Housing Chronically Homeless Women: "Inside" a Safe Haven

Rae Bridgman
University of Manitoba

Abstract

This case study of an innovative pilot project for chronically homeless, mentally ill women in Toronto exposes assumptions that professionals embarking on initiatives to house chronically homeless women may bring to the design of such facilities. The value of in-depth ethnographic research in charting the effectiveness of initiatives to alleviate chronic homelessness for women and in understanding the barriers that hinder the development of effective programs is highlighted.

This article challenges conventional static understandings of the concepts of "private" and "public" and explores issues related to spatial privacy and communality, sense of ownership, ideas about the safe haven being both a home and a hostel, planning for flexibility, accountability to public funders, and accommodation of individual needs.

Keywords: Canada; Homeless; Women

Introduction

This article examines an innovative safe haven model for providing services targeted at hard-to-serve clients—chronically homeless, mentally ill women. The model is designed as an unlimited stay and low-demand environment, with high support from staff. It allows time for staff to engage individuals; assess their physical and mental health and social service needs; and helps them link with appropriate community resources. The safe haven offers a potentially permanent housing option, or individuals can choose to move into more independent housing, but at their own pace.

This study of a Toronto safe haven demonstration project for 10 chronically homeless women exposes assumptions that professionals embarking on initiatives to house chronically homeless women may bring to the design of such facilities. The value of in-depth ethnographic research in charting the effectiveness of initiatives to alleviate chronic homelessness for women and in understanding the barriers that hinder the development of effective programs is highlighted.

In this article, the term *chronically homeless* is used to describe women who either live rough on the streets or cycle through fleeting periods of being housed—e.g., living in a rooming house for a brief period, staying

at a friend's place for several days, using the emergency hostel system, staying at an institution (jail, hospital)—and living on the streets.[1]

One of the study's emerging themes centers on how the safe haven challenges conventional orderings of communal or public, and individual or private. The dichotomy of public versus private has been the basis for many feminist analyses of space and place. This article challenges conventional static understandings of the concepts of "private" and "public" and explores issues related to spatial privacy and communality, sense of ownership, ideas about the safe haven being both a home and a hostel, planning for flexibility, accountability to public funders, and accommodation of individual needs.

The following section outlines the research methods employed in this study and describes ethical concerns involved in doing research in a safe haven. A brief survey of the literature on shelters for homeless women highlights social control and surveillance issues, together with key research findings on conditions and services for long-term homeless women. The utility of rethinking conventional boundaries between public and private in order to understand how women street survivors make the transition from "living outside" to "living inside" is then explored. Concluding the article is a discussion of some of the lessons learned from Savard's, including ways of addressing the needs of chronically homeless women and useful research methodologies.

Research methods and ethical issues

My documentation of the safe haven for chronically homeless women, originally known as the Women Street Survivors Project, began in January 1995. The safe haven was developed as a demonstration project. An advisory resource group (mostly front-line workers who had worked for many years in shelters and drop-ins for homeless women) worked together with the Homes First Society, one of the city's nonprofit housing organizations. After the project opened in January 1997, it was named Savard's.[2]

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[1] The words *hostel* and *shelter* are often used interchangeably in Canada, although hostels can refer to youth hostels for travellers. The word *hostel* is also associated with lodging that provides a bed and one or two meals. *Shelters* tend to be associated with accommodation and supportive social services.

[2] Diane Savard was known to many of the original staff at Savard's. She had spent a number of years living on the streets of Toronto and eventually became a community worker who in turn was able to help many others come off the streets. She died in 1993 at the age of 37.

This article focuses on some of the project's initial design and development decisions and subsequent postoccupancy insights. Of particular interest in the analysis of research materials has been the points of tension or conflict that highlight different understandings of how best to address the needs of chronically homeless, mentally ill women.

The larger study, of which the present article is a part, involved almost four and half years of field work (from January 1995 to May 1999). The research comprised extended participant observation in keeping with the traditions of anthropological research. I took detailed field notes during design and development meetings, weekly staff meetings, and monthly meetings of advisory and resource groups. I had access to Savard's daily logbooks and the minutes of staff meetings. I also gathered data during two day-long focus sessions with staff and resource group members held in January and February 1998 and another day-long session the following year (March 1999). During these sessions, staff discussed what seemed to be working in the project and what would benefit from change.

To complement the insights from these meetings, I observed the day-to-day (and night-to-night) rhythms of life at Savard's. I spent approximately 250 hours on site. Field notes written up after leaving the site documented informal conversations with administrators, staff working at Savard's, consultants, and social service providers responsible for the project's directions. I conducted unstructured taped interviews (two to four hours long) with 10 full-time staff members, then transcribed and analyzed the tapes. The findings from another 18-month study of Savard's (Boydell, Gladstone, and Roberts 1999) also contributed to my own independent study.

The Women Street Survivors Resource Group and Homes First Society were supportive of the research. They felt that it was important to have the project documented so that others could learn from it. They believed that Savard's had the potential to be replicated across national borders and that the documentation process would

> assist in the study of long-term women's poverty in the context of mental illness. [The process would] provide...mechanisms to share this model of urban development, influence public policy related to affordable housing, and advance the rights of this population of historically disadvantaged women across national borders. (The Women Street Survivors Project 1996)

Those who provide shelter and housing for the homeless certainly do not own these people, although they do take on gate-keeping and advocacy roles. Palpable throughout the research were ethical issues

involving access, trust, and confidentiality. Feminist anthropology is generally highly reflexive about the relationship among the researched, the researcher, and the profound effects they have on each other (Bridgman, Cole, and Howard-Bobiwash 1999; Cole and Phillips 1995). Its practitioners acknowledge differences in relative power between people, and they try to give voice to those they represent.

During staff meetings or advisory meetings with other front-line workers, for instance, I was careful to clarify at times whether it was appropriate for me to be taking notes. Occasionally, staff told me explicitly, "Please do not take notes." Control of this part of the research remained with staff. My field notes also documented many informal conversations with residents living at Savard's. Founding ideas about Savard's as a safe haven, however, conflicted with interviewing residents or even conducting research about them. Savard's staff saw interviewing as an intrusive act contradicting the terms of what a safe haven is or should be. Thus, staff and administrators did not grant me permission to interview residents at Savard's.

The conventional action of interviewing, a basic part of so much of the research on homelessness, assumes that there is a mutually agreed-on process of asking questions and receiving answers. The research challenges become quite different when someone may not be able to respond to questions, or when questions are perceived as invasive and threatening.

