



# BUILDING A DREAM

**TOWARDS A SUSTAINABLE &  
EVOLVING HOUSING PARTNERSHIP**

---

The History, Vision and Future of the Wellesley Central Residences Inc.



# Permission to Reproduce

This report was created by Sarah Switzer for the Wellesley Central Residences Inc. Board in June 2015.

Material used to inform this report can be found in the Fife House archives. Permission to access this material can be made through the chair of the WCRI Board.

The report can be cited as: Wellesley Central Residences Inc. (June 2015). *Building a Dream: Towards a Sustainable and Evolving Housing Partnership*. Toronto: Sarah Switzer.

Top Front and Back Cover Photos:  
*Keith Hambly.*

Bottom Cover Photo from:  
Hollobon, Joan. (1987). *The Lion's Tale: A History of the Wellesley Hospital*. Irwin Publishing, Toronto.



# Wellesley Institute

## Dedication

This report is dedicated to Rick Blickstead, Wellesley Institute CEO (2003-2013) whose energy, perseverance and leadership played a central role in building the bricks of the WCRI. <sup>1</sup>



The Wellesley Central Residence Inc. (WCRI) Board of Directors thanks Sarah Switzer, Charles Shames and Dennis William Magill for their contributions.

**Charles Shames**, of Fife House, oversaw the development of this research project. With meticulous care he reviewed and edited drafts of this monograph.

**Sarah Switzer** is an amazing researcher. She completed the tape-recorded interviews, consolidated the information and is author of this monograph.

**Dennis William Magill** undertook editing of the original manuscript. He is a sociologist with a strong belief in social justice and equity. He urged the WCRI Board of Directors to undertake this research. There are, he argued, important social policy lessons to be learned from the partnership between Wellesley Institute, Fife House and WoodGreen Community Services. Lessons that can guide future housing Initiatives.

He served on the Wellesley Hospital Board (1990-1998), chaired the Wellesley Institute Board of Directors (2001-2007) and was the founding Chair of the WCRI Board of Directors (2004-2006). In fulfilling these roles, with his persistent and dynamic stewardship, he was instrumental in turning the dream of WCRI into a reality. Dennis is an inspirational and visionary leader and fearless advocate for a more equitable health care system.

*Tony Di Pede*  
*Chair, WCRI Board of Directors (2007-2012)*  
*WCRI Board Member (2007-2016)*



Dedication	3
Tribute	4
Foreword	7
Preface	8
Acknowledgements	9
Executive Summary	10
Introduction	12
Organization Profiles	13
Key Players and Roles	14
Overview: Wellesley Central Residences Inc.	15
Methodology	16
Building on a Legacy: The Wellesley Central Hospital and the Urban Health Initiative	17
The Closure of Wellesley Central Hospital and the Urban Health Initiative	18
The Urban Health Initiative	20
Planning for a New Urban Village	21
Wellesley-Magill Park	24
Wellesley Central Residence Inc.	26
The Emergence of the WCRI	27
Wellesley, Fife House and WoodGreen: The Formation of a Partnership	28
Financing Building Design and Development	31
Site Design and Building: Bringing Seniors and People living with HIV Together	33
Navigating Different Organizational Cultures	35
Building Operation: A Blended Community	38
Moving in: Establishing Organizational Roles	39
Community Programs: Life at the Di Pede Residence	41
Board Level Changes: Change in Governance Structure	42
After the Storm: Towards a Blended Community	44

**Indicators for Successful Partnerships 46**

Developing and Maintaining Partnerships: WCRI as a Case Study 47

- Navigating Different Cultures, Articulating Shared Values* 47
- Passionate Leadership* 49
- A Facilitated Process* 49
- Financial Sustainability and Political Support* 50
- Clear Roles and Expertise* 51
- Integration and Communication: Not Working in Silos* 52

Lessons Learned: A Successful Model for Housing Partnerships 53

**The Future of the Wellesley Central Residences Inc. Board 57**

The Future of the WCRI 58

Conclusion: Towards More Sustainable Housing Partnerships 59

**Appendixes 60**

Appendix A: Interview and Focus Group List with Positions 61

Appendix B: Press Releases 62

- Tony Di Pede Affordable Housing Complex* 62
- Wellesley-Magill Park* 64
- Ron Robertson Community Fund* 65
- Tony Di Pede Affordable Housing Complex* 66

Appendix C: Memos 67

- Fife House Memo on building updates from Ruthann Tucker, to all staff, July 29, 2005*

Appendix D: Works Cited 70



The history of the Wellesley Central Residence Inc. is rife with lessons for today's environment. The policy environment within the City of Toronto and Provincial Governments is at a crossroads. Both levels of government have common views that the lack of affordable housing within the City of Toronto has reached unacceptable levels and have established a joint structure investigating the policy and funding options to address affordable housing needs. At the same time a number of groups have formed including the Toronto Alliance to End Homelessness and the National 20,000 Homes Campaign to bring together agencies and non-governmental organizations providing affordable housing and other related social supports. All of this is occurring at a time of a large Ontario provincial debt, tightening budgets and the forecast of very moderate economic growth over the next decade.

Solutions to address the chronic housing shortage and aging homeless populations with complex health issues will require innovative financing and partnership solutions. All of this makes the release of Building a Dream: Towards a Sustainable and Evolving Housing Partnership such an important document. It chronicles the development of the Wellesley lands after the closure of the Wellesley Hospital and the successful integration of 3 partners in the development of the Wellesley Central Residents Inc. At times the project looked doomed to fail, but if it were not for the passion and determination of the leadership of all three institutions the lands would not have been developed. Instead of the Wellesley-Magill Park, the Re kai Centre, and the Tony Di Pede Residence, private condominiums would have probably been built.

As the Wellesley Central Residence Inc. looks to the future it seeks as its mission to play a catalyst role in supporting the formation of partnerships to effectively advocate, develop and support those who are marginally housed. The partnership model of bringing together organizations serving such different communities in the creation of a unique model (seniors and members living with HIV/AIDS) has relevance today. Toronto and Ontario will require leadership, the formation of partnerships not before considered and innovative funding models to meet the affordable housing needs of the future.

*John Stevenson,  
Board Chair, WCRI  
June 24, 2015*



**WELLESLEY**  
Central Residences Inc.  
Inspiring Community  
Advancement

## Living in a Dream

“It is a miracle. Like living in a dream.” These are the words of a senior resident when I asked her in 2014 about living in the Di Pede Residence. Dreams are fleeting experiences; however, the residence is an affordable, and supportive not-for-profit home for frail seniors and individuals living with HIV/AIDS. What is the history of this dream? How did the values inherent in the Wellesley Hospital’s Urban Health Initiative – health equity, social justice, and community involvement – provide the underlying pillars upon which the housing complex is built? What is the nature of the partnerships that bonded together to plan, build and operate the residence? When the residence opened in 2008, what were the issues faced by individuals from the partnerships? How did they navigate different organizational cultures? What services are provided in the blended community? What are the important indicators of successful partnerships in the housing field? Building on these indicators, what is a model for successful housing partnerships? Sarah Switzer provides carefully researched answers to these questions. Her analysis explains how a dream is transformed into reality.

This monograph focuses on the amazing partnership between the Wellesley Institute, Fife House, and WoodGreen Community Services. It acknowledges the contributions of three residence founders who nurtured the growth of the partnership: Tony Di Pede, Ron Robertson and Rick Blickstead. The building is named the Tony Di Pede Residence. This honour recognizes his role as a passionate community advocate for health equity and social justice. The late Ron Robertson was a thoughtful and provoking muse during the planning of the residence and consequently the first floor community room is named the Ron Robertson room. As Chair of the Wellesley Institute’s Board of Directors (2001 - 2007) and founding Chair of the residence Board of Directors (2004 - 2006), I had the privilege of witnessing Rick Blickstead’s outstanding organizational skills as he moved the initial idea of the residence to completion. This monograph is dedicated to Rick Blickstead whose energy, perseverance, compassion and leadership played a central role in building the residence. On behalf of the residents living at the Di Pede Residence, thank you Tony, Ron and Rick.

