men to live with him. L'Arche operates in a similar manner as Camphill, in that it is also faith-based, but welcomes everyone regardless of their spiritual background.

L'Arche communities offer long term care with most residents staying for life. Respect is central to the values of the community, as well as recognizing and nurturing the gifts that every person has.

Governance: Each community is composed of a number of houses. Community members share in decision-making processes. The overall governance of L'Arche Greater Vancouver is decided by a board of directors.

Funding: L'Arche Greater Vancouver is funded by a mix of government funding and charitable donations.

Highlights: developmental disabilities; faith-based; peer leadership; community controlled; internationally replicated.

Case Studies

#6: Gould Farm, Massachusetts, USA

Gould Farm is a therapeutic healing community on a 700-acre farm for adults coping with severe mental health issues. Gould Farm supports people with diagnoses like schizophrenia, schizoaffective disorder, bipolar disorder, major depression, and related mental health challenges. The farm's origins date back to 1913 when Will and Agnes Gould began inviting people suffering from mental distress to live and work on their farm. In time the farm became a compassionate community for those with mental illness. Psychiatrists soon recognized the Gould Farm's benefits and began referring patients to it.

Through the short-term rehabilitation program, clinicians and volunteers work with patients who are striving to stabilize themselves and learning skills to cope with their mental illness before transitioning back into broader society. Patients are referred to as 'guests' and are integrated into a caring community made up of their peers, staff, and family of staff members who all live on site.

Guests are assigned a clinician who supports them through the whole process. Clinicians collaborate with other staff to ensure effective treatment and that wellness strategies are integrated into all programming to maximize success.

Guests begin their stay with a two-week evaluation period which allows both guests and staff to ensure a good fit. Throughout their stay guests participate in work therapy through tasks on the property which consists of a working farm and sustainably managed forests. Additionally, there are two social enterprises, a bakery and a café, which provide employment opportunities and generate funds.

Gould Farm has room for 40 program guests, plus additional room for 15 more in two transition houses where the average stay for guests is nine to 12 months. Gould Farms also runs a transition programs to aid guests in readjusting to the outside community, with wellness work, support in finding paid or volunteer work, and encouragement of continued involvement at the farm. There are two transitional residences, one on the farm and the other in urban Boston.

Patient progress is tracked during patients' stay on the farm and up to 36 months after transition. Those monitoring progress have found the program contributes to a reduction in negative psychiatric symptoms, greater social functioning, and improvement in community reintegration. Longer-term outcomes suggest that guests are able to better integrate into their families, succeed in educational settings, gain employment, and build social relationships after staying at the farm.

Funding: Gould Farm is a not for profit, private-pay facility. Through charitable donations and operations of their social enterprises they are able to grant significant financial support to their guests to offset the cost of residential support.

Governance: Gould Farm is operated by trained staff led by an executive director and a number of clinical professionals including psychiatrists, counselors and social workers.

Highlights: therapeutic community; serious mental illness; private pay; education; employment; inclusive community; short term; farm; transition housing.

Case Studies

#7: Center for Discovery, New York State, USA

The Center for Discovery (CFD) is an intentional therapeutic community founded in 1948, focused on inclusion of people with developmental disabilities. CFD is secular in nature but has taken significant inspiration from the work of L'Arche and Camphill, placing emphasis on strengthening relationships with the neighboring community.

CFD is a long-term care facility that provides a wide range of services to the residents, students, and the wider community. CFD, as well as offering a residential program, provides support for school-age children 5-18 with developmental disabilities, including children on the autism spectrum. There is an onsite school which offers a nature-based curriculum, a whole-child approach to education and development. Pre-vocation and vocational training are available for students if and when they are ready. Their clinical center provides a wide range of primary and specialty care, dentistry, and complex interdisciplinary diagnostics for adults and children, as well as counseling, therapy and assessment.

Aside from compassionately supporting the growth and development of individuals in their care, CFD has entered into a number of partnerships to make progress in their field of care. Partnership work includes cutting-edge collaborative research with university researchers on complex issues like diagnostic analysis, environmental and human elements that impede or increase quality of life, existing treatment models and new treatment models, evaluation methodology, improving education for teachers and health care workers, looking at quality of life for people on the autism spectrum, and design and advancement of technologies which can contribute to improving quality of life for the developmentally disabled.

CFD offers opportunities for both therapeutic work and leisure. They have an organic agriculture program operating on over a hundred acres, raising livestock and growing produce. Diverse indoor and outdoor recreation opportunities are also available with adaptive boating, kayaking, biking and skiing. Other therapeutic activities include horticulture, with five healing/teaching gardens, as well as art, music, dance and drama programs.