Sylvia Novac, Joyce Brown, and Gloria Gallant (1999) have also confronted difficulties in interviewing homeless women. Their research report (*Women on the Rough Edge: A Decade of Change for Long-Term Homeless Women*) includes profiles of long-term homeless women who were interviewed about their housing histories and homeless experiences. The women's stories attest to poverty, traumatic childhoods, abuse and violence, unstable housing, a lack of sustained employment (and when employed, low-paid service jobs), and mental health problems together with addiction. The researchers caution:

> Some long-term homeless women are extremely insular and antisocial and unwilling to be interviewed, especially those who have spent many years in a psychiatric hospital. These women's voices are generally missing from our interviews. They generally have severe mental health, not addiction, problems. Even when they are willing to talk to an interviewer, what they say may be difficult to understand or interpret.... [We] believe that our interview representation is somewhat skewed in that it reflects the experiences of women who are more communicative, socially connected, and willing to share their life stories. (Novac, Brown, and Gallant 1999, 43)

It was not possible to take detailed field notes during my visits to Savard's. Following is an excerpt from previously published work about some of my early research experiences:

> "What are you writing? Why are you writing? I don't want you writing here!" These words were stated directly and angrily. I was actually jotting down a few reminders of things I needed to do on the way home. Since that reprimand, I have never again brought out pencil and paper when I was "hanging out" with residents at the housing projects I've been documenting. Writing up the contents of conversations and insights happens after leaving the site, or in a pinch, a visit to the washroom can allow for a few hurried notes. (Bridgman 1999, 113)

Throughout the research at Savard's, ongoing consultation with staff and sensitivity to the needs of residents were required. I was careful, over and over again, to explain my presence as a researcher to the women living at Savard's: "I'm writing a book about Savard's and the lessons here, so that others can learn from them."

The insights of women living at Savard's could be gathered through informal conversations over a period of months or by sharing a meal or watching a television show together. Heightened ethnographic senses were alert for the nonverbal—the smells; the sounds; the rhythms of coming, staying, and going; and the what-was-not-said alongside the what-was-said.

The project's development was affected by the fact that the daily practices of Savard's staff and administrators were under scrutiny not only internally from within the organization, but also externally. Resource group members and members of a research committee (set up to act as a liaison between the Homes First Society and other researchers who were conducting a smaller evaluative study of Savard's [Boydell, Gladstone, and Roberts 1999]) all contributed to critical reflections on the project's directions. Particularly during the time that the other researchers were establishing the parameters of their work, staff raised a number of concerns:

1. Many women may not understand fully what the researchers are doing.

2. How can the privacy of the women living at Savard's not be compromised?

3. What about the privacy of staff?

4. The confidentiality of the logs needs to be maintained.

5. But how can we gather information in order to persuade funders that their money is being well spent?

I was sitting in the staff office one evening about 10 o'clock. One of residents came to the door. We had had many casual conversations while watching television together over the previous several months. This night, she looked right through me. She spat in her distinct accent: "You're invisible. I do not see you. You are **invisible**." Then she turned on her heel and left the doorway. References to "invisibility" clearly communicated discomfort over being an object of study. Staff on duty that night commented ruefully that the "research process is the same as what we do with the women here. You know, we don't consult them directly. They don't necessarily have a direct say in how we run this place." It was now the wee hours of the morning, and the two staff members began bantering and joking about "research." One said to the other: "You know what a researcher is?" She answered her own question in a whisper: "A **snoop**!" Then she turned to me and said, "That's what you are. A snoop! You are quiet. You are small. You are watching and listening." We all began to laugh—was it not true?—and, in this immediate instance, not to be resolved.

During an interview, one of Savard's original staff used the charged word *resistance* in relation to the research component of Savard's:

> I'm thinking more on the part of staff than on residents. And that comes from a variety of different places, but it's [pause] you know, there's resistance and some people are resistant to the idea of having their own work researched, right? There's this sense of not wanting to be observed [pause] you know, like a fishbowl, or other people are resistant in terms of having the residents researched.
>
> A lot of resistance comes from resistance to change, and change is very difficult. It's hard to be an agent of change, but it's also hard to participate in change.

The story of Savard's was thus in part shaped through the staff's own reflexivity, residents' reflections, my ongoing attendance at development meetings and staff meetings and my presence on site, interviews with staff and others, and feedback from staff and administrators on what I was writing about the project. The boundaries of the research relationship were intimate in a context where they read what we write (Brettell 1996).

These research dynamics contrast with the kind of research that Robert Desjarlais (1997) undertakes in *Shelter Blues: Sanity and Selfhood among the Homeless*: "[His] relations with the staff remained cordial but distanced, with neither party revealing much to the other"

(40). Desjarlais suggests that his perspective is "slanted more to the points of view of [shelter] residents than to those of the staff, and much of what [he knows] is gleaned from everyday conversations" (41). Similarly, however, "[he] spent much of [his] time hanging about, listening to and entering into conversations" (41).

Shelters for homeless women

Women's experiences in Canadian hostels are well documented through several studies (Farge 1988; Harman 1989; Ross 1982). Concerns of social control, surveillance, and dependency echo in many of the studies:

> The action of workers' power over the residents—the threats, the surveillance, the repetition of rules, guiding and counselling—all must be understood within the context of the institutional imperative to run smoothly. (Farge 1988, 88)

Margot Breton (1984, 1989) has studied a daytime respite (or drop-in) program in Toronto named Sistering. This facility provides individual and group support for homeless or transient women. Breton highlights the fact that Sistering is part of a community center that offers recreational and educational activities for the nonhomeless public. Many of the women who use Sistering (more than 50 percent) are chronic or ex–psychiatric patients. Unlike many other facilities for the homeless, however, this one is not ghettoized or set apart. The process of "normalization" requires that the women frequenting Sistering follow some basic rules of acceptable behavior:

> After a short trial-and-error period, it was established that there would be no physical fights and no prolonged screaming and carrying-on: definite time-limits now exist for "blowing-up," and consequences of refusing to conform to behavioral expectations are enforced, albeit with compassion—the women have to leave the room and the Center temporarily. (Breton 1989, 52)

Breton cautions that with these behavioral expectations and sanctions, Sistering may lose the "most alienated and needy of the women it wants to serve" (1989, 53).

Elliot Liebow's book, *Tell Them Who I Am: The Lives of Homeless Women* (1993), is one of the few contemporary ethnographic studies of homelessness in which collaboration with the community under study was taken seriously and literally. Liebow worked for 10 years with the homeless women and staff of two shelters, The Bridge and The Refuge in Washington, DC. He included their commentaries and insights on his

manuscript in footnotes throughout the book. Liebow highlights how homeless women who use shelters and hostels are frequently subject to questions, rules, and regulations they find intolerable and degrading. Other studies also document these issues (Baxter and Hopper 1981; Williams 1996).

Staff, even the most dedicated and well-meaning, are inextricably bound within hierarchical systems and exercise degrees of control over the women that can be intimidating. Yet knowledge of the kinds of pressures and issues that staff face on a daily basis, and the kinds of supports they need in order to do their work, must be understood—together with residents' perceptions of that work.

Jean Calterone Williams (1996) is another researcher who has documented the institutional control and surveillance that are generally part of shelter life and staff world views. Entry requirements and shelter regulations can result in "creaming" the shelter population through self-selection and agency selection, so that the "best" of the homeless population will be "served." In a similar fashion, a lot of the research on homelessness has concentrated on those who successfully access services. Williams juxtaposes forms of institutional control next to the small acts of resistance by homeless shelter residents and residents' evaluations of shelter and staff practices. This vestige of control has been taken by marginalized women with remarkable urban survival skills.

Shelters for homeless women were established in Canada in the 1970s and 1980s. Inspired by the philosophy and activism driving the women's movement and early feminist consciousness, the design of women's shelters departed dramatically from the large institutional dormitories that historically have been provided for homeless men. Many of these shelters opened in response to society's growing awareness of the needs of abused women and their children. "This meant establishing as homelike an atmosphere as possible, attempting to lessen the division between professional and client, and emphasizing an empowerment rather than charity model" (Novac, Brown, and Bourbonnais 1996, 15). These strategies of empowerment for homeless women have been recognized in at least one recent Toronto report as a better model of shelter provision than the warehousing model generally offered for men (Ward 1998). Savard's is now being proposed as an appropriate model for a new facility for chronically homeless men in Toronto (Novac, Brown, and Gallant 1999).

Novac, Brown, and Gallant (1999) focus on conditions and services for long-term homeless women in *Women on the Rough Edge*. They collate (self-reported) admissions data from three Toronto agencies—two women's shelters and a women's shelter outreach program. Their

report (Novac, Brown, and Gallant 1999) highlights the following key findings:

- A disproportionate number of women were African-Canadian.

- A high proportion of them had severe mental illness (perhaps half overall, although some did not receive psychiatric treatment).

- Between 13 and 29 percent of them had addictions.

- Between 9 and 42 percent were involved with the criminal justice system.

- Some 34 percent were from racial minority groups (including 23 percent who were black); 37 percent were immigrants.

- About 57 percent were single and had never married.

- Another 39 percent were divorced, separated, or widowed.

- A total of 48 percent had completed high school or postsecondary education, while 16 percent had never even started high school.

- Most received income assistance (two women were employed part-time); nine had no income at all.

- Their ages ranged from 16 to over 65 years, but 79 percent were between 25 and 54.

- Some 71 percent of the women had been diagnosed with schizophrenia; the rest had other psychiatric disorders.

- About 58 percent had been admitted as psychiatric patients at least once.

In 1996, more than 26,000 individuals used Toronto hostels. Of those, 4,300 were considered long-term users. *Women on the Rough Edge* reports that the proportion of women using the emergency shelter system in Toronto has increased steadily from 24 to 37 percent between 1988 and 1996. The most vulnerable are staying homeless for longer periods. A large number of the women have severe physical and mental health problems and multiple needs that entail costly emergency services. The report stresses the direct relationship between homelessness and the physical and sexual abuse that many homeless women have

experienced in their lives. These kinds of findings have prompted a recommendation that no further housing developments predicated on shared living with men should be built (Novac, Brown, and Bourbonnais 1996).

Citing Dennis Culhane's (1997) U.S. research, *Women on the Rough Edge* also highlights the fact that even though the chronically homeless are only about 10 percent of shelter users, they consume 50 percent of the shelter system days. The report concludes that chronically homeless people should be the target of permanent housing programs (Novac, Brown, and Gallant 1999; see also Kuhn and Culhane 1998).

Demonstration projects and process implementation research

The research on Savard's contributes to the literature on process implementation research. Implementation assessments of demonstration projects generally focus on charting the degree to which a proposed model has been implemented as planned. In addition, these assessments look for barriers to implementation and suggest how these issues could be addressed if the project were to be tried elsewhere. They also identify key issues that may help guide future research (Mowbray, Cohen, and Bybee 1991).

Implementation studies (Corbett 2000; Sohng 1996) are useful for exposing tensions between the preferences and perceptions of "users," "clients," or "consumers" and agency staff and for exploring organizational dynamics, policy issues, and funding constraints. E. Fuller Torrey (1990), for instance, did pioneering work with the mentally ill. His review of four successful community-based initiatives concluded that they could not be replicated (or, in some instances, were disbanded) because of chaotic and confusing funding requirements set by mental health agencies (Torrey 1990). These kinds of findings highlight the potential difficulties of implementing model practices in other contexts. Municipalities and regions have distinctive needs, and similar efforts may produce quite different results in other places: In short, "'best practices' may not translate from one context to another" (Canada Mortgage and Housing Corporation 1999). We are still left with the question of why "each city and each community organization...[should] have to 'reinvent the wheel' when combating homelessness" (Glasser and Bridgman 1999, 111).

Many publications present housing "solutions" to the "problem." Typically, we do not learn about how projects have actually come into being,

nor have many researchers explored how projects evolve over time. Martha Burt (1992) also suggests that many studies of homelessness concentrate on merely describing the homeless population and do not give attention to documenting effective interventions for actually alleviating homelessness. Literature on women's homelessness lacks research on new and emerging alternative housing projects, to build on the lessons they can offer. There is also room for more documentation and assessment of housing models developed by women for women (Novac, Brown, and Bourbonnais 1996; Novac, Brown, and Gallant 1999).

Robert Wulff's (1976) review of the uses of anthropology and ethnographic research in urban planning is directly relevant to framing the contribution that the research on Savard's can make. Wulff (1976, cited in Peattie 1990) suggests that there are four areas in which anthropology can contribute:

1. As a corrective force in planning theory, through provoking assumptions and definitions concerning urban social problems

2. As an aid for adjusting planning and policy to the various needs of different [marginalized] groups

3. As a means of appreciating the symbolic and behavioral correlates in relation to the built environment

4. In program evaluation

The underlying premise of process implementation research is that it is important to systematically document the processes of developing interventions for preventing and alleviating homelessness so that the lessons learned can be applied elsewhere. Such systematic documentation and evaluation "could offer future efforts more concrete guidance in the strengths and weaknesses inherent in various strategies" (Glasser and Bridgman 1999, 114). Longitudinal research assesses the effectiveness of different housing initiatives within shifting social, political, economic, organizational, and administrative climates. Lisa Peattie has described the relationship between program design and outcome as involving an intervening "complicated history of institutional evolution" (1983, 232). It is crucial that markers of success and indicators of progress for any program be generated "at street level." Only then can we appreciate the subtleties of change that chronically homeless women may be able to make in their transition from street life.

Savard's

Savard's was inspired by Women of Hope, which opened in 1985 in Philadelphia (Culhane 1992). Women of Hope was reportedly very successful in helping chronically homeless, mentally ill women make the transition from street life and, from its opening in 1985 until 1991, brought some 120 women off the street. A key element of its approach was that there were no expectations for treatment or medication imposed on the women. Impressed by what they had heard, a Toronto group of front-line workers, staff from Homes First, and municipal housing officials visited Philadelphia in January 1995 to see for themselves what was working at Women of Hope. At that point, however, it seemed that the project had shifted substantially from its original mandate. Many residents were medicated, and program participation was now mandatory. Disappointed, the group returned to Toronto.

Women of Hope was part of the U.S. national strategy adopted by the McKinney Act on Homelessness, defined as a continuum of care. Dennis Culhane's (1992) article is but one of several from the early 1990s focusing on the safe haven model in the United States. In another paper, Frank Lipton (1993) attempted to clearly define the parameters of "safe haven"[3]:

> [A] haven does not merely refer to the literal place where refuge is provided but to certain characteristics which are necessary in order to make an individual feel safe and secure such as lack of excessive demands, consistency, easy accessibility, flexibility, continuity, individualized attention, ability to make choices, and cultural relevance.

> A safe haven provides a sense of decency, caring and dignity. It's an environment which makes an individual feel comfortable and at home. It is free of violence, crime and victimization. A haven is the people one talks to for support, encouragement, and guidance, the activities one participates in, the services one can depend on, knowing that there's a place to sleep, food to eat, money to survive, clothes to wear, access to health care, medications to take.

> Safe havens are, in a sense, a metaphor for community support systems.... Safe havens are proposed as a type of facility which would

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[3] Both Culhane's (1992) and Lipton's (1993) articles were part of an orientation manual, "Developing and Operating Safe Havens Programs," for a workshop sponsored by the Center for Mental Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Office of Special Needs Assistance Programs, Office of Community Planning and Development, and the U.S. Department of Housing and Urban Development in April 1997 in Washington, DC. The workshop was intended to give technical assistance to agencies developing safe havens and was designed to help develop a "tool kit on developing and operating Safe Havens."

> serve as a potential "portal of entry" to the service system. Safe
> havens are viewed as "transitional" housing programs which will
> provide individuals with the opportunity to develop essential skills,
> be linked to community based supports, and overcome the obstacles
> necessary to successfully obtain housing. (3–4)

Of interest in this definition is the clear emphasis on the safe haven as
a transitional portal of entry to a range of services with the eventual
aim of leading to conventional housing. The continuum of care is
designed to stream outreach services attached to an emergency shelter
system. The traditional housing continuum expects linear progression
from outreach through to shelter, transitional housing, supportive
housing, long-term housing, and, ultimately, private-market housing.

The Toronto group critiqued this continuum as "an attempt to ration-
alize [the U.S.] service network by producing 'stable' tenants for the
private rental market" (Yamashita 1995). Further, the Toronto group
members perceived the kind of outreach they were witnessing as "an
aggressive campaign to clean up the streets"; emergency shelters
became "places to stabilize, medicate, detoxify, etc." (Yamashita 1995).

By contrast, Toronto's model was characterized as a "community devel-
opment continuum" that centered around the homeless person as an
individual and as a member of a community (Yamashita 1995). Self-
help initiatives and community development approaches recognize the
strengths and potential that homeless people may bring to projects.
The continuum within U.S. policy features a closed-ended linked sys-
tem that an individual must move through within a designated time
frame. The continuum within the Toronto context was interpreted
rather as a set of open-ended options to be used, when and if the per-
son chooses. In this context, intervention and assistance in Street
Patrol outreach, for example, should be given only when requested by
homeless people themselves. For many of the Toronto organizers of
Savard's, the Women of Hope visit became a reminder of the impor-
tance of maintaining the integrity of founding principles for the Street
Survivors project (Yamashita 1995). They resolved that they did not
wish to repeat what they called the "Philadelphia story."

One member of the Women Street Survivors Resource Group declared
during an early development meeting:

> We don't have to go elsewhere to find models and experience. The
> models are here. The question is—how do you free yourself from
> what you already know? We have that expertise right here in
> Toronto. We don't want to get caught in our own creeping assump-
> tions. Zero eviction—it's a basic principle that we accept homeless

women as they are, without expecting change—*without the expectations of change*.

Savard's was built in a renovated turn-of-the-century industrial warehouse. Women are referred by one of the city's hostel outreach programs, and a number of social services provide support to complement Savard's mandate. The rules are minimal: There are no weapons and violence is not permitted. Drugs and alcohol are not permitted on the premises. There are no curfews, and women may come and go as they wish. Women are not required to take medication unless they choose to do so, and referrals to other services are made only when a woman has herself indicated interest in taking action. The women pay nothing to stay at Savard's. It is funded through the provincial Ministry of Health and through municipal per diems (a daily set fee), and it is staffed 24 hours a day, with two staff on at a time. There is a policy of no barring (or eviction), although staff may ask a resident to "go for a walk" for a period of hours or days should this become necessary. Staff may arrange brief stays at other city hostels. Many of Savard's residents are barred from staying at other hostels and facilities. They are accepted on a temporary basis at other shelters, with the understanding that they will be returning to Savard's. Unlike most other facilities, Savard's has no specified time limit for length of stay.

The women who live at Savard's represent two groups of chronically homeless women. The first comprises middle-aged and older women who have severe mental health problems (usually chronic delusional disorders or depression) that may have worsened over the course of their homelessness. The second group comprises younger women with mental health problems that may be undiagnosed. Some of the women are extremely reclusive and distrustful of social service providers or government officials and have been ostracized by society-at-large because of their "bizarre" behavior (for example, poor hygiene, screaming, threatening gestures, or self-mutilation).

As defined in the First Principles for Savard's, this project has been built for women who "have fallen through the cracks of social and health services, while others have long histories as survivors of those systems. In addition to limited access to health care, these women are often subject to physical, verbal and sexual harassment and abuse" (Women Street Survivors Resource Group). Two key First Principles are that no expectations should be placed on the women to change and that a flexible, nonjudgmental, low-demand atmosphere and structure should be provided.

The boundaries of public and private

One of the themes that has emerged in this research has been the way in which the project challenges conventional orderings of communal or public, and individual or private.

The public/private dichotomy has been an ongoing basis for many feminist analyses of space and place. One of the first to theorize the "divide" in feminist anthropology was Michelle Rosaldo, who articulated the split as one between the domestic and the public with the sexual division of labor relegating women to the domestic sphere of housework, childbearing, and rearing. Rosaldo's (1974) crystallization of what she characterized as a universal symbolic social ordering (spatially as well as hierarchically)—of domestic/public corresponding to female/male spheres—continues to underpin many of the analyses of relations between women and men.

This domestic/public model has received much criticism, however, for reducing women's lives to one dimension—that of reproduction. Rayna Rapp (1979), for instance, has questioned our culturally articulated and evaluative notions of private and public. She has pointed out that even though we experience the public and private domains as analytically distinct, they "interpenetrate" in practice (Rapp 1979).

Rosaldo (1980) herself reevaluated her own work some 10 years later. Her position "that human cultural and social forms have always been male dominated" (393) stood, with the proviso that such dominance does not take universal form or content. She contextualized her original formulation of women's social inequality as a product of "dualisms of the past, dichotomies which teach that women must be understood not in terms of relationship...but of difference and apartness" (Rosaldo 1980, 409).

Planning frameworks have historically, and to this day ideologically, denied women a comfortable presence in the public realm (Gardiner 1993; Mozingo 1989; Vaiou 1992). These frameworks have assumed the "natural" association of women with home and domesticity. Homeless women are doubly out of place (Sweeney 1993). Lesley Harman (1989) and Stephanie Golden (1992) also elaborate on this relationship of women's apparent "placelessness" in the public realm. Homeless women really did not register on the public consciousness until about 20 years ago. Their homelessness was characterized previously as invisible (Glasser 1994), shadowed (Harris 1991), or outside society (Golden 1992). Joanne Passaro (1996), on the basis of her research in New York City, has also highlighted the degree to which the staking out of public

space by the homeless is dominated by homeless men, particularly minority men.

A growing literature explores the dynamic relationship between "public places" and "private spaces." Protective private environments, such as the shopping mall, invite all those outside to come in, whether they are desirable consumers or not. Michael Bernard (1998, 70) poses the provocative question: "When does a private space become a public place?"

One of my interests in this article is to bring the public and private categories inside Savard's and to explore their application to the everyday lives of the residents there. What happens when those who have for many years lived their private lives in public spaces (Baxter and Hopper 1981) come inside to live at Savard's?

These questions are inspired by studies suggesting that boundaries between public and private—rather than being hard, fixed concepts— are susceptible to shifting understandings. There is rich theorizing on the ways in which seemingly static boundaries are open to interpretation. Deborah Pellow's *Setting Boundaries: The Anthropology of Spatial and Social Organization* (1995) offers fruitful ways for working through how culturally defined boundaries—whether spatial, temporal, conceptual, symbolic or social, material, or invisible—are open to interpretation and negotiation at multiple levels. Pellow's own chapter in the collection (1995) offers inspiration for my analysis of social and spatial dynamics within Savard's. She explores the invisible but nevertheless potent strictures surrounding "public privacy," that which is socially and spatially permissible, in Shanghai, China. She links bodily practices around sexuality and other intimate behaviors to how public spaces can be temporarily transformed into private spaces.

Invert this equation, and one is led to consider how that which is private can retain the aura of the public. Such an inversion steers toward a concept of *private publicness*. This concept seems to be useful for this research and for thinking about how homeless women occupy Savard's. The idea of private publicness helps make sense of women's actions that can seem disconnected, arbitrary, or disordered. In what follows, different levels of spatial privacy and communality, sense of ownership, accountability to public funders, and accommodation of individual needs are explored.

"Inside" Savard's—hostel and home

The working philosophy of the Women Street Survivors Resource Group can be appreciated from another two of Savard's First Principles:

> Savard's will evolve and change as the women involved teach, educate and inform us about their strengths, abilities, issues, needs, wants and perspectives.

> The space will be an "envelope" that will respond to the ways in which the women want to live or be in it. The space will "fit" the women rather than the women "fitting" into the space.

The early, preconstruction discussions among the front-line workers often focused on flexibility. How could the spatial ordering of the Women Street Survivors Project accommodate the range of needs that front-line workers had witnessed among those not being accommodated within existing paradigms?

Resource group members proposed many ideas: a pacing and screaming room, an outdoor courtyard to accommodate someone who may wish to continue to sleep outside, and a series of different spaces to accommodate those who refuse to sleep lying down in a bed or behind a closed door within four walls. Other ideas were as follows: Some women may want to sleep upright in chairs close to a door. Some may wish a private room. Others may simply want to draw a curtain across an alcove—yet still be within hearing of all activity. Still others may like to sleep by a window close to the street so they can keep track of who is coming and going. Some may choose to sleep close to the staff room because they feel safer that way.

The architects proposed the idea of sleeping nooks—plywood modules containing a bed with drawers beneath, a curtain, and shelves. The residents could then place the modules according to their needs. Providing lockers with keys was an important part of discussions. Many women carry "stuff" with them. Organizers assumed that some women might not wish to stay at Savard's every day. They would come and go erratically, but their material possessions could be safely stored in lockers. The impetus for all these ideas was to support spatial flexibility and a sense of ownership.

As it turned out, the modules as constructed were too massive and heavy for any one person or even several people to move. So they stayed as they were placed. Instead of the nooks moving, the women move. When a nook becomes available, another resident may take it over. One of the women who has lived at Savard's almost since it opened has exchanged her nook for another four or five times. Others have claimed one nook as theirs.

As it turned out, the patterns of coming and going witnessed in other shelters have not been the norm for Savard's. It has been difficult to encourage some of the women to leave the site at all.

All the small daily rhythms of disorientation, rage, sleepiness, and attempts to take control are lived by the women in full sight, sound, and smell of each other and of staff. So-called private functions—dressing, conversing on the phone with one's mother, meeting with one of the nurses who comes to visit on site, even sleeping—take place within a small, highly circumscribed world of 2,000 square feet. This world is a scant 20 feet from the sidewalk and busy street, along which trucks filled with pigs daily rumble to the nearby slaughterhouse.

The women who live at Savard's do so in constant reference to "out there." One woman mutters to me (but mostly to herself, I think), "Life on the street is full of death. The street is full of death. There are bad people out there. Someone said to me, 'Even a dog has a place to go home to.'" She repeats, "Even a dog has a place to go home to." She and I both watch the truck with the pigs go by and look at each other, wordless. She then asks me, "What is the difference between them and me?"

Another woman has taken to urinating and defecating on the street. Her rationale is that she does not want to use the toilet, because this will pollute Lake Ontario. Such delusional behavior inverts ideas about individual responsibility and taboos around polluting practices. Her "act of environmental care and public good" is followed by watering Savard's plants with milk, another act of care that kills.

Concerns about a fire starting at Savard's are ongoing. Despite staff "policing," some of the women smoke in their nooks. One woman consistently throws her burning cigarette down on the floor after finishing it, as if she is still living out on the street.

One woman refuses to go out of Savard's because "They" will find her; *out* is still with her *in* Savard's. She wears sunglasses and layers of clothing stuffed with paper and towels as padding and unchanged in months. She lived at Savard's for more than a year, and staff still knew only her first name. The basics—her birth date, whether she had family—these remained unanswered for many months. Slowly she began to eat meals occasionally with others, and slowly did she talk, perhaps only briefly and for a moment. The first Christmas she was the one who decorated the tree. The processes of healing are infinitesimally slow. She lives within the "privacy" of Savard's as she would on the street, within layers of clothing and within a protective cloak of silence, shocked on occasion by curses and hair-tingling growls. If Savard's is defined as transitional housing, who defines how long those transitions should take?

During an interview, one of Savard's staff members recounted how this woman began to talk one night about how difficult it was for her to go out:

> She said, "You know, I really have to think before I go out that door." And she was speaking clearly. She was not murmuring. She wasn't going, "Mmmm, mmmm," like she often does. I was floored. She talked about unfriendly observations from the sky. She was talking about unfriendly helicopters. She was talking about rangers following her and that she prefers to go out at night—but I find that very strange. She very rarely goes out at all, but I noticed that she comes out of her nook at night, and I think that that's what she's referring to.

> I'm thinking, you know, outside her nook is outside for her. She sits in her nook with the curtains pulled across her, so all you see are her boots, and I think that's inside for her. When she comes out to the kitchen at 3 in the morning and makes a meal, that's maybe outside. So it was the longest conversation I've had with her. And the other women at the table were very, very good around, you know, not saying things like, "Maybe you're nuts." They were saying, "Ya, it's kind of scary."

The concept of private publicness may be useful for rethinking how conventional shelters operate for homeless women. The women that Savard's houses have been unable to live within the boundaries, rules, and regulations under which conventional shelters or other housing models operate. Their behavior is judged to be too disruptive, too transgressive. Women making the transition from street life to life "inside" are forced to shed a way of life. Their patterns of survival depend on an ability to live their lives, in many cases, under conditions of extreme abuse at the hands of others, both individuals and society at large, and indeed the elements.

One outreach worker for Savard's related an anecdote from the time when she had visited Women of Hope in Philadelphia during its early years of operation. She remembered how one of the elderly women there sat with cardboard arranged around about her inside the shelter. From this story, we may understand that those survival skills needed to be acknowledged, needed to be honored. This woman could come *inside* and begin the processes of healing only on condition that her ways of living *outside* be respected. The fifth of Savard's First Principles comes alive: "The strengths, skills and survival abilities of the women will be recognized and respected. They will determine what, if any, supports, programs and services they want" (Women Street Survivors Resource Group).

During early planning discussions for Savard's (when some front-line workers suggested that women might use the facility as a drop-in "clubhouse" or storage place), there were many discussions about how the house might become a "home" for some of the women living there—especially with the women's security and tenure being ensured through a proposed zero-eviction policy. There was considerable interest in the group about what "home" might mean for the women.

One of the members commented: "Home is a refuge for most of us, but for many street women, home may be the most feared place." This observation recognized the connections between women's homelessness and domestic violence. "Home" may not be a sanctuary of domestic bliss for women who have been abused by their partners. This member had brought an article by Annabel Tomas and Helga Dittmar (1995) to the resource group. The article proposed that homelessness may itself be a kind of rational solution that women adopt to survive and escape a worse situation.

Another member of the group said: "This is not a hostel. Does it matter if someone sleeps on a bed or sits on a chair, or sleeps on the floor?" Another responded, "If this is going to evolve into a home—a safe space—we can't give their space away!" A third said, "They'll be part of a community whether they want to or not—what if they don't want to be?" A fourth followed with "Our roles are dictated by funding. It's all connected. We can't double-dip [charge a per diem] if Mary-Jane is staying at another hostel. And Mary-Jane has many names!"[4]

A resource group member quipped on another occasion:

> The money is coming from Hostel Services, but it's not a hostel. It's not a hostel, but it is a hostel? It's permanent, but they can come back when they've left? We want it to evolve. How do we present— "This is your home. You can stay as long as you want"?

The potential for the Women Street Survivors Project to evolve as a permanent form of housing was clearly at odds, however, with funding mandates for shelters, which dictated that the project be transitional only. The expectation on the part of potential funders was that staff would actively encourage the women to move on to other forms of housing. The Women Street Survivors Resource Group, therefore, presented the project as transitional for the purposes of attracting government funding, even though the group recognized that conventional

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[4] The joke about Mary-Jane having many names bears on one of the survival strategies that some women living on the street adopt. They use several names to avoid detection by authorities, to access services, or to take on different roles.

time limits on length of stay, pressures to "make progress," and payment of housing charges were barriers for many chronically homeless women.

Ideas about fluidity between the temporary and the permanent continued when Savard's opened. A staff member commented during an interview:

> I don't think the women are clear sometimes. Teresa asked me, "Is this a hostel or is this a home?" It's whatever she wants it to be. It can be your home or it can be a temporary place for you.

> Some rules are explained when they first come. We often explain timing-out to them, and we emphasize, we try to, that they won't be barred [evicted], so those basics are often explained when they come. The rest of the time it generally just comes up over conversations, over cigarettes, over the dinner table or when something happens, more informally.

> I think most women get the message that they're not going to be barred, that this is different when they come in. I'd hate to have to present them with, These are the policies, these are the rules, this a piece of paper that explains it all. *That's not home*. Do you get that when *you* come in the door? I don't.

But another Savard's staff member, when interviewed about her ideas about what a safe haven should be, stated categorically:

> I guess, I don't see [pause] I see Savard's as a safe place for these women. I don't think of it as a home. I don't know how a place where there are a dozen unpredictable personalities in a place where they don't really have any privacy, where there are two staff on 24 hours a day. I don't know how that can be called a home; that's my personal opinion. I think it's a safe haven.

> They can't be who they want to be all the time, because we won't tolerate that. We won't, we can't, because we've got 10 other people. It's not a home. It's a safe haven. A safe haven is a place where women are no longer vulnerable to the elements. They have food and water and a place to bathe, somewhere to do their laundry. They've got two qualified counsellors on staff if they need anything else. They can come and go as they please.

A third staff member reflected during an interview on how ideas about home intersected with changes in the general sleeping patterns of the women over the course of the first year and a half that Savard's was open:

When I see a woman at the very beginning, "What do you mean? This is *not* my home. I had a home." Swearing at me, screaming at me. And then, I see now, "This is *my* home. What are you talking about? *I* sleep here." The ownership, the shift. And the sleeping pattern—for about a year these women could not sleep at night, and now they all sleep at night. Three or four hours, but they do it. So, these are minor things, slowly.

And one woman who steals, and four of them sat with her. You were stealing our food, this is *our home*, what are you doing? You're giving it out there, to your men. And they were furious, and they really confronted her. "It was my coffee,"she countered. "No, it wasn't *yours*. It was *our* coffee."

Somebody apparently saw her stealing, but it's interesting, you know, how the ownership is changed. Now, it's *my home*. I protect this. Quite different from the detachment, this home is not mine, I just live here, I use it, it's accessible to me, that's it.

A fourth staff member during an interview recalled three residents who had used the word *home* in quite poignant ways. It carried charged associations.

D. uses *home* when she's in her questioning mode: "Can this be home for me? Can this be home?" And it's a real yearning for home, and it's skepticism that Savard's could be home right now. I guess I share a bit of her skepticism about the home-like qualities of Savard's—I mean [pause] concrete floor, plywood nooks?

Connie [one of the residents] talks about it as home for her and when she comes back from her trips [pause] and she tried to go to Boston, you know, went down to the train station, actually got on a train, she was trying to get somewhere. She wants [pause] but then when a couple of days go by, and she comes back, she says, "I'm glad to be home."

There was an interesting exchange actually between Tricia [staff] and Connie in which Connie asked Tricia if she had to work any more this week, or something to that effect. And Tricia was saying, "No, just a couple of days." And Connie said, "Oh, that's good. Then you'll be able to be home with us"—an interesting switch-around, you know?

Marcie has also referred to Savard's as home. She keeps saying, when she's in a decent space, usually after a rant, after one of her little nightmarish rants—not against someone in the house—but one of those generalized rants [pause] she will often come and has done this regularly to many of us who have worked and said,

"Thank God, I get to be here. Thank you, and you know I'm sorry about that shouting." Or you know, then she'll say, "This is the first home I've had in five years."

Some nights, there have been bizarre evenings which are a bit like a Victorian novel, where Connie's embroidering, and someone else is coloring, and someone else is doing laundry. Couple of people playing cards. And we're all around chatting and it [pause] the music's playing and sometimes we have classical music, so it has a [pause] there's something kind of interesting about that.

But then there's the whole dinner thing and we set the table. I don't do it now because I was finding that there were a lot of explosions at dinner. I think, because it recreated some kind of forced, you know, "Leave It to Beaver" expectation around the dinner table, a sense of coming together as a family. I really got a sense that people were playing out roles from other places, and people were sitting, but they were very mechanical around dinner. There was very little table talk, aside from, you know, the clashes. What I try to do is stack the plates buffet-style, so that people can come along and get what they want and sit anywhere.

During an informal conversation, one of the residents compared Savard's with where she had lived before. Amid her questioning and frailties, she clearly appreciated what Savard's was trying to do:

Why do I leave this place, when I know it's safe at night? I took off to my old boarding house for a couple of days. It has 35 rooms and a place in the basement for meals. It's much nicer here. Why do I leave? They try really hard here. This isn't a shelter. It's supposed to be a home, isn't it? I've got to make this my home. I shouldn't leave. Why am I scared?

The degree of flexibility in the Savard's model is well illustrated by the following reflection by one staff member:

Is this a home or is this a shelter? That's a question I get once a week and I say, well, it's kind of a little of both. It's really what people who use it want to make it. Maybe for you, you need a home, so you make Savard's a home and you may live there for the next 2 years. Maybe for someone else, they may use it as a stepping stone to get where they want to be and they are going to stay 3 weeks. Maybe someone else doesn't want to use it as a shelter but as a drop-in, maybe they come eat a meal and have a place to store their stuff and they leave and sleep on the street. It can be all those things. It doesn't have to be one thing. I mean, that is the whole beauty of Savard's. It evolved and it's flexible. (Boydell, Gladstone, and Roberts 1999, 7)

Savard's flexibility embraces its potentially conflicting functions as both subsidized public facility and home-like environment designed to accommodate individual rhythms. The boundaries between private and public intersect and are transgressed in provocative ways in this shelter, not only spatially, but also in social terms around sense of ownership, qualities of sharing, and accommodation of individual needs.

Postoccupancy insights

At the time I was writing this article, Savard's had been open for two and a half years. The opportunity to document it over several years follows from my ongoing interest in the relationship between the alternative proposed, as part of a utopian vision, and the *reality* of living that alternative: "How are idealist proposals united with everyday life?" (Bridgman 1998).

At 2,000 square feet, Savard's is too small to accommodate 10 women, the several women who have moved on from Savard's but drop by to share a meal or a visit, two staff, and visitors (the public health nurse, the social worker). While the sleeping nooks work well for some women, there is no room set apart to allow a private conversation, for example, between a resident and staff. Everything takes place within the direct gaze and hearing of everyone else. The once-proposed pacing and screaming room was dropped along the way under the pressure of space restrictions. Such a space would help ease some women's transitions. Some of the women do speak about wanting to have a private room. Administrators and staff hope that Savard's will be able to develop another level of accommodation that would allow women to move, if they so choose, from a relatively communal style of living to a mix of individual and shared spaces, yet still within a supportive environment.

Assessing the success of Savard's has relied on modest indicators. The predilection of the women for sleeping during the day and staying up at night (an adaptive survival strategy for avoiding assaults) gradually shifted to their being wakeful during the day. At the end of two and a half years, five residents had been able to move on to self-contained apartments or into other housing options. Three former residents were back on the street, too fearful to stay, or else they chose to return to the street, finding even Savard's flexibility too constricting. They were maintaining occasional contact with Savard's through telephone calls, or they would drop by for a meal or to do laundry. Of the five who had set up their own households, one returned to the street despite the supports in place to help her, and she subsequently returned to Savard's to

begin the recovery process once again. Another left Savard's to live in another of the city's transitional shelters, but decided she wished to return to Savard's.

The degree of uncertainty over the operating funding during the first two years affected Savard's ability to sustain its original principles. Relief staff were increasingly called to work, as funding uncertainties and high stress contributed to a high staff turnover rate. By the end of two years, all the original staff had left, and a new generation of staff had been hired; half of this new generation left within the next six months. Even with the announcement of core stable funding from the Ministry of Health in May 1999, restructuring and general uncertainty across the Homes First Society were having a substantial effect on staff morale.

Conclusion

In its exploration of the concepts of public and private, this article challenges the conventions of shelter provision that society offers those who have experienced years of homelessness, anguish, mental illness, and substance addictions. Those conventions take the form of discrete hours of operation, curfews, the threat of permanent barring, mandatory treatment programs, mandatory regulations governing acceptable behaviors, chores, time limits on length of stay, and bathing requirements.

Savard's is attempting to explore the lessons when such paradigms are reevaluated. The intent of this project is to reach out to those women who, for whatever reason, are not accommodated by existing services and housing models.

One housing activist involved in the resource group considered the expense associated with Savard's as a kind of war reparation. From her perspective, these moneys are funding healing processes for women who, in many cases, carry long histories of abuse at the hands of fathers, brothers, husbands, and lovers. Savard's operating costs are on the order of $600,000 per year (all figures are in Canadian dollars) and fall far below comparable costs for crisis intervention, psychiatric hospitalization, or incarceration. The cost for providing adequate acute psychiatric care for these women ($360 per day) would amount to almost $2,000,000 annually. According to a report prepared for the City of Toronto Mayor's Homelessness Action Task Force, prisons and detention centers ($124 per day) would cost approximately $700,000 for a

year (Pomeroy and Dunning 1998, 22).[5] These figures do not even begin to consider the quality of life offered by these various systems of public institutionalized "care."

Women who have lived on the streets for many years or who have rotated throughout the hostel system have lived their private lives in public spaces (doorways, bus stations, public washrooms, a bench at city hall, the corner of a churchyard, the grate at the corner by the donut shop). At Savard's, they now must begin to relearn the skills needed to live within sheltered walls in close proximity with many others. Within the privacy of the safe haven offered by Savard's, chronically homeless women begin to recast their public presence, which has been defined so powerfully by dominant urban forces as excluded, tormented, sick, psychotic, potentially dangerous, and violent.

Savard's operates within a protected sphere of substantial government subsidy. With its change in status from being designated as a demonstration project to permanent core funding, it is apparent that elaborate accountability processes may now be required to meet funding requirements (for example, proving the worth of the project through the numbers of women who move on to other forms of more conventional housing). To gain such funding, partnerships with other agencies are also required. Even with stable funding in place, at the time this article was written, the larger organization of which Savard's is a part, the Homes First Society, was being restructured with the reallocation of provincial funding sources. All these externalities inevitably exert an impact directly and indirectly on the ways in which Savard's offers accommodation to women and affect whether Savard's will be able to maintain its ideals. The need for constant trade-offs, compromises, and flexibility is an important part of the Savard's model.

It is important to emphasize the value of extended ethnographic research to document the development and operating processes for such a project as Savard's. The slow, incremental changes and decisions that mentally ill homeless women make can only be appreciated over time. To suggest that such changes can take place overnight denies the reality of many of these women's lives. As Paola Grenier acknowledges, prolonged homelessness requires certain adaptations for survival (such

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[5] Another study, conducted for the government of British Columbia, compares the cost of government services for homeless people with the cost of services for a person moving off the street to a permanent address (e.g., government-supported housing). This study also concludes that government spending is significantly less for those who move from the streets to housing. "Supportive housing is an effective option for individuals who may have been chronically homeless and who have the greatest difficulty in obtaining and maintaining housing" (British Columbia Ministry of Social Development and Economic Security 2001, 3).

adaptations generally occur in as little as three weeks), and these make it increasingly difficult for people to return to the rhythms of mainstream society (Grenier 1996, cited in Novac, Brown, and Gallant 1999).

Through fine-grained analysis and anthropology's "tradition of learning about the world via close-in contact: participant observation and interviewing" (Peattie 1990, 104), I have attempted to capture some of the daily travails of Savard's efforts to help chronically homeless women. As Lisa Peattie (1967), an anthropologist who worked for a number of years in planning at the Massachusetts Institute of Technology, has pointed out, the style of work that social anthropologists specialize in offers some unique advantages. Anthropologists focus on the dynamics of program operation at the street level. The open-ended nature of ethnographic research provides an opportunity to reexamine in an ongoing way the questions that should be asked when we are looking for ways to alleviate homelessness. The interest in exploring the complex relationships between programs and their reception on the part of those for whom they are intended is key in this kind of research. Extended ethnographic research offers the potential for a holistic understanding of the effectiveness of alternative approaches to helping chronically homeless women. Such research draws together multiple perspectives on providing services for these women and offers the potential for helping to name and resolve (perhaps unacknowledged) tensions in program delivery.

In working with chronically homeless women, it becomes apparent that close attention must be paid to the kinds of data by which the success of a project can be judged and therefore funded. Participant observation yields multiple insights about such success through spatial analysis, tracking patterns of use over an extended period, and qualitative interpretive analysis of the unspoken (nonverbal) as well as the spoken. Such methods also encourage reconsidering the analytical value of seemingly well-worn categories such as public and private.

Author

Rae Bridgman is Associate Dean of Research and Associate Professor in the Department of City Planning, Faculty of Architecture, and Adjunct Professor in the Department of Anthropology at the University of Manitoba.

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