*Dennis William Magill, Ph.D.*

*Professor Emeritus*

*University of Toronto*



**WELLESLEY**  
Central Residences Inc.

Inspiring Community  
Advancement

“I DON’T THINK ENOUGH PEOPLE HAVE [RECEIVED] THE CREDIT FOR WHAT THEY HAVE DONE. YOU KNOW WE WERE ALL PROUD TO BE A PART OF IT. CLEARLY PEOPLE LIKE DENNIS [MAGILL] AND TONY [DI PEDE] AND RON ROBERTSON HAD THE INITIAL VISION OF WHAT THEY WANTED TO DO. YOU KNOW RUTHANN [TUCKER] AND MYSELF AND BRIAN [SMITH] ADDED TO IT AND GAVE OUR OWN OPINION [AS WELL AS] PEOPLE IN OUR ORGANIZATION AND OUR BOARD AND THE PEOPLE IN THEIRS. TO MAKE THIS HAPPEN A LOT OF PEOPLE WERE INVOLVED. PEOPLE AT GEORGE SMITHERMAN’S OFFICE, PEOPLE AT KYLE RAE’S OFFICE, THE CITY PLANNER, ALL THAT KIND OF THING. I WISH I COULD PUT A BRICK WITH THEIR NAMES ON IT. WE WOULD PROBABLY RUN OUT OF BRICKS TO PUT NAMES ON IT. YOU KNOW? SO THAT TO ME IS WHAT I THINK IS THE TRUE LEGACY OF THIS.”

---

RICK BLICKSTEAD, FORMER CEO OF WELLESLEY INSTITUTE

The author would like to thank the following individuals for their assistance on the report.

Charles Shames and Dennis Magill played a significant role in providing feedback and guidance.

- Boucher, Claude
- Blickstead, Rick
- Cooke, Angela
- Di Pede, Tony
- Gregory, Georgette
- Hambly, Keith
- Magill, Dennis
- Marchese, Connie
- Munsayac, Julian
- McMaster, Susan
- Moody, Carrie
- Pascual, Cristina
- Purchase, Wayne
- Rae, Bob
- Rae, Kyle
- Shames, Charles
- Smith, Brian
- Smitherman, George
- Soskolne, Ron
- Stanberry, Sophia
- Stevenson, John
- Troyan, Nadiya
- Tucker, Ruthann
- Van Camp, Lauren
- Whatmore, Larry

# Executive Summary

This report documents the unique partnership between WoodGreen, the Wellesley Institute and Fife House from past, present to future in the formation and operation of the Wellesley Central Residences Inc. (WCRI). The Wellesley Central Residences Inc. was formed by the Wellesley Institute after the closing of the Wellesley Central Hospital in the late 1990s.

Wellesley Central Hospital had a unique role in serving people living with HIV/AIDS, the gay, lesbian, bisexual and transgender communities, and seniors in South East Toronto. In continuation of the hospital's mission, and the legacy of the Urban Health Initiative, the Wellesley Institute made land available on the hospital site and joined with Fife House Foundation and WoodGreen Community Services to build the Wellesley Central Residences, a supportive housing complex in the heart of the city at Sherbourne and Wellesley.

The WCRI envisioned the building of the residences as part of a new urban village at Wellesley and Sherbourne. It was important that the urban village be financially sustainable, and honor commitments made to the community at the time of the hospital closure. To make this vision a reality, the Wellesley Institute sold a third of the land to Tridel Corporation (for condominiums), as well as the Wellesley Central Hospital site to Sherbourne Health Corporation (now known as the Sherbourne Health Centre). In addition to the residences, the Re kai Centre (Wellesley Central Place), a long-term care facility, was also leased from the Wellesley Institute for 35 years and opened in September 2005. The Wellesley-Magill public park was also designed as a legacy to the former hospital lands, and as a meeting place for the neighbourhood.





The report highlights the emergence of the WCRI and the subsequent design, development and operation of the Wellesley Central Residences otherwise known as the Di Pede Residence. As a governance board, the WCRI brought together three unique agencies - the Wellesley Institute, Fife House and WoodGreen - with particular skill-sets to oversee the funding, construction, and design of the building. Having built a number of residences, WoodGreen was able to provide expertise around building design, finance and construction. In contrast, Fife House was able to maneuver many of the political hoops required to navigate municipal and federal politics. The Wellesley Institute, as a neutral organization, played the role of facilitator. Despite having to navigate different organizational cultures and sizes, as well as financial challenges along the way, the three organizations were perseverant in their commitment to build and deliver supportive housing.

As a result of the tireless commitment of many individuals, the Di Pede Residence sees the blending of organizations, staff members, and residents (frail seniors and people living with HIV). However, no community or partnership is built without struggle; a community must build itself. In fact, it is overcoming key challenges and troubleshooting them together which build cohesion across a team and organizations. The report draws on the success of the WCRI as an effective partnership model at the governance level, while also attending to some of the challenges of bringing two distinct organizations together for building operation. Stories from front-line workers and managers involved in the transition act as glue for the provision of seamless integrated care for residents in the present day. Using the WCRI as a case study, the report concludes with identifying key factors for the success of the WCRI partnership. These factors include navigating different cultures and articulating shared values; passionate leadership; a facilitated process; financial and political sustainability; integration and communication; and clear agency roles and expertise. Drawing on literature on successful partnership development, these factors are further extrapolated to build a model for successful housing partnerships. The model includes structural, contextual/temporal, governance, organizational/operational and individual-level factors. At each level, specific strategies such as attending to windows of opportunity (i.e., funding/policy), or building flexible and open partnership agreements are documented for future organizations.



This report documents the unique partnership between WoodGreen, the Wellesley Institute and Fife House from past, present to future in the formation and operation of the Wellesley Central Residences Inc. (WCRI). The Wellesley Central Residences Inc. was formed by the Wellesley Institute after the closing of the Wellesley Central Hospital in the late 1990s. Wellesley Central Hospital, a University of Toronto teaching hospital, had a unique role in serving people living with HIV/AIDS, the gay, lesbian, bisexual and transgender communities, and seniors, in South East Toronto. In continuation of the hospital's mission, the Wellesley Institute made land available on the hospital site and joined with Fife House Foundation and WoodGreen Community Services to build the Tony Di Pede Affordable Housing Complex, a supportive housing complex in the heart of the city at Sherbourne and Wellesley. The residence is referred to as the Di Pede Residence throughout the report for consistency.

The report documents the past, present and future directions of the WCRI. Section one focuses on the history of the Wellesley Central Hospital, the legacy of the Urban Health Initiative, and the subsequent envisioning of an urban village site. This history and legacy is important in setting the stage for the formation of the WCRI, and instilling key values of housing as a determinant of social health. Section two highlights the emergence of the WCRI as a governance board, financial and political “push” factors in the site development of the Di Pede Residence and the formation of the Wellesley, Fife House and WoodGreen partnership. Section three focuses on building development and construction of the Di Pede Residence, the transition from building design to operation (and subsequent challenges), and importantly, life at the Di Pede Residence: a blended community. This is not a comprehensive picture of ‘life at the Di Pede Residence’, and future work would be wise to learn from the unique successes and challenges of front-line staff, volunteers and residents. Nonetheless, the section is important for providing a brief glimpse at understanding what makes a partnership ‘work’ on the ground. Stories from front-line workers and managers involved in the transition act as glue for the provision of seamless integrated care for residents in the present day. Section three also discusses WCRI by-law changes in 2011, resulting in a change of the WCRI governance structure.

Using the WCRI as a case study, section four builds on the history outlined in sections one through three in order to map key factors for the success of the WCRI partnership – namely, different cultures, shared values; passionate leadership; a facilitated process; financial and political sustainability; integration and communication; and clear agency roles and expertise. Drawing on literature on successful partnership development, these factors are further extrapolated to build a model for successful housing partnerships. The model includes structural, contextual/temporal, governance, organizational/operational and individual-level factors. Last, section five maps future directions for the WCRI board, as identified by current and former board members.

---

Photographs and diagrams for this report were provided by individuals involved in the development of the WCRI, as well as the archives of Fife House, Wellesley Institute and WoodGreen.



**Wellesley Institute:** The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy institute. It focuses on developing research, policy and community mobilization to advance population health. **Vision:** A healthier and more equitable Greater Toronto Area for all. **Mission:** Advance population health and reduce health inequities by driving change on the social determinants of health through applied research, effective policy solutions, knowledge mobilization, and innovation.



**Fife House** is an innovative, client-focused provider of secure and supportive affordable housing and services to people living with HIV/AIDS in the Greater Toronto Area. Fife House is recognized as a North American leader in its delivery of services, which are focused on enhancing quality of life, building on individual strengths and promoting independence - recognizing that access to secure and affordable housing is a key determinant for the health and well-being of people living with HIV/AIDS. In 2014/2015 Fife House served almost 600 residents & clients. Fife House provided support services to more than 200 residents/clients through its Supportive & Transitional Housing Programs and to an additional 360 clients, including families, through its Homeless Outreach Program.



Opportunity made here.

**WoodGreen:** Celebrating 75 years of success in 2012, WoodGreen Community Services is one of the largest social service agencies in Toronto. A founding United Way of Toronto member agency, WoodGreen has grown to span 34 locations and serves 37,000 people each year. WoodGreen helps people find safe, affordable housing, seniors live independently, internationally-trained professionals enter the job market, parents access childcare, children and youth access after-school programs, newcomers settle in to Canadian life, homeless and marginalized people get off the streets and youth find meaningful employment and training.



**The Wellesley Central Residence** was built as the result of the amazing partnership between the Wellesley Institute, Fife House and WoodGreen. Opened in 2008, it provides supportive housing for seniors and people living with HIV.

# Key Players and Roles

The following individuals are mentioned throughout this report, and played a central role in relation to the WCRI. In addition, Fife House and WoodGreen staff and volunteers have played a vital role in the day-to-day operation of the Di Pede Residence. Without the passion and dedication of board members, staff and volunteers, the partnership would not be possible.

**Blickstead, Rick**

Board Member, Wellesley Institute (2002); Acting CEO, Wellesley Institute (2002-2003); CEO, Wellesley Institute (2003-2013)

**Di Pede, Tony**

Board Member, Wellesley Central Hospital (1995-1998); Board Member, Fife House (1999-2000); Board Member, Wellesley Institute (1998-2007); Board Member and Board Chair, WCRI (2006-2015)

**Hambly, Keith**

Executive Director, Fife House (2007-2015)

**Magill, Dennis, Ph.D.**

Professor Emeritus, University Of Toronto; Wellesley Central Hospital Board Member (1990-1998); Board Chair, Wellesley Institute (2001-2007); Founding WCRI Board Chair (2004-2006) and Board Member (2006-2015)

**McMaster, Susan**

Project Manager, Housing Unit; Manager, Facilities Development, WoodGreen (1990-2008)

**Rae, Bob**

Leader of The Liberal Party of Canada (2011-2013); Member of Parliament (Liberal Party) (2008-2013)

**Rae, Kyle**

Toronto City Councillor (1991 – 2010) For Ward 27 (1997-2010)

**Smith, Brian**

President/CEO, WoodGreen (1978-2014)

**Smitherman, George**

Member of Provincial Parliament – Toronto Centre-Rosedale (Liberal Party) (1999-2010); Minister of Health And Long-Term Care (2003-2008)

**Soskolne, Ron**

Consultant – Site Design, (2002-2006)

**Stevenson, John**

Board Member, WCRI (2011-2015), Board Chair, WCRI (2014-2015)

**Tucker, Ruthann**

Executive Director, Fife House (2000-2007)

**Whatmore, Larry**

Vice President, Finance, WoodGreen (1993-2015)

“THE WHOLE IDEA OF THIS BUILDING, THAT HOUSING IS THE GREATEST UNMET NEED, HAS BEEN IDENTIFIED BY HIV POSITIVE FOLKS, FOLKS WHO ARE ON LIMITED INCOME, FOLKS WHO HAVE MULTIPLE ISSUES, HOMELESSNESS, MENTAL HEALTH AND SOMETIMES SUBSTANCE USE, [AS WELL AS] SPORADIC HEALTH ISSUES. AND HAVING A ROOF OVER YOUR HEAD, A PERMANENT ROOF ADDS TO ONES HEALTH, [INCLUDING] BETTER MENTAL HEALTH AND BETTER CONTROL OVER ONE’S LIFE. SO I THINK THAT WAS ALWAYS A GUIDING FACTOR IF YOU WILL, FOR FIFE, AND THE NEED AND DESIRE TO HAVE SUPPORTIVE HOUSING.”

---

KEITH HAMBLY, EXECUTIVE DIRECTOR, FIFE HOUSE

The Wellesley Central Residences Inc. was formed by the Wellesley Institute after the closing of the Wellesley Central Hospital in the late 1990s. Wellesley Central Hospital had a unique role in serving people living with HIV/AIDS, the gay, lesbian, bisexual and transgender communities, and seniors, in South East Toronto. In continuation of the hospital’s mission, the Wellesley Institute made land available on the hospital site and joined with Fife House Foundation and WoodGreen Community Services to build the Wellesley Central Residences, otherwise known the Tony Di Pede Affordable Housing Complex, a supportive housing complex in the heart of the city at Sherbourne and Wellesley. The Tony Di Pede Affordable Housing Complex is a unique home in the urban core of Toronto, a home that recognizes and celebrates the diversity of the communities it serves.

The Tony Di Pede Affordable Housing Complex has 112 apartment units: 56 for people living with HIV/AIDS for which support services are provided by Fife House; and 56 for frail seniors for which support services are provided by WoodGreen Community Services. Residents in the building are integrated on each floor. Eleven of these units are dedicated to Fife House’s Transitional Housing Program. The Transitional Housing Program provides 11 individuals with private units in a communal living and dining space with 24-hour support services. The Transitional Housing Program assists individuals in finding suitable permanent housing through intensive case management addressing finances, health care, housing, social recreation and transportation. The building also includes a roof-top healing garden, community kitchen, communal lounge and ground floor patio. The vision is to create a safe, supportive environment of acceptance and tolerance for all residents of the building.

From here on in, the Tony Di Pede Affordable Housing Complex will be referred to as the Di Pede Residence.

“BOTH THE POPULATIONS WE WERE TRYING TO SERVE WERE VERY CHALLENGED IN ACCESSING APPROPRIATE HOUSING. SO TO CREATE A FACILITY THAT ACTUALLY WOULD SERVE THE NEEDS OF THOSE TWO POPULATIONS IN TERMS OF THEM HAVING ALL THE RIGHTS AND RESPONSIBILITIES THAT TENANTS WOULD NORMALLY HAVE AND MOVE THEM IN TO THAT KIND OF ENVIRONMENT CERTAINLY IN TERMS OF EQUITY, THAT WAS CERTAINLY A BIG THING, THAT PEOPLE SHOULD HAVE EQUAL ACCESS TO HOUSING.”

---

BRIAN SMITH, FORMER PRESIDENT/CEO, WOODGREEN

# Methodology

Information for this report was collected through a variety of sources, namely archival document review, a preliminary review of literature, and key informant interviews. Information contextualizing the partnership, and the closure of the Wellesley Hospital is summarized from ‘Survival Strategies: The Life, Death and Renaissance of a Canadian Teaching Hospital’ (Goyette, Magill, & Denis, 2006). Archival documents from WoodGreen, Fife House, and Wellesley Institute were also reviewed

Interviews from key players involved in the development and maintenance of the WCRI partnership form the backbone of this report. Semi-structured interviews (10) took place over February - March, 2015. As part of the interviews, individuals were asked to draw 3 images representing how they see WCRI in the past, present, and future. After narrating these images, they were asked to title the series. A focus group with current and former WoodGreen and Fife House staff (6) was held in May, 2015. The focus group was designed to harvest stories and to develop a timeline of key moments at the time of building opening [Figure 1].<sup>2</sup> A full list of interview and focus group participants, and their roles, is described in Appendix A.



Figure 1: Historical Journey Wall, Focus Group

<sup>2</sup> The historical journey wall is based on a consensus-based facilitation technique developed by ICA Canada.

## SECTION ONE

# Building on a Legacy: The Wellesley Central Hospital and The Urban Health Initiative



“THE IMAGE IN THE MIDDLE IS THE BLOCK OF LAND SIMPLIFIED THAT WAS THE WELLESLEY CENTRAL HOSPITAL AND THE PRINCESS MARGARET. AND THEY WERE JUST BUILDINGS ON A PIECE OF LAND WITH A CERTAIN GEOMETRY. AND IT WAS SURROUNDED BY A MIX OF PEOPLE [...] THAT HAD VERY LITTLE, NO RELATIONSHIP TO THAT, BUT THERE WAS A LOT OF EXPECTATION AND CONFUSION AND ANTICIPATION ABOUT WHAT WAS GOING TO HAPPEN HERE. [...] THE SQUIGGLES REPRESENT THE DIFFERENT PEOPLE, THE DIFFERENT INTERESTS. [...] THESE ONES SORT OF REPRESENT SPECIFIC INTEREST GROUPS LIKE THE CITY, THE MUNICIPALITY, THE RESIDENTS’ ASSOCIATION ETC.”

---

RON SOSKOLNE, CONSULTANT, SITE DESIGN

# The Closure of Wellesley Central Hospital<sup>3</sup> and the Urban Health Initiative<sup>3</sup>

The Wellesley Central Residences Inc. traces its roots to the Wellesley Central Hospital. In 1910, Dr. Herbert Bruce, a Toronto physician, founded the Wellesley Central Hospital. The motto of the Wellesley Central Hospital, “Jamais sans esperance” (never without hope) guides the development of its successor organization, the Wellesley Central Health Corporation (the Wellesley Institute) as well as the Wellesley Central Residences Inc. Although originally opened as a private hospital to serve the Rosedale community, a predominately wealthy neighbourhood in Toronto in the early 20th century, the hospital’s position as a private hospital (not governed by church or state) allowed it to focus its energies into teaching through a well-developed nursing education program. World War I and the depression put financial pressure on the hospital to accept municipal funds, resulting in a portion of the beds used for public use. In 1942, the hospital acquired public hospital status.

In Ontario, the post-war era (economic growth and changing city demographics) significantly shaped hospital development. Despite the important advent of universal healthcare and associated costs, the period of 1960-1985 was marked by financial stability and service improvement. The period of 1985-1998 saw increased demands and decreased funding. Despite attempts to save the hospital through merger and a public Staying Alive campaign, increasing hospital costs, public demand for increased levels of care, and government cuts put pressure on the hospital, resulting in its eventual closure in 1998. On April 6, 1998, an Operations and Management Transfer Agreement was reached with St. Michael’s Hospital.

While the hospital struggled financially prior to its closure, during the period of 1985-1998, the hospital saw the development of the Urban Health Initiative. This initiative is important in setting key values for the later development of the WCRI.

The Wellesley Central Hospital site is pictured in [Figure 2].



Figure 2: (former) Wellesley Central Hospital, Circa 1985 (Hollobon, 1987, P. 156)

<sup>3</sup> Section one was summarized from Goyette et al. (2006).

# Historic Milestones

1911:	WELLESLEY CENTRAL HOSPITAL FORMALLY OPENS
1912:	FIRST HOSPITAL WING COMPLETED
1917:	DESIGNATED A PUBLIC HOSPITAL UNDER THE ONTARIO HOSPITAL AND CHARITABLE INSTITUTIONS ACT
1932:	DR. BRUCE APPOINTED LIEUTENANT-GOVERNOR OF ONTARIO
1940:	DR. BRUCE ELECTED AS CANADIAN MEMBER OF PARLIAMENT
1942:	GRANTED PUBLIC GENERAL HOSPITAL STATUS
1947:	GRANTED UNIVERSITY OF TORONTO TEACHING HOSPITAL STATUS
1948:	BECOMES THE WELLESLEY DIVISION OF THE TORONTO GENERAL HOSPITAL
1959:	REGAINS INDEPENDENCE FROM TORONTO GENERAL HOSPITAL
1973:	FIRST OFF-SITE CLINIC OPENS
1989:	UNIVERSITY OF TORONTO CALLS FOR ACADEMIC COMMUNITY HEALTH MODEL
1991:	NEW COMMUNITY ORIENTATION SIGNALLED VIA STRATEGIC PLAN
1991:	URBAN HEALTH INITIATIVE
1995:	DISTRICT HEALTH COUNCIL RESTRUCTURING: CLOSURE PROPOSED
1996:	MERGER WITH TORONTO CENTRAL HOSPITAL: WELLESLEY CENTRAL HOSPITAL FORMED
1997:	PROPOSED MERGER WITH WOMEN'S COLLEGE HOSPITAL
1997:	HEALTH SERVICES RESTRUCTURING COMMISSION'S DIRECTION FOR CLOSURE
1997:	STAYING ALIVE CAMPAIGN TO SAVE WELLESLEY CENTRAL
1998:	WELLESLEY CENTRAL HOSPITAL ENDS OPERATIONS
1999:	WELLESLEY CENTRAL HEALTH CORPORATION IS FOUNDED
2006:	WELLESLEY CENTRAL HEALTH CORPORATION RE-NAMED THE WELLESLEY INSTITUTE

Source: Survival Strategies (2006) Edited By David Goyette, Dennis W. Magill And Jeff Denis

Between the period of 1989 and 1995, the Wellesley Central Hospital went through a significant process of transformation, and a “revolutionary paradigm shift” (Goyette et al., 2006, p. 66). In 1991, the hospital’s strategic planning process identified new core values: community-oriented teaching, education, research and service delivery in community/urban health, and community-participation in decision making. The Urban Health Initiative, as defined in 1993, was “to improve the health and well-being of urban populations” in south-east Toronto (Goyette et al., 2006, p. 88). Understood now as a holistic approach founded on the social determinants of health, at the time, the Urban Health Initiative fundamentally changed the provision of care. It was responsible for the development of services like the Health Bus (now run by Sherbourne Health Centre) and a series of renewable grants for projects that promoted the mission of the Urban Health Initiative. The Wellesley Central Hospital “worked with local communities to identify and address their needs, celebrate and build on their strengths and advocate on their behalf. The hospital lobbied governments to build a recreation centre in the neighbourhood and to develop urban health policy. It donated funds and technical expertise to health-related organizations, such as AIDS ACTION NOW and Street Health” (Goyette et al., 2006, p. 99).

It is important to note that the Wellesley Central Hospital was not always well-respected by the community. Prior to the 1991 strategic plan, the hospital was publically regarded as dedicated to protecting class interests, and was reputed to discriminate on the basis of income, race, ethnicity and sexuality. For example, although at the time of closure the hospital was regarded for its specialization in HIV, this did not come about until well-into the AIDS crisis, and happened as a result of community pressure. However, by the time of the hospital’s closure, the hospital was well-supported by the community. This is evidenced by the highly visible and community-led Staying Alive campaign. Although it was unsuccessful in keeping the hospital open, The Staying Alive campaign, chaired by Dennis Magill and supported by many others, was a triumph in maintaining community support for the legacy of the hospital.

In 1999, following the closure of the Wellesley Central Hospital, the Wellesley Central Health Corporation was founded – later to become the Wellesley Institute. A series of legal battles resulted in the Wellesley Central Health Corporation securing the original hospital assets: land and buildings. In 1999, building on the legacy of the hospital’s Urban Health Initiative, the Wellesley Central Health Corporation (Wellesley Institute) organized a planning retreat to develop the following strategic directions:

- Developing a consensus around a framework for urban health in Canada
- Supporting community-based research (CBR)
- Supporting urban health research
- Supporting innovative direct service.
- Raising awareness and educating the public
- Developing new partnerships (Goyette et al., 2006, p. 432).

While these objectives would continue to develop over the next 4 years, the Wellesley Central Health Corporation had found its niche in “promoting the health of urban communities.” It was now ready to move to its next stages of development. From here on in, the Wellesley Central Health Corporation will be referred to as the Wellesley Institute.

“I REALLY DO THINK IT’S ABOUT STAYING TRUE TO THE ORIGINAL MISSION OF WELLESLEY CENTRAL HOSPITAL, WHICH WAS RESPONDING TO THE HEALTH OF LOCAL COMMUNITIES, AND HOW TO TRANSLATE THAT, OR HOW TO TRANSFORM THAT VISION WHEN YOU DON’T HAVE A HOSPITAL ANYMORE, AND ALL YOU HAVE IS AN INCREDIBLE PIECE OF LAND.

HOW CAN YOU CHANGE THAT LAND AND STILL RESPOND TO THE HEALTH NEEDS? AND I ACTUALLY THINK THAT THEY’VE DONE THAT. IF YOU THINK ABOUT WHAT’S GOING TO BE ON THAT SITE, YOU’RE GOING TO HAVE A LONG-TERM CARE FACILITY, YOU’RE GOING TO HAVE SUPPORTIVE HOUSING FOR BOTH SENIORS AND PEOPLE LIVING WITH HIV/AIDS, YOU’RE GOING TO HAVE A PARK AND MARKET VALUE TOWNHOUSES AND A CONDOMINIUM ON IT. SO, ALL THAT SPECTRUM OF WHAT MAKES UP A COMMUNITY IS GOING TO BE THERE, INCLUDING SOME PIECES THAT DIRECTLY LOOK AT HEALTH. AND I THINK THAT’S REALLY QUITE A TRANSFORMATIVE VISION”<sup>4</sup>

---

RUTHANN TUCKER, FORMER EXECUTIVE DIRECTOR, FIFE HOUSE

While the Wellesley Institute had redeveloped its mission and mandate, there was still a question of what to do with the land and assets that had accumulated as a result of the hospital closure and transfer from St. Michael’s Hospital to the Wellesley Institute. The outcomes of the court trial meant that the assets belonged to the Wellesley Institute. As Tony Di Pede explains,

We had gone to court previously during the Staying Alive campaign, and the assets belonged to the corporation. So even if they expropriated them they were going to have to sell them. They were going to have to pay us and we promised that we would put up a good fight. [...] I was on the Executive that was involved in doing a lot of the battle around the Staying Alive campaign. And one of the commitments we made to the community during that time was; we were doing our best, no matter what happened, to leave a health care foot print and some kind of economic engine on the site (Goyette et al., 2006).

The Wellesley Institute held a series of public consultations on what do with the land. At the time, the Wellesley Institute board was comprised of one third business, one third academic, and one third community. Drawing on this integrated community consultation model (and the values of the Urban Health Initiative), the Wellesley Institute organized a series of public consultations with community members, local agencies, religious organizations, The Upper Jarvis Neighbourhood Association, and business owners. For the proposal to be successful, it was important that the community be on board. Dennis Magill, board member, was highly involved with the Upper Jarvis Neighbourhood Association at the time, and helped communicate project expectations and ideas back to the local neighbourhood.<sup>5</sup> Board members also worked with Kyle Rae, the local city councillor at the time, to hold a series of round table discussions at the municipal level with city planners, potential architects, and representatives from the Wellesley Institute.

Starting with the beginning of the Wellesley Central Hospital’s closure, these moving parts all worked as part of a strategic dance in political advocacy. A presentation developed by Magill and Di Pede (2011) [Figure 3] illustrates the structural and individual advocacy factors involved in the development of the hospital site. Structural factors such as community consultation, alliances/partnerships, maintaining networks and linkages, ad hoc and formal committees, and positive media coverage all worked in concert to build the vision for the larger site (Magill & Di Pede, 2011). These factors were complemented by individual traits such as coping with uncertainty, being a team player, passion, tenacity and

---

<sup>4</sup> (Goyette et al., 2006, pp. 429-430).

*Jamais sans esperance* (Never without hope). They are illustrated in the insistence that the site act as a legacy to the Wellesley Central Hospital by contributing to a healthy urban community and being financially sustainable.

Through conversations with Wellesley Institute board members, Dennis Magill, Ron Robertson and Tony Di Pede, the concept of an urban village was conceptualized. Ron Soskolne was hired as a consultant to oversee site development and design of the urban village site. Designed as a legacy to the Wellesley Central Hospital, the end result was a combination of public use, private condo development, health care facilities, and affordable housing which helped to recreate a community hub in the absence of the hospital. As Ron Soskolne explains, this was a very careful and strategic exercise in urban planning:

The idea of what is a healthy urban community really has to do with [...] that it is planned that it's safe, it's diverse and serves the need of a range of people etc. And provides an amenity for the people and for the community at large. It really was a matter of saying we need to work with the city and the community to come up with a master plan. We need to hire really good designers to create it. And we need to make sure that the pieces of the puzzle all fit together well and work. Those are the things that make a healthy living community at the metaphorical level. At the literal level it was, you know, incorporating the particular elements of health care delivery to the specific community, you know, weaving that fabric.

This idea could serve as a legacy to the former Wellesley Central Hospital, and the commitments made to the community at the time of closure. As Rick Blickstead commented,

The Wellesley [Hospital] had been such an important part of the community for, at that time almost 100 years, that we [Wellesley Institute] should do something in the community that gave back and left sustainable long lasting imprint in the community. [Be] cause when the Wellesley Central Hospital came out [closed], for example, there were 6,000 people just shopping around there, so stores closed. There were people who made a living there. It was an integral part of the community. Our options were to simply take the land and sell it, or take the land and sell part of it and use the proceeds to actually fund something that would stay in the community.

And that is what the Wellesley Institute did. Described as an incredibly rare planning process by councillor Kyle Rae (and others), the Wellesley Institute's vision for an urban village materialized closely to plan, into the current site it is today. On October 16, 2000, the Wellesley Institute sold the Central Hospital site to Sherbourne Health Corporation for approximately \$8.1 million. The sale of the former Wellesley Central Hospital building to the Sherbourne Health Corporation (now known as the Sherbourne Health Centre) was an important first step in securing funding to support the Wellesley Institute's plan for the development of the new residence. A third of the land was sold to Tridel Corporation for condominium development. The Reikai Centre (Wellesley Central Place), a long-term care facility, leased their site from the Wellesley Institute for 35 years, and opened in September 2005.

---

<sup>5</sup>These conversations would continue with the Upper Jarvis Neighbourhood Association once Fife House and WoodGreen were selected as agencies. At the time, Fife House was located on Yonge Street and had a strong relationship with the neighbourhood. Similarly, WoodGreen was well known and respected.

NORTH AMERICAN HIV/AIDS RESEARCH SUMMIT  
NEW ORLEANS, LOUISIANA SEPTEMBER 21, 2011

Dennis William Magill  
Tony Di Pede

## STRUCTURAL AND INDIVIDUAL ADVOCACY FACTORS

### STRUCTURAL FACTORS

- Create a space for citizen voice and participation
- Create alliances/partnerships
- Work with distractors
- Establish and maintain networks
- Build links among individuals
- Set up formal and ad hoc committees
- Generate positive media coverage to capture public support

### INDIVIDUAL TRAITS

- Cope with uncertainty
- Be a team player
- Fire in your belly – keep the flame burning
- Tenacity
- *Jamais sans esperance (Never without hope)*

The building of  
WCRI &  
the Di Pede  
Residence

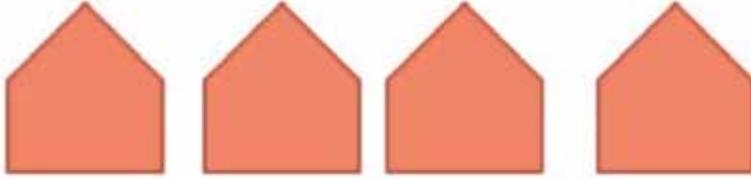
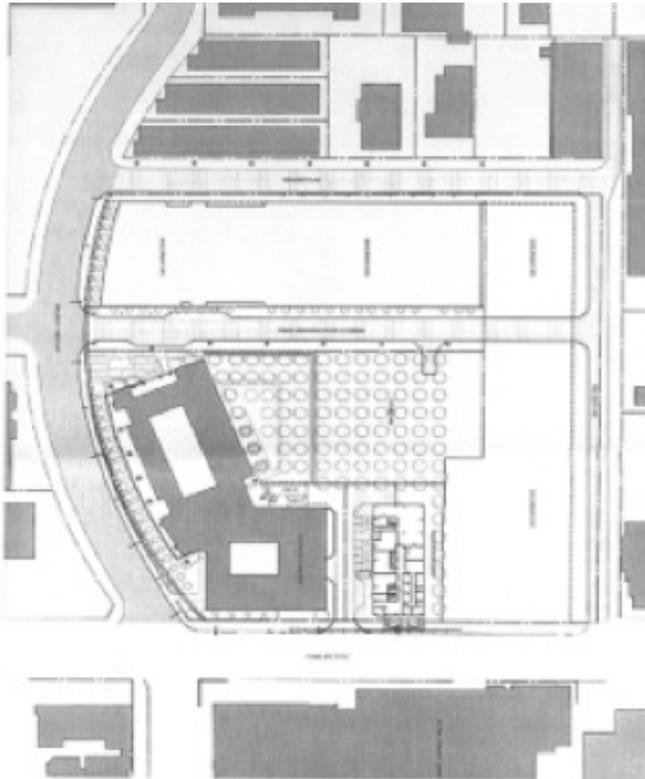


Figure 3: Ups and Downs of Advocacy: A Case Study (Magill & Di Pede, 2011)

# Wellesley-Magill Park

Adjacent to the Re kai Centre, the Wellesley-Magill public park was designed as a legacy to the former hospital land, and as a meeting place for the neighbourhood. In 2005, the city of Toronto approved the building development plans for Wellesley Central Residences [See Figure 4] to be jointly developed by Fife House, Wellesley Institute and WoodGreen through the WCRI. These residences were later re-named the “Tony Di Ped e Affordable Housing Complex” after the passionate and ongoing work of Tony Di Ped e, long-time HIV activist [Figure 5] (Appendix B).

Imagined and planned by Vancouver urban designer, Cornelia Hahn Oberlander, the Wellesley-Magill Park was named and dedicated by Toronto City Council to Dennis Magill [Figure 5], founding WCRI board chair and board member, for his perseverance and commitment to the legacy of the Wellesley Central Hospital. The park was designed with a European aesthetic with a hard, permeable



160 Wellesley Street East - Site Map showing siting of proposed development property on west side of Sherbourne Street, north of the existing Re kai building.

Figure 4: Site Plan - Di Ped e Residence



Figure 5 (Left to Right): Long-Time Activists and WCRI Board Members, Tony Di Ped e; Dennis Magill

clay surface and 100 London plane trees which spread outwards to form a canopy. Given the number of dogs in the neighbourhood, public space was envisioned as a place where community members could gather, walk their dogs, or sit and rest. Unfortunately, challenges with the city parks department meant that the vision was only partially achieved. The city was uncooperative in meeting the specific soil and park maintenance requests, resulting in a softer surface than designed and trees that did not grow as intended. A public art piece, designed by artist Ed Pien was funded by the condominium development company to commemorate the hospital, as well as separate the Re kai Centre from the park. The art piece, entitled “Forest Walk” is made up of eight curved panels of perforated weathered steel. The curved steel “undulates and carves out a space of urban sanctuary, mimicking contours and qualities of ravines in the city: places of psychological



Figure 6: Plaques mounted on the rocks commemorate the hospital, and key individuals involved.

Figure 7: A public art piece designed by Artist Ed Pien.

metamorphosis, uplifting contemplation, and vivification. The figures depicted in the screen [wall] are assisting and supporting one another, while the perforated surface allows one to see beyond, giving a sense of promise.” The panels were named: dusk, mutual support, starry night, gathering at daybreak, chandelier canopy, assisting, and supporting. The panels “acknowledge the struggles of the Wellesley Central Hospital. Rather than tell its story, it promotes and prolongs its spirit of dedication to wellness, health and benevolence. In doing so, it is a lasting, enduring monument celebrating the activities of the site’s history of compassion, hope, and innovation while simultaneously beckoning the same from the future” (Pien, N.D.).

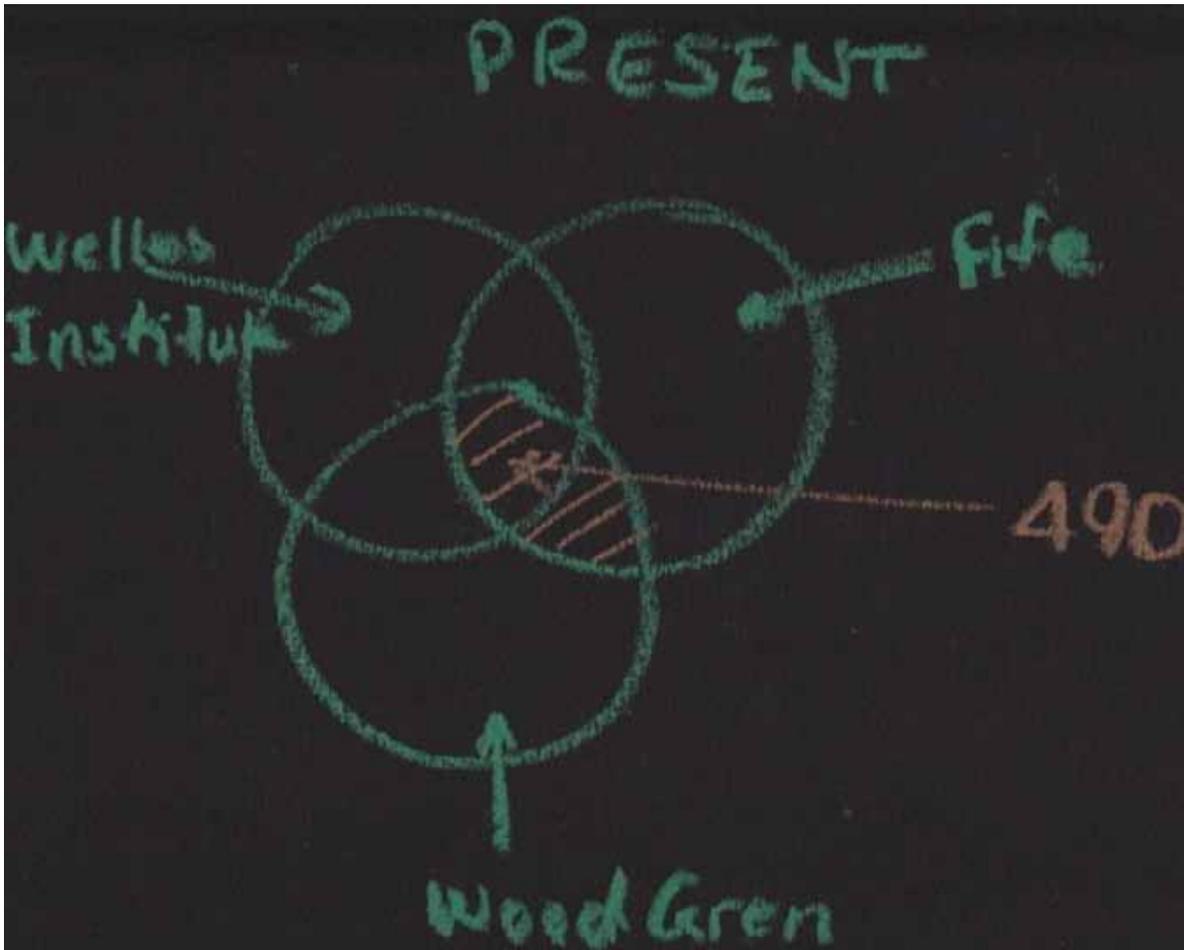


Figure 8: Artist concept of forest walk with sample panels.

Appendix B contains a press release for the dedication of the Wellesley-Magill Park in recognition of Dennis Magill’s many years of passionate community activism. The following section describes the emergence of the WCRI, and the development of the partnership between Fife House, WoodGreen and the Wellesley Institute.

## SECTION TWO

### Wellesley Central Residence Inc.



WCRI Partnership Model - Larry Whatmore, Vice President Finance, WoodGreen

In 2003, Rick Blickstead was hired as the acting CEO of the Wellesley Institute, and became permanent CEO later that year. At the time of his hire, Rick Blickstead re-defined the 1999 strategic plan to include the Wellesley Institute's role in facilitating partnerships.<sup>6</sup> Wellesley Institute was to play the role of “an ‘enabler’ of partnerships among community groups and of individual achievement of optimal health.” As Rick Blickstead noted:

There was a feeling among the Board that there was a need in the community for an honest broker role, someone that would help create partnerships because there a lot of silos in health care. And there are silos as a result of two issues. First, everyone is working so darn hard that they're offering programs and there's no time for planning. And number two, they're all going for the same money, so they're in effect, competitors. Our board wanted to be the spark that started getting these people together and started affecting public policy as a result of that (Goyette et al., 2006, p. 436).

Once the building of the Di Pede Residence was envisioned, a separate board, the Wellesley Central Residence Inc. was established to oversee and govern the building development and partnership process for the other land set aside for the residences. The board was incorporated on July 30, 2004. Dennis Magill described the role played by the core initial board members as “thoughtful and provoking muse” (Ron Robertson), “passionate advocate” (Tony Di Pede), and “compassionate arbitrator” (Rick Blickstead). He viewed himself as a key facilitator to move the WCRI decision making process to completion.

Based on research collected by the Wellesley Institute, the board identified two priority communities as needing affordable housing: frail seniors and people living with HIV. Wellesley Central Hospital's previous experience in serving the needs of people living with HIV/AIDS, and board members' personal connections to communities being served, also played a significant role in this decision. As Tony Di Pede expressed, “At the time, Don Rickard [former Wellesley Institute board chair] said that we would also build supportive housing for seniors. And since I was involved in HIV and AIDS I said, “And disabled.” Which for me was HIV-positive people. That is how the connection between seniors and HIV happened.”

---

<sup>6</sup> In 2003, Rick Blickstead re-defined the 1999 strategic plan to include the following objectives:

1. A determination to work for positive social change
2. A focus on improving community connections
3. A role as an “enabler” of partnerships among community groups, and of individual achievement of optimal health
4. An operational focus on alternative think-tank role relating to policy development and public education
5. A determination to advance leadership in linking the “three solitudes” of applied research, community-based research and the community.

The identification of people living with HIV and frail seniors as key communities requiring housing was also connected to the legacy of the Wellesley Central Hospital. Keith Hambly, the current executive director of Fife House recounts that the intent “was to recognize two communities that were both in great need of housing and support services. [...]and] to honour the wishes of the Wellesley institute and prior to that, the old Wellesley Central Hospital, to recognize the two communities that accessed that hospital before it closed -- those being frail elderly, seniors, and [...] folks who are HIV positive.” While the Wellesley Hospital had initially been criticized for their lack of community-responsiveness during the AIDS crisis, by the time of the Wellesley Hospital’s closure in 1999, they were well regarded for their work with people living with HIV. As he continues,

Wellesley was one of the first hospitals, given its proximity to the gay community at Church and Wellesley area, that really did a lot of ground breaking work around support services for people who were living with HIV and dying of AIDS. They did a lot of outreach, they did a lot of programming and clinical work. You know, there are a lot of things that they probably could have been done better, especially in the early days of the AIDS crisis, but, they did really step up to support a community which was suffering and dying. And in honour of that they recognized, at the Wellesley board level, the need and importance of supportive housing within the community.

A sub-committee was established to identify key housing organizations to approach as appropriate partners. As John Stevenson, current WCRI board chair notes, “it started off with who were the communities we wanted to serve [...] and then saying, ok let’s do a unit. Let’s do a service model that brings these two populations together.”

## **Wellesley, Fife House and Woodgreen: The Formation of a Partnership**

---

“I WENT ON A TOUR OF DIFFERENT SUPPORTIVE HOUSING [UNITS] FOR SENIORS IN THE CITY. AND SEVERAL OF [THE SUPPORTIVE HOUSING SITES] WERE HARD TO SEE, TO BE HONEST. AS A LESBIAN, IT WAS VERY CLEAR THAT OUR LIVES WOULD BE MADE INVISIBLE AGAIN, IF WE DIDN’T MAKE CHANGES TO THE KIND OF SUPPORTIVE HOUSING THAT MIGHT BE AVAILABLE. AND I KEPT THINKING ABOUT THIS COMMUNITY, THIS GEOGRAPHIC COMMUNITY AND YOU KNOW, THE LESBIANS AND GAY MEN THAT WERE LIVING HERE, AND WHAT WOULD HAPPEN AS THEY AGE. AND WOULD THEY BE FORCED BACK INTO THE CLOSET. AND SO THE ALIGNMENT THAT GOT TALKED ABOUT, THAT WE HAVE AN AGING POPULATION LIVING WITH HIV, WE HAVE AN AGING POPULATION OF LESBIANS, GAYS, BISEXUALS AND TRANSGENDERED PEOPLE AND THERE WAS THE POTENTIAL THAT THERE WOULD BE OVERLAP IN THOSE POPULATIONS. AND TO HAVE A FACILITY THAT COULD ADDRESS BOTH POPULATIONS WITHOUT SOME OF THE STIGMA THAT MIGHT BE PRESENT IN WHAT I WOULD CALL MORE TRADITIONAL LONG-TERM CARE FACILITIES OR SUPPORTIVE HOUSING FACILITIES AND WE DECIDED THAT WE COULD DO SOMETHING.”

---

RUTHANN TUCKER, FORMER EXECUTIVE DIRECTOR, FIFE HOUSE

Based on their strong track records, Fife House and WoodGreen were identified as key organizations providing services to the respective communities: seniors and people living with HIV. When asked how and why both agencies were selected, Ron Soskolne explained:

Fife was pretty singular in terms of its commitment and its mandate and presence in downtown Toronto. The choice of WoodGreen was a result from doing a kind of round of consultation with people in the know through various contexts. About who was doing what in terms of the frail elderly and who had the right kind of approach to programs and who had a reputation for flexibility and have been very much downtown oriented. Open minded because [...] negative stigma associated with HIV could be a problem. We talked to several individuals and ultimately the name WoodGreen came up as the one to go with.

History is experienced differently from different vantage points. Some individuals explain how Fife was identified as a clear match early on. In other cases, Fife House is described as playing a more active role in approaching the Wellesley Institute. Perhaps, it is a convergence of many factors.

Relationships between Tony Di Pede, Ruthann Tucker and Dennis Magill and a familiarity with Fife House's track record as an organizational "powerhouse" with strong neighbourhood relationships positioned Fife House as a strong candidate. Tony Di Pede, at the time, a board member of Fife House and the Wellesley Institute, had already been in conversation with Ruthann Tucker at Fife House about converting a former nursing residence building into a single occupancy residence for people living with HIV. As Ruthann explains,

I can remember one day, it is seared into my memory. Tony Di Pede was on the board of Fife House at that time, and he asked to meet with me one morning and I was like, 'sure of course'. And he came into my office - and this was at the time when the head office was on Yonge Street [...] and he said to me, 'What do you know about building housing' and I looked at him and I said 'that would be zero information about building housing.' And he was like 'I think we have an opportunity'. And I just looked at him and said, 'Tony, where is this going?' [...] Everything happened before that moment and then things happened after that moment that were transformational for Fife, and more importantly, for people living with HIV in Toronto. It was an exciting time.

For Tony and Ruthann, this was deeply connected to the legacy of Wellesley Central Hospital. As she continues,

[Tony] was aware that the land that this building is on and the condos, which had belonged to the Wellesley Central Hospital, which of course had been the central place for people living with HIV to get clinical care in Toronto was being redeveloped and Tony was adamant that there needed to be a legacy [...] for people living with HIV. This land needed to be used to help people living with HIV as it connected to what all of us who were here in the 80s experienced when we used to come into Wellesley Central Hospital for our friends and lovers who were dying of AIDS.

However, as both Ruthann Tucker and Tony Di Pede expressed, housing for people living with HIV was not always a priority.

We didn't really have a sense of the schematics if you will of the buildings on the land. And you know, we were not seen as a primary partner at that time. HIV was not on the radar for the redevelopment. Condos were, long term care was, but HIV was not. And we decided that we needed to take a look at the plans right? [...] We set up a secret meeting at my home over on Alexander Street and Tony, and I don't know how it happened but the plans for the land ended up in his bag and ended up at our house. And we were able to take a look at what buildings were on the land, the thoughts that were going into them and thinking about how the buildings could get redeveloped, and we identified an opportunity that we would put a proposal in to that to take on the revision or redevelopment of that nursing residence.

Tony and Ruthann approached the Wellesley Institute about converting the nursing residence into affordable housing for people living with HIV. The Wellesley Institute's immediate response was no. The costs would be too prohibitive and there was not enough land available. However, true to the history of the WCRI giving up was never an option. As Ruthann continued,

But you know, that's only the first no. You can never listen to the first no. Tony and I you know talked again and we decided that we would work, we would get to know the residents association to see what their thinking was on what would happen to the land. I got to know Dennis Magill and he began to come on board with that notion of legacy, of understanding that for our community, the geographic community, the lesbian, gay, bi and trans community that the Wellesley Central Hospital was a central place in our lives, and that, what a testament it would make to be able to see concretely if you will, to see change in HIV [...] And a building that would house people appropriately was an incredible testament to the community. And the journey began. [...] Once the commitment was made, it was clear we were all partners, we were all in it. And we would do our level best to make it happen.

As the neutral player, or facilitator in this process Wellesley consulted individuals and groups working in the housing sector. Finding a partner organization working with seniors who could also work with Fife House was essential. As Rick Blickstead expressed, "we needed someone who would be a great partner that would work with [Fife House], still be able to be a power house on to their own, but understand how valuable partnership was." WoodGreen shared a common vision and understood why partnership was important. They also had the right skills. As Tony Di Pede expressed, "They had everything that no one else had – a huge organization, they had the staff that could actually build a building. [Be]cause neither Wellesley Institute or Fife could do that. They were competent and financially resilient." Having built a number of residences previously (approx. 400 units), WoodGreen was able to provide expertise around building design, finance and construction. In contrast, Fife House was able to maneuver many of the political hoops required to navigate municipal, provincial and federal politics. An alliance was formed. In operation, Fife House would manage the Community Programs in the building, and WoodGreen would act as the landlord for tenants, and manage on-site property cleaning, maintenance, and tenant administration.

## Financing Building Design and Development

---

As described elsewhere in the report, the first round of funds the Di Pede Residence came from the sale of the Wellesley Central Hospital site to Sherbourne Health Corporation and to Tridel Corporation for condominiums. However, financing the remainder of the building (capital and operating costs) was a large endeavor that required both persistence and political will. Early projections showed that the building was estimated to cost \$16M to finance. In the initial years, as the land owner, the Wellesley Institute played a central role in building design, development, and as a financial contributor. The Wellesley Institute leased the land to the WCRI with an established rent of \$2,000,000 paid in advance, of which a million was returned to WCRI to support building construction. The lease term was for a term of 35 years with no automatic right of renewal. The expectation would be that the WCRI would build the building, and retain ownership and responsibility of all building associated costs until end of lease term.

Building political networks was key to securing funding. Political allies like George Smitherman (Member of Provincial Parliament), Kyle Rae (City Councillor) and Bob Rae (Member of Parliament) assisted with securing the first set of funds, \$4M from the Supporting Communities Partnership Initiative program. Once these governmental funds were secured, this provided the WCRI with financial resources to leverage other financing options.

Each organization also needed to secure operating funds from the Ontario Ministry of Health and Long Term Care. For Fife House, which was a small organization at the time, this was a large task. By using community-based research findings, and supportive networks with George Smitherman (Minister of Health and MPP), Fife House applied to the Ministry of Health for increased operational funding. They argued that they could significantly increase service provision and housing to people living with HIV in Toronto by transferring current operating funds (Hasting and Gladstone units) to the new facility. A marginal increase in funding would lead to a substantial increase in housing units – by 35%. However, as the plans for building construction moved on, there were no sign of increased funds. As Ruthann explained,

We had a press conference happening where we were going to announce the start of the construction on the new facility but we still didn't have the operating dollars and it was the morning of that press conference that I got faxed to me the letter from the Ministry of Health that approved the new operating dollars. And I thought that's cutting it right to the wire but we had it. It was the first time that I think I actually shrieked – it's not something I usually do – and ran through the office and said "we've done it, we've done it" and it really was WE have done it. It was an incredible sense of team at Fife at that time from board to staff to volunteers to our residents. It was all of us working together of putting this energy out to make this happen.

Unfortunately, over the course of building design and construction, the WCRI experienced some unexpected costs that threatened the feasibility of completion. First, demolition of the former Wellesley Central Hospital site was not done adequately by the soil remediation company as they did not remove all the contaminated soil. In addition, contaminated fill may have been used to infill the site, resulting in further contamination of the soil. To meet environmental protections and deal with soil toxicity, the WCRI needed to decontaminate

the soil, resulting in added building costs and a lengthy law-suit against the insurance company. Second, the City of Toronto changed its funding subsidy formula, basing rent supplement subsidies on the average cost of rent across the City of Toronto rather than in the downtown core, resulting in less revenue to pay for operating expenses and mortgage payments. Third, after the building opened, the Canada Revenue Agency decided that WCRI would have to pay HST at tax rates which apply to registered charities, instead of the preferential tax rates that apply to municipally-sponsored subsidized housing projects. This was in contrast to the City of Toronto's previous approval of the project as a municipal capital facility. This increased the capital costs by more than \$400,000 for which there was no funding.

The Wellesley Institute stepped in to provide funding to allow the building construction to continue, in light of the unexpected costs described above. The Wellesley Institute granted \$1 million to the WCRI as an equity investment to help finance the loan and to assist in unanticipated building clean-up costs. The Wellesley Institute also agreed to forgive approximately \$150,000 of a bridge loan which was used by WCRI to pay for expenses before they had government funding. Cost of soil clean-up that was specific to the WCRI portion of the total site was approximately \$550,000, to be split between The Wellesley Institute (\$350,000) and WCRI (\$200,000). In the end, the total amount given to WCRI by Wellesley Institute was approximately \$1.5 million.

By the time of the building's opening, the WCRI had secured funding from a variety of sources including the federal government (Supporting Communities Partnership Initiative, administered by Human Resources and Skills Development Canada and Canada Mortgage and Housing Corporation), the provincial government (the Ministry of Health and Long Term Care), the City of Toronto (City of Toronto – "Mayor's Homeless Initiative Fund" and "Special Homelessness Grant") and the Wellesley Institute. After the building opened, the City of Toronto provided additional funding under the Housing Stabilization and Support Fund program to cover the unfunded HST liability resulting from the decision of the Canada Revenue Agency.

Although funding was tight at certain points, WCRI now holds a capital reserve fund to maintain the building, and a healthy operating reserve to fund operating expenses. The Wellesley Institute's ability to absorb some of the costs and to step in financially proved to be essential in the development of both the building and the partnership. The partners' commitment to the initial vision during these stressful economic challenges should not be understated. As Ruthann Tucker eloquently articulated:

I remember the very first architectural rendering of what a building might look like and shivers went up my spine when I looked at it, and I thought, we can do this. We can create more housing. Appropriate housing. We can address the needs of cross-populations by doing this. And you know, what's standing in our way? Money? Well, we just have to deal with that. Money will always be an issue. We can't let money stop us, and our dreams.

## Site Design and Building: Bringing Seniors and People Living with HIV Together

Fife House's 56 units are comprised of:

- 23 bachelor-size apartments (average of 320 sq. ft.);
- 2 bachelor-size apartments that are wheelchair accessible (average of 360 sq. ft.);
- 12 one bedroom apartments (approximately 475 sq. ft. each);
- 2 wheelchair accessible one bedroom apartments (approximately 540 sq. ft.);
- 6 two bedroom apartments (average of 720 sq. ft.).

The Transitional Housing Program occupies the third floor of the building and consists of 11 furnished bachelor apartments (average 220 sq. ft.), each having a private bathroom, storage and small refrigerator for storing medications. They are arranged in a cluster around a communal kitchen, dining room and lounge area, encouraging interaction and socialization.

WoodGreen's 56 units are comprised of:

- 30 bachelors (2 wheelchair accessible) (average of 320-360 sq. ft.);
- 26 one bedroom apartments (2 wheelchair accessible) (approximately 475 sq. ft. each);

Fife House has their offices on the second floor, along with a wellness clinic for clients. The building also includes a roof-top healing garden, community kitchen, communal lounge and ground floor patio.

The site design for the Di Pede Residence began with the planning (and dreaming) of an urban village. Because the Re kai Centre, a long-term care facility, shared land with the Wellesley Central Residences, the WCRI was able to coordinate services like sharing water mains, and loading docks.

Once WoodGreen and Fife House were selected as partners, WoodGreen's Manager of Facilities Development, Susan McMaster was assigned to work alongside the architect, engineers and consultants for the development of the Di Pede Residence. This role included liaising and collecting feedback from Fife House, WoodGreen and Wellesley Institute on building design such as unit size, fenestration, and room allocation. Because each organization played a different role in the partnership, each brought different perspectives to the table. For example, Wellesley Institute, as the owner of the land, had a vested interest in financial concerns whereas Fife House and WoodGreen were invested in making sure the building met their clients' needs. At the same time, each agency worked with staff and residents from their respective agencies to solicit feedback and keep them abreast of changes (see Appendix C). As Keith Hambly explained,

We had a number of joint meetings with WoodGreen staffing teams around the process of finishing the building, doing the construction piece, the retrofits, the "re-dos" which had to take place. We had to ensure that the transitional housing floor was meeting our specifications, there were a lot of meetings around that, and then there was, how do we do outreach for this building? How do we do rent supplements for the building? How will we do tenant selection? And we had good people at the ground level and at the senior level doing that work, but it was a cultural change for Fife. We had been working within our own AIDS service world, if

you will, we hadn't ventured out too far. It forced us to do that, which was a really good thing.

It was important that building design resonate strongly with key values held by all 3 organizations. This included the importance of a stigma-free environment, and an environment where people were able to live with dignity. For example, floors were not designated for seniors or people living with HIV, to ensure a mixing of residents. As Rick Blickstead explained, "The big thing was that we did not want it stigmatized. So it was not going to be that if you got off the elevator from floor 7 to 12, or whatever it was going to be, that that meant that you had HIV/AIDS." The building design was married with a recruitment process that was explicit about the demographic make-up of the building, with hopes that both communities moving in would be more accepting of the other.

### Key Dates:

2004	WCRI INCORPORATES AS BOARD
2004	GROUND BREAKING CEREMONY
2004	WCRI BY-LAWS FORMED WITH DIRECTORS AS DESIGNATES OF WOODGREEN, FIFE HOUSE AND WELLESLEY CENTRAL HEALTH CORPORATION
2006	LEASE AGREEMENT SIGNED BETWEEN WCRI (TENANT) AND WELLESLEY INSTITUTE (LANDLORD)
2005	CITY APPROVES PROPOSED DEVELOPMENT OF 112 UNITS OF HOUSING
2005	ZONING BYLAWS APPROVED BY CITY
2005	WELLESLEY CENTRAL PLACE (REKAI CENTRE) OPENS
2006	PLANS GO PUBLIC FOR TENDERING, CONTRACTORS SUBMIT BIDS
2007	PARK COMPLETE
2008	PARK NAMED WELLESLEY-MAGILL PARK
2008	BOARD PASSED MOTION TO NAME THE BUILDING, THE "TONY DI PEDE AFFORDABLE HOUSING COMPLