

# RECOVER GREY LITERATURE REVIEW

Prepared for MaRS Discovery District

Prepared by the Centre for Health Communities  
School of Public Health, University of Alberta

## - OVERVIEW -

Developing, strengthening, and promoting urban wellness is increasingly a top priority for governments locally, nationally, and around the globe<sup>1,2</sup>. The City of Edmonton is working to develop an *Urban Wellness Plan (Recover)* that aims to find solutions to improve wellness in Edmonton's five core urban neighbourhoods<sup>3</sup>. Specifically, the program is focused on improving urban wellness as it relates to five key indicator categories, which were identified through consultation with community organizations, members of vulnerable population groups, and government officials. These include: 1) social capacity; 2) economic vitality; 3) safety and security; 4) physical and mental health; and 5) built and natural environments<sup>4</sup>. Strengthening urban wellness requires strong collaboration between various levels of government, community-based organizations, businesses, and community members. In Edmonton, there are many examples of local organizations and institutions taking the lead to promote urban wellness. In this report, we provide a review and summary of the local grey literature (i.e., City of Edmonton and wellness partner organizations) as supplied by MaRS Discovery District.

In total, 38 local grey literature documents were provided by MaRS Discovery District for our review, comprising work from various local organizations: REACH Edmonton (n=7); the Bissell Centre (n=3); City Revitalization Projects (n=2); Community Wellness Services Project (n=2); Edmonton Police Services (n=1); Homeward Trust (n=11); Mapping and Planning Support (M.A.P.S) Alberta Capital Region (n=1); Seniors Association of Greater Edmonton (SAGE) (n=6); Boyle Street (n=2) and additional grey literature focused on housing as provided by MaRS Discovery District (n=3). As such, this synthesis most strongly reflects the focus areas of these organizations (e.g., homelessness, seniors) and consequently may under-represent other areas of wellness not included in the local grey literature provided. The reports comprised various document types including descriptive and position paper reports (n=19) as the most common type received, followed by program evaluation reports (n=11), and strategy and policy reports (n=10) [Note: documents were counted according to all categories within which they fit – that is they could fall into more than one category].

This synthesis document has been divided into two sections. The first section summarizes the interventions, strategies, and assessments reported in the local grey literature. It is organized according to the five wellness indicator categories associated with Recover. The second section of the document highlights how those interventions, strategies, and assessments relate to the five political factors of interest to the MaRS Discovery District-Recover team: **duration of intervention/assessment** (i.e., long-term or short-term); **governance and conflict resolution models; data-sharing processes; service delivery models** (i.e., centralized or dispersed); and **integration of a systems-level approach**.



## - FINDINGS: WELLNESS INDICATORS -

### SOCIAL CAPACITY

Social capacity is an important facet of urban wellness and includes various dimensions such as social connectedness, sense of belonging, citizen engagement, diversity and inclusion, and community trust. Within the reviewed grey literature, interventions, policies, and strategies to promote social capacity in Edmonton primarily focused on building social connectedness and sense of belonging.

Many interventions and community programs sought to build **social connectedness**, particularly among very vulnerable populations (VVP)<sup>5-9</sup>. For example, a teen family supportive housing program used a strengths-based, capacity building approach to help teens build supports and a sense of community through a ‘structured support’ model<sup>7</sup>. This model balanced independent living with the provision of support via budgeting, day programs, and group activities such as the photovoice project<sup>7</sup>. Other initiatives increased social capacity through community-based research approaches<sup>6,7,10-12</sup>. For instance, an exploration of housing insecurities faced by newcomers increased social connection through group-based photography and storytelling<sup>10</sup>. Similarly, community-led intergenerational initiatives such as the *From Age-ing to Sage-ing* project<sup>12</sup> demonstrated improved social connectedness among participants (e.g., seniors and students living in high poverty neighbourhoods)<sup>12,13</sup>.

Other interventions aimed to improve **sense of belonging** among specific local populations<sup>6,10</sup>. For instance, the Multicultural Health Brokers’ (MCHB) model successfully promoted sense of belonging among seniors new to Canada by providing culturally appropriate support in multiple languages<sup>6</sup>. For LGBTQ2S seniors, sense of belonging was increased through inclusive housing options<sup>14</sup>. Other strategies to increase social capacity included using a community-based research approach<sup>6,10,11</sup>, inter-generational programming<sup>12</sup>, and creating community at the neighbourhood level<sup>7</sup>.

### ECONOMIC VITALITY

Economic vitality is one of the building blocks of urban wellness. Supporting the economic vitality of inner city communities includes addressing income inequalities, employment opportunities, affordability (e.g., cost of living), education, and local business investment. While economic vitality is recognized as a core dimension of urban wellness, there were few examples of initiatives specifically targeting economic vitality within the grey literature we reviewed. The interventions and strategies that were reported focused on addressing income inequalities and affordability.

Recent *Vital Signs* reports<sup>15,16</sup> and the *2016 Edmonton Point in Time Homeless Count*<sup>17</sup> provide descriptive overviews of **income inequalities and cost of living** in Edmonton. For instance, the median income in Edmonton among immigrant populations is lower than that of non-immigrant populations and income inequality in Edmonton is worsening<sup>15</sup>. Furthermore, approximately 25,000 renters in Edmonton spend over 50% of their income on housing expenses, which illustrates the high cost of living within the city<sup>15</sup>. The *Community Bridge* initiative is an example of an Edmonton-based program that supports vulnerably housed individuals by providing income supplements, loan forgiveness, and financial literacy courses<sup>5</sup>. It has resulted in reduced evictions and reduced stress among vulnerably housed individuals<sup>5</sup>. To accommodate the high-cost of living in Edmonton, a teen-families housing initiative provided an indefinite subsidy to support teen-families<sup>7</sup>. Other

strategies to improve affordability within the city have proposed discounted or free public transit passes for low-income individuals and vulnerable youth and adults<sup>18</sup>. One strategy proposed to reduce poverty in Edmonton was the development of a living wage policy for municipal employees and contract staff<sup>18</sup>. Another aim of this strategy was to also encourage other employers to learn about and offer living wages to their employees<sup>18</sup>. In 2017, the living wage in Edmonton was estimated at \$16.31/hour for a family of four to live modestly<sup>19</sup>.

## SAFETY AND SECURITY

Safety and security is a key aspect of urban wellness and encompasses food in/security, housing in/security, familial and community safety, and public health. Interventions, strategies, and policies reported in the grey literature mainly focused on housing security and personal and community safety.

Interventions, strategies, and policies to address **housing insecurity** for VVP were the most common ‘action area’ within the grey literature. Within Edmonton, organizations have focused on the housing needs of refugee and immigrant populations<sup>6,10</sup>, youth<sup>7,11</sup>, LGBTQ2S seniors<sup>14</sup>, individuals with addictions<sup>20,21</sup>, victims of domestic violence<sup>22</sup>, and individuals who are homeless/vulnerably housed<sup>15,17,18</sup>. The majority of the documents we reviewed reported on the nature of the problem and provided recommendations to address the problem identified<sup>6,10,14,17,18,21,22</sup>. For instance, a consultation with relevant stakeholders identified a need for the *Managed Alcohol Program*, a harm-reduction, dignity-enhancing model that increases connections to housing supports<sup>21</sup>. Other documents examined the role of landlords to support victims of domestic violence, such as providing the landlords with training initiatives and public awareness campaigns<sup>22</sup>. One tested intervention included the *24/7 Mobile Assistance Program* (i.e., support for VVP by providing resources to address their needs and reduce homelessness)<sup>20</sup>. This intervention housed 48 individuals over two years, and increased efficiencies among the Edmonton Police Service and Emergency Medical Services<sup>20</sup>. The *24/7 Mobile Assistance Program* estimated that housing 26 clients experiencing homelessness in one year resulted in a return on investment of \$600,000 to \$1.2 million<sup>20</sup>. Similarly, the *Heavy Users of Service* (HUoS) collaborative initiative increased the percentage of vulnerable persons housed over a 12-month period by using a collaborative case planning approach<sup>23</sup>.

Within Edmonton, organizations are working to support **family and community safety** in a number of ways<sup>7,11,16,22,24</sup>. For example, the *Sexual Assault Centre of Edmonton* (SACE) received funding to update public awareness materials and expand crisis services – a response to a recent spike in sexual assaults in the city<sup>16</sup>. Safety was also a major priority of a strategy to end youth homelessness within the *High-risk Youth Unit* in Edmonton<sup>24</sup>. This included a focus on building positive relationships with youth, developing safety plans, and keeping open lines of communication<sup>24</sup>. In reference to **community safety**, the *Edmonton Police Service 2016 Citizen Survey*<sup>25</sup> and the *Neighbourhood Crime and Disorder Profile*<sup>26</sup> provided descriptive overviews of crime and safety in Edmonton. These were monitoring reports, which can be useful for assessing changes over time.

## PHYSICAL AND MENTAL HEALTH

Physical and mental health are essential aspects of urban wellness and are comprised of a number of dimensions including healthy eating, physical activity, health services (use and access), and mental health. The grey literature revealed health care access and mental health (specifically social

isolation and addictions) as common foci for intervention and community strategies among local wellness partners.

While not specific to primary health care, one reported research project explored access to and experiences of **health care services**<sup>27</sup>. Their aim was to gather information that could be used to improve access to health services (i.e., service navigation, co-located services)<sup>27</sup>. Other grey literature suggested that improvements to health care services should focus on better coordination and wrap-around supports<sup>6,7,24</sup>.

Interventions to support positive **mental health** and reduce **social isolation** commonly focused on seniors. For instance, the *Finding Isolated, At Risk Seniors Project* suggested using gatekeepers (e.g., family, friends, neighbours, primary health care providers) to identify ‘at risk’ seniors<sup>9</sup>. Seniors centres, which use a community hub model, were also among the strategies discussed to promote social inclusion, reduce isolation, and provide opportunities for leisure activities<sup>13</sup>. Interventions and strategies to improve mental health also focused on **addictions**. The *2016 Edmonton Point in Time Homeless Count* found that for nearly 25% of respondents, addiction and substance abuse contributed to their experiences of homelessness<sup>17</sup>. A number of proposed programs to address addictions included supportive housing with wrap around services (health, social, recreation, laundry)<sup>21</sup>. In addition to improvements in substance abuse, these programs were also expected to reduce homelessness<sup>21</sup>.

## BUILT AND NATURAL ENVIRONMENTS

The built and natural environments play an important role in urban wellness. A number of different interventions have sought to improve inner city environments and included neighbourhood housing, vacant and underutilized lots, natural, green/blue spaces, paths and trails, and urban streetscapes. With the exception of housing, there were few examples within the reviewed grey literature that included these dimensions. We did, however, find interventions in relation to the following aspects of the built and natural environment: neighbourhood design<sup>7,14</sup>; transit<sup>19</sup>; and accessibility of public spaces<sup>8,28</sup>.

**Neighbourhood design** was most commonly discussed as a positive aspect of community in relation to **housing initiatives**<sup>7,14</sup>. For example, teen families participating in the *Successful Families* program, a supportive housing initiative, described the importance of the connection between housing and local amenities (e.g., playgrounds, public libraries, transportation, and shopping centres)<sup>7</sup>. Similarly, LGBTQ2S seniors and ‘soon-to-be’ seniors in Edmonton described the importance of connections between housing for seniors and local amenities (e.g., park and recreation facilities were identified as the most important feature of housing location, followed by shopping centres<sup>14</sup>).

In 2016, the *Ride Transit Program* started a new initiative to make **public transit** more affordable and accessible through cheaper transit passes for low-income residents<sup>19</sup>. These passes were offered at approximately one-third of the price of the regular monthly pass<sup>18</sup>. Additionally, free monthly transit passes were offered through the *Providing Accessible Transit Here* (PATH) initiative to support attendance at school, medical and social service appointments, and work opportunities for homeless/precariously housed people<sup>19</sup>. The impacts of these interventions were not described.

'Youth bans' were reported in the grey literature and related to the **accessibility of public spaces**. 'Banning' refers to "the practice of formally informing a person they must leave an area, service, or property, and not return for a specified amount of time"<sup>28, p.2</sup> and contributed to feelings of rejection and unworthiness among vulnerable youth<sup>28</sup>. Recommendations for how to better communicate youth bans included collaborating with youth to develop better protocol/guidelines, more funding for youth agencies, and increasing access to housing supports<sup>28</sup>. Accessibility of public space was also described in relation to park design (e.g., lack of park benches<sup>8</sup>, a feature that may be particularly important for seniors).

## - FINDINGS: POLITICAL FACTORS -

We assessed the grey literature according to five political factors of interest to MaRS Discovery District: **duration of intervention/assessment** (i.e., long-term or short-term); **governance and conflict resolution models**; **data-sharing processes**; **service delivery models** (i.e., centralized or dispersed); and **integration of a systems-level approach**. We organized these political factors according to the type of report provided in the grey literature: descriptive and position paper reports; program evaluation reports; and strategy and policy reports. Given the diversity of literature reviewed, not all political factors were relevant for each category of documents.

### DESCRIPTIVE AND POSITION PAPER REPORTING

The majority of documents were descriptive and position paper reports (n=19)<sup>6,8,10,11,14-19,21,25-27,29-33</sup>. That is, they provided an assessment or answered a research question related to urban wellness and/or a program or service; for example, neighbourhood crime and disorder<sup>25,26</sup>, homelessness and poverty<sup>17,32,33</sup>, and general community wellbeing<sup>15,16,19,29,30</sup>. Other position papers provided descriptions of facilitators and barriers experienced by particular populations in relation to wellness indicators. For example, documents reported on housing security among refugee, immigrant, and LGBTQ2S seniors<sup>6,10,14</sup>. Other documents provided an overview of health care services and accessibility for VVP<sup>27</sup>.

Descriptive and position paper reports generally followed two trends with regards to reporting on the **duration** of initiatives: continual monitoring<sup>15,17,19,25,26</sup> or a single time point<sup>6,8,10,11,14,21,27</sup>. For instance, the *2016 Edmonton Point in Time Homeless Count* was the 12th iteration and therefore was able to explore changes that occurred over time<sup>17</sup>. In comparison, assessments such as the *Managed Alcohol Committee Stakeholder Consultation*<sup>21</sup> or the *Low Income Immigrant and Refugee Seniors: Housing and Health Needs Assessment*<sup>6</sup> were one-time initiatives to better understand a specific problem or issue.

In relation to **governance and conflict resolution models**, the grey literature included both top-down and bottom-up approaches to community partnership. The *Edmonton Police Service 2016 Citizen Survey*<sup>25</sup> and the *Community Wellness Service for Vulnerable People Public Engagement and Research* report<sup>29</sup> were examples of top-down research or data collection strategies. Other initiatives engaged community members using bottom-up community-based research approaches such as photovoice<sup>6,11</sup>. Top-down assessments may be useful for a general overview of a problem or issues<sup>25,29</sup>, while more bottom-up, community-engaged approaches can provide a deeper understanding<sup>6,8,10,11</sup>. Community-based approaches can be more time consuming, but offer additional benefits such as community capacity building<sup>6,8,10,11</sup>.

The descriptive and position paper reports indirectly related to **data-sharing processes** – they explicitly aimed to either to gather data to inform policy and practice recommendations<sup>6,10,25,27</sup> or gather data for monitoring purposes<sup>18,25,26</sup>. Only a few of the descriptive and position paper research reports explicitly indicated how the data would be used<sup>25,27</sup>. For example, the Edmonton Police Service conducts their citizen survey as a monitoring strategy to identify the key concerns of the community and provide feedback to the police service<sup>25</sup>. Similarly, the *Caring and Responding in Edmonton* (CARE) project<sup>27</sup> used data collected to inform the development of program supports to improve access to health care services.

## PROGRAM EVALUATION REPORTS

The second most common type of report found in the grey literature focused on program evaluation reports (n=11)<sup>5,7,9–12,20,23,27,34,35</sup>. The majority of the program interventions in those reports targeted chronic homeless and housing insecurity<sup>5,7,10,20,23,34</sup>. Many of these interventions focused on coordinating, advocating for, and navigating appropriate, safe, and affordable housing<sup>7,10,20,23</sup>.

Similar to the activities discussed in the descriptive or position papers, the **duration** of interventions varied, and in many cases, was not explicitly reported in the document. For instance, the *24/7 Mobile Assistance Program* reported impacts over a two-year period<sup>20</sup>, whereas other community-based research projects were more time limited in nature<sup>10,11</sup>.

With regards to **governance and conflict resolution models**, the majority of interventions had strong partnerships across diverse sectors such as health and social services, the Edmonton Police Service, school boards, and other non-government, not-for-profit organizations<sup>5,9,12,20,23</sup>. Other community-based research initiatives engaged with research partners both inside and outside the university<sup>7,10,11</sup>. One of the outcomes of the community-based research approach was that the process helped to develop meaningful relationships and fostered mutual learning among those whose lives were the focus of the inquiry<sup>10</sup>.

Common themes related to **service delivery models** were interdisciplinary collaboration across sectors, the provision of high-impacts supports (e.g., forgivable loans), and system navigation assistance<sup>5,10,23,27</sup>. For example, the *Community Bridge* model aims to prevent evictions by providing supports such as forgivable loans and system navigation<sup>5</sup>. The *CARE* project is another service delivery model targeting VVP groups by working to develop practical program supports to improve access to and the experience with healthcare services<sup>27</sup>. While this initiative is still being developed, it is expected to address barriers to healthcare access such as availability of transportation, navigator support, co-located and wraparound services, and cultural awareness and understanding among other factors<sup>27</sup>. Similarly, *Heavy Users of Service* (HUoS) is a collaborative initiative that uses an integrative case planning approach to increase the independence of VVP groups and decrease medical, police, and social interventions<sup>23</sup>. This integrative model brings together various service providers (e.g., health, police, social service organizations such as income supports) once a week to provide intensive case planning for VVP<sup>23</sup>.

There was no explicit discussion of **data-sharing processes** within the literature reviewed. Nevertheless, impact evaluations<sup>23</sup> often relied on data collected and provided by other organizations, such as the *2016 Edmonton Point in Time Homeless Count*<sup>7</sup>.

We saw indications of a **systems-level approach** in many of the interventions that provided housing supports. These models emphasize the importance of a ‘housing first’ approach before accessing and connecting with other services to improve long-term outcomes for homeless and vulnerably housed populations<sup>5,20,23</sup>.

## STRATEGY AND POLICY REPORTS

A smaller sub-set of the grey literature reported on strategies or policies (n=10)<sup>13,21,22,24,28,36–40</sup>. These targeted various populations including people experiencing homelessness or at risk of eviction<sup>24,36</sup>, seniors<sup>13</sup>, vulnerable youth<sup>28</sup>, specific neighbourhood communities<sup>40</sup>, Indigenous peoples<sup>38</sup>, and victims of domestic violence<sup>22</sup>.

With regards to **duration**, the strategies in the grey literature were predominantly longer-term. For instance, some strategies had long-term goals, such as prevention of youth homelessness<sup>24</sup>. There were also examples of ‘quick-wins’ that could be implemented in the short-term (e.g., neighbourhood revitalization)<sup>39,40</sup>.

A central aspect of the strategies reported in the grey literature was **governance and conflict resolution models** that included engagement across sectors<sup>13,24,39,40</sup>. For example, in relation to neighbourhood revitalization strategy development, local businesses, city staff across departments, and community members were consulted to help inform the direction of the strategy<sup>40</sup>.

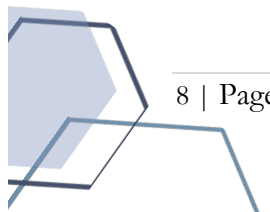
Many of the strategies included recommendations for **data-sharing processes** infrastructure or capacity<sup>13,24,37,39,40</sup>. For instance, the *Seniors Centres of the Future*<sup>13</sup> strategy highlighted the importance of information sharing between senior centres, other senior stakeholder groups, and within partners to increase reach and impact. Similarly, the *Community Strategy to End Youth Homelessness in Edmonton*<sup>24</sup> recommended establishing a coordinated assessment strategy and a coordinated approach to research, information sharing, and evaluation. Promising examples were highlighted in the strategy including the coordinated intake program run by Homeward Trust<sup>24</sup>. Other strategies used existing databases (e.g., census and local data from the City of Edmonton) to inform their revitalization strategies<sup>39,40</sup>.

The *Senior Centres of the Future* strategy provided an example of a **systems-level approach** to urban wellness that works across sectors to promote resource sharing and collective impact<sup>13</sup>. It included community hubs that support social capacity building and mental and physical health through volunteer programs, cultural diversity, and intergenerational programming<sup>13</sup>.



## KEY MESSAGES

- Much of the provided grey literature focused on housing-related interventions, actions, and policies. This highlighted the importance of ‘housing first’ strategies to promote urban wellness in Edmonton and the number of community organization with activities related to housing in the context of urban wellness.
- The most common types of document we reviewed were descriptive and position paper reports, which typically provided overviews related to urban wellness indicators.
- While there were a few examples of program evaluations across a range of wellness indicators, few of the documents included in the provided grey literature reported on formal evaluations or assessments of program impact.





## REFERENCES

1. de Leeuw, E. Evidence for Healthy Cities: reflections on practice, method and theory. *Health Promot. Int.* 24, i19–i36 (2009).
2. City of Edmonton. Recover: Edmonton’s Urban Wellness Plan. (2018). Available at: [https://www.edmonton.ca/city\\_government/initiatives\\_innovation/Recover-urban-wellness-plan.aspx](https://www.edmonton.ca/city_government/initiatives_innovation/Recover-urban-wellness-plan.aspx). (Accessed: 12th June 2018)
3. MaRS Discovery District Solutions Lab. Recover: Edmonton’s Urban Wellness Plan. *MaRS Discovery District Solutions Lab* Available at: <https://www.marsdd.com/systems-change/MaRS-Discovery-District-solutions-lab/Recover-edmontons-urban-wellness-plan/>. (Accessed: 12th June 2018)
4. City of Edmonton. Recover - Research. (2018). Available at: [https://www.edmonton.ca/city\\_government/initiatives\\_innovation/Recover-research.aspx](https://www.edmonton.ca/city_government/initiatives_innovation/Recover-research.aspx). (Accessed: 12th June 2018)
5. Bissell Centre. *Community Bridge - Executive Summary 2017 Evaluations*. (2017).
6. Keenan, L. *Low Income Immigrant and Refugee Seniors: Housing and Health Needs Assessment - Final Report*. (2017).
7. Gokiart, R. *et al. The Life We Deserve: A Model of Supportive Housing for Teen Families - Final Report*. (2017).
8. Morrison, D. *Central McDougall Community Mapping Process Results*. (2016).
9. Simmons, D. & Sage. *The Finding Isolated, At Risk Seniors Project - Final Report*. (2015).
10. Multicultural Health Brokers Co-operative. *Housing - Immigrant & Refugee Communities in Edmonton: Community-based Action Research Final Report*. (2018).
11. Puddu, C. & Nykiforuk, C. I. J. *Voices from the Street: Stories of Vulnerable Youth in the Shadow of Urban Development*. (2018).
12. Mears, S. & Sabo, S. *From Age-ing to Sage-ing*. (2015).
13. Citizen Services. *Seniors Centres of the Future - Final Report*. (2017).
14. Goldblatt, A. & Horne, T. *Into the Closet Again?* (2015).
15. Edmonton Community Foundation. *2016 Vital Signs Report on newcomers*. (2016).
16. Edmonton Community Foundation. *Vital Topic - Women in Edmonton*. (2018).
17. Homeward Trust Edmonton. *2016 Edmonton Point in Time Homeless Count Final Report*. (2017).
18. Kolkman, J. *A Profile of Poverty in Edmonton Update 2017*. (2017).
19. Edmonton Community Foundation. *2017 Vital Signs Report on Belonging*. (2017).
20. Chan, G. *24/7 Mobile Assistance Program - 2014/15 Summary Report (DRAFT)*. (2015).
21. *Managed Alcohol Committee Stakeholder Consultation and Financial Analysis Reports – Key Learnings*. (2016).
22. The Centre for Public Legal Education. *Domestic Violence: Roles of Landlords and Property Managers - Final Report*. (2017).
23. Three Hives Consulting. *Heavy Users of Service: The HUoS Client Journey*. (2017).
24. Homeward Trust Edmonton. *Community Strategy to End Youth Homelessness in Edmonton*. (2015).
25. Edmonton Police Service. *Edmonton Police Service 2016 Citizen Survey*. (2016).
26. Edmonton Police Service. *Neighbourhood Crime and Disorder Profile*. (2017).
27. Sharma, S. *The CARE Project: Caring and Responding in Edmonton*.
28. The Old Strathcona Community Mapping and Planning Committee. *Youth Bans: Policy, Implementation, and the Perspective of Youth and Stakeholders - Final Report*. (2017).
29. Leger. *Community Wellness Service for Vulnerable People Public Engagement and Research - Final Report*. (2017).
30. City of Edmonton. *Community Wellness Services - What We Learned*. (2018).
31. Edmonton Hoarding Coalition (EHC). *'Snapshot' of Hoarding in Edmonton*.

32. Boyle Street. *Reporting Stats - Weekend*. (2018).
33. Boyle Street. *Reporting Stats - Weekday*. (2018).
34. Rodriguez, J. M. & Eidelman, T. A. Homelessness Interventions in Georgia: Rapid Re-Housing, Transitional Housing, and the Likelihood of Returning to Shelter. *Hous. Policy Debate* 27, 825–842 (2017).
35. Seniors Association of Greater Edmonton (Sage). *A Proposal for an Integrated Community Response to Hoarding in Edmonton*. (2013).
36. City of Edmonton. *Jurisdictional Scan Report on Eviction Prevention Programs in Canada (DRAFT)*. (2016).
37. Housing Services. *Region of Waterloo Emergency Shelter Program Framework*. (2017).
38. In Synch Consulting Inc. *Edmonton Community Plan - Urban Aboriginal Strategy*. (2015).
39. City of Edmonton. *Queen Mary Park & Central McDougall Urban Design Analysis*. (2017).
40. City of Edmonton. *McCauley Revitalization Strategy*. (2010).