CFD is dedicated to building ongoing connections with neighbouring communities by supporting community revitalization projects and providing access to its extensive trail networks and community-meeting facilities. CFD also operates the nearby Hurleyville Makers Lab (an artisan centre) and the Big Barn Center for Environmental Health and Education (devoted to exploring the interconnections between the environment, nutrition, education and human health).

Funding: Non-profit organization relying on government funding, charitable donations, fundraising, and operation of social enterprises.

Governance: Fully staffed administrative leadership and a board of directors.

Highlights: therapeutic community; developmental disabilities; recreational activities; social enterprises.

Case Studies

#8: Mole Hill Community Housing Society, Vancouver, BC

Mole Hill Community Housing Society (MHCHS) began as the Mole Hill Living Heritage Society in the late 1980s and early 1990s in response to rapid densification and loss of character in the West End. After protests at city hall and a slew of advocacy work, community members were able to secure a 60-year lease from the City of Vancouver. In 1999, construction began, turning the houses into 170 units, preserving the heritage facades, and turning the alleys into communal greenways and gardens. Since then, the project has received numerous awards for heritage preservation, architecture, urban design, and smart growth. Mole Hill acts as a non-profit community housing model operating under a land trust agreement with the City of Vancouver.

Mole Hill provides both social and environmental benefits by way of affordable housing, green space, heritage preservation, and community gardens.

Housing Makeup and Land Use Model: Mole Hill provides both market and subsidy units, on property owned by the City of Vancouver and leased to the MHCHS. Ten of the units are dedicated to the MacLaren Housing Society, providing homes for people living with AIDS. Watson House is a transition house run by Coast Mental Health, providing rooms and support for eight people reintegrating into the community while managing mental-health issues. The St. Paul's Heart Home provides housing for heart transplant patients and their families while the patients are recuperating from surgery.

Seventy of MHCHS units are 'low-end market' suites and subsidized by BC Housing, so residents' incomes must not exceed BC Housing's income limits. The other 100 units are split between deep and shallow subsidized suites. Rent in all units is set at 30% of the resident's income.

Highlights: land lease; intentional community; urban; nearby hospital affiliation; people living with AIDS; mental health issues; environmentalism; community ownership; rental subsidies; transition housing; rent control

Case Studies

#9: Co:Here Society, Vancouver, BC

Co:Here is a partnership between Grandview Calvary Baptist Church and Salsbury Community Society. Together they are developing the former Calvary Baptist Church parking lot at East 1st Ave and Victoria Drive to create a new model for affordable housing.

The co:Here housing society is a hybrid between supportive housing and intentional communities that aims to bring people at risk of, or experiencing, homelessness together with “co-residents” consisting of small families, couples, and single people who are attracted to building community. It is an effort to address not only rising homelessness and housing prices in Vancouver, but also increasing isolation and feelings of loneliness. When completed, the four-storey development will consist of 26 self-contained units. Eighteen units will be designated for low-income/at risk people and eight will be for co-residents.

The intentionality of creating community is facilitated through the physical design of the space which includes multiple communal indoor and outdoor spaces, including a communal living room, dining room, and kitchen. Residents who are in need of housing can be of any background or faith but co-residents are required to be of Christian faith. Co-residents will be accessing their units at below market rates. Co:Here is currently still in construction, but is set to be complete early in 2018.

Funding & Governance: Registered non-profit funded through grants and charitable donations.

Highlights: supportive housing; affordable housing; homelessness; urban; community building; faith-based; below market rates; design elements.

Case Studies

#10: Vancouver Native Housing Society, Vancouver, BC

The Vancouver Native Housing Society (VNHS) was founded in 1984 with a mission to provide “safe, secure, affordable housing for Aboriginal individuals and families living in the urban setting.” VNHS is a registered charity and manages a portfolio of 18 buildings with over 800 units.

VHNS is funded through BC Housing as of 1997 (was previously funded by CMHC). In 2013, BC Housing transferred administrative responsibilities of VHNS subsidies to the Aboriginal Housing Management Association (AHMA). Currently, VHNS works in partnership with federal and provincial agencies to achieve affordability for people with low incomes. The original and ongoing mandate is to focus on the housing needs of urban Aboriginal people, but the mandate has expanded to include the housing of seniors, youth, women at risk, persons living with mental illness and those who are homeless or at risk of becoming homeless. Some VNHS buildings also include on-site support services, and all buildings help to connect tenants with available resources in the community.

The Kwayatsut building, part of VNHS, provides supportive housing to low-income individuals experiencing multiple barriers and who are homeless or at risk of homelessness. On-site tenant-support workers assist tenants to live independently with life-skills and other supports. The name Kwayatsut (K-why-ah-sote) is Coast Salish and means “seeking one’s power or spirit quest.” Kwayatsut has adult residences and 30 youth beds with specific units for youth who are most vulnerable to homelessness: Aboriginal youth; LGBTQ youth; and youth leaving foster care.

More recently the society has embraced the social enterprise model, working with tenants and the community at large to build economic and individual capacity through entrepreneurship. Two such ventures are the Urban Aboriginal Art Gallery and Skwachays Lodge, both established in 2017.

Governance: Governed by an Aboriginal board of directors. The society owns 18 buildings in Vancouver’s Grandview Woodlands, Mount Pleasant and downtown neighbourhoods with a portfolio valued at approximately \$200 million. It has one hundred staff members.

Highlights: social enterprise; Aboriginal People; Urban Aboriginal; at-risk youth; affordable housing; mental illness; supportive housing; on-site support; portfolio model

Case Studies

#11: Storeys, Richmond, B.C.

Developed by five non-profit partners, the City of Richmond and BC. Housing, Storeys received federal funding through the Affordable Housing Agreement. Storeys is a 129-unit, four-story building providing affordable housing for low- to moderate-income residents.

The highlight of the Storeys case is the multi-agency model, where the building is strata-titled and each agency owns and manages its own units within the building. Another key factor in the realization of this project was the inclusionary zoning and density bonusing leveraged to transfer the value of built units from two other developments into a significant capital contribution for this project. The cost came out to \$43 million for housing units, community amenity space, social enterprise space, and non-profit office spaces. Rental income is based on unit sizes, resident income and the policies particular to the non-profit unit's owner.

Highlights: Inclusionary zoning; density bonusing; land lease; multi-agency; affordable housing; housing portfolio; offsetting.

Selected Implementation Modalities

Vancouver Community Land Trust Foundation

In response to the severe decline of affordable housing in Vancouver and the findings of the Mayor's Task Force on Affordable Housing, the City of Vancouver put forth a request for expressions of interest in 2012. From this, a consortium of non-profit, social-finance and professional organizations came together under the umbrella of the Land Trust. The resulting Vancouver Community Land Trust Foundation provides 358 non-market housing units under the umbrella of a land trust, where the land is owned by the city and leased to the Vancouver Community Land Trust Foundation (VCLTF) on a 99-year lease at use value.

Governance: Community land trusts (CLTs) acquire land in various ways, and hold it in trust, ensuring affordability in perpetuity. Within a CLT, typically the land is removed from the private market, and the buildings on the land are owned by residents or by the CLT.

Portfolio Approach: What is unique about the VCLTF is that it is one organization which develops and operates four different sites as portfolios, rather than as independent organizations. The model allows for cost efficiencies in the construction and operation of the four sites as well as income redistribution. East Kent is a prime waterfront site where rents are 90% of market rates, whereas other sites provide housing for people at lower income levels, so that funds can be redistributed where necessary to ensure affordability for those who might otherwise be more precariously housed. Moreover, the commercial retail unit on Kingsway was sold as a pre-paid 99-year sublease, generating further capital to finance construction at other sites. From there, any operating surpluses are to be split 50-50 between the VCLTF and the City of Vancouver. The 358 non-market housing units at the four different sites have rents ranging from the shelter allowance rate of \$560 a month all the way up to 90 per cent of the market rate.

The Vienna Model

Perhaps no affordable housing policy is better regarded than the one in Vienna, Austria. Vienna's housing policy, to cite an analyst, "understands that the object of social housing is to manage scarcity, in terms of providing affordable space to live for all, and by doing so, ultimately get rid of social inequality." The city has intervened in the commercial real-estate market such that it now owns 27 per cent of the city's housing stock and indirectly controls and influences another 21 per cent. The result is that housing is democratized, so that social housing is not a matter of class, but rather housing is a matter of right. Of course, the social housing model in Vienna is not perfect. First of all, this housing provision is a "highly regulated and bureaucratic apparatus," making accessibility an issue. Furthermore, and more importantly, this policy excludes groups from a migration background as well as people that "work in precarious conditions." The social housing model alone, then, may not be sufficient to social equity, but it still remains an important measure for adoption.

Starting Small

Through the case studies it has been found that most of the communities investigated started with small groups of residents prior to growing into a larger community or organization. This

seems to be an important aspect in allowing the community to develop together with the residents, while allowing challenges to be overcome and lessons learned while the community is small. However, several of the newer and more local cases, provided with outside support – usually by B.C. Housing - started on a larger scale.

This isn't to mention that whatever the path taken, key business questions always need to be asked – questions about where the land is going to come from, who will develop the housing and the community, what are the implications of entering into partnerships (say with B.C. Housing) and the conditions that may be attached, on what basis will the financing be arranged and – a non-business question but a key one nonetheless – what are the ideal urban-design and architecture features for an inclusive community.

Skills Training, Education and Employment

The majority of the case studies for intentional communities involve some form of education and/or employment built into the community structures and values. Community integration, as a consequence in these cases, has been found to be far more successful than the status quo. Moreover, because in most communities residents do not receive remuneration for employment – nor, however, must they pay for education or costs of living – residents in some areas are still able to collect welfare.

To date there has been little research into the lives of residents of intentional communities. However, one study out of England interviewed residents in the Botton Village, a Camphill community, and looked specifically at the impact of employment for people with intellectual disabilities. Overall, almost all of the respondents were positive and even enthusiastic about employment in the village. Moreover, some kind of work was found to be very meaningful for community members, instilling everyone with a sense of participation in the community.

Teaching meaningful and readily applicable skills means that those who are ready to leave the community may do so with new sets of strongly employable skills. As we have seen, those who feel that they can contribute to society are happier and feel a greater sense of purpose and belonging.

Social Return on Investment

In assessing a community development project, one needs to take into account not just the financial feasibility of the project in itself, but also the social return and, with that social return, external financial savings. Take just one area of social loss and the financial cost that comes with it: mental illness. Mental health expenditures in Canada are on the rise. Reports from 2007-2008 show expenditures of approximately \$14.3 billion for mental health services and supports. The Mood Disorders Society of Canada also reports that disability payments due to depression are the fastest growing cost for Canadian employers. Moreover, a 2011 report from the Canadian Institute for Health Information predicts that by 2030 mental illness will be the leading cause of disability in high-income countries. From this data we can see that there is both opportunity and cause for attempting a new model; one which draws on the strengths from each of the case studies, learning from their lessons.

According to the San Patrignano website, the organization has spared the state 32 million euros in 2014 alone, having helped 2,500 people. Given the examples of San Patrignano and the Delancey Street Foundation, these kinds of returns are based on a very low initial investment. San Patrignano receives no public subsidies, generating 50 per cent of its costs through its community enterprises, with the other 50 per cent coming from fundraising and donations. As such, San Patrignano is a genre of social enterprise that provides housing and community as well as demonstrable social and mental health gains at no charge to the state or to the recipient.

Delancey Street Foundation began with just four people and a \$1,000 loan, but with more private loans ongoing, was able to purchase the final Delancey Street Foundation building in San Francisco. Through fundraising and social enterprises, as well as real estate acquisitions, the foundation has been able to spread itself to six new locations across the country, with more in the works. Like San Patrignano, Delancey receives no public funding, generating most of its revenue (55%-65%) from its social enterprises, with the rest coming from donations. To date, over 18,000 people have successfully graduated from Delancey's programs, moving from the margins of society into the centre, returning as productive, hard-working taxpayers "leading decent, legitimate and productive lives."

Social enterprises combined with communities of care are meaningful ways of both offsetting costs as well as providing community members with purpose, empowerment and marketable skill sets. As the most economically self-sustaining cases examined, San Patrignano and Delancey Street Foundation set powerful examples for the fiscal sustainability that social enterprises can offer. Many of these communities not only provide housing, but also teach community members new sets of employable and social skills either in preparation for their reemergence in society, or as a kind of therapy or simply to provide daily meaning and wellbeing.

Conclusion

Although unanswered questions remain, and can only be defined in specific contexts, this document provides insights into best practices and lessons learned in similar cases, which may be knit together to create a community that is equally successful elsewhere.

The case studies represent a diverse group of inclusive communities of care. They provide or facilitate the support services that are needed, and often incorporate on-site housing. Many can be described as intentional. Some are therapeutic, providing a temporary haven during recovery and healing, while others provide lifelong homes. They share a commitment to celebrating the humanity of each person whom they welcome into their safe and supportive space. They also seek ways to ensure genuine inclusion for those they support, and many of them reach out into their neighbourhoods through programs such as social enterprises producing wide range of products and services, farms providing local food, and foster care opportunities for members who are ready for participation in mainstream daily life.

These case studies invite us to consider how we might re-imagine whole neighbourhoods, and even cities, as inclusive communities of care where our vulnerable and marginalized people are welcomed. They will be used to seed a conversation about this broader idea of inclusive communities of care, which will support and strengthen efforts to create new intentional, therapeutic and inclusive housing communities everywhere.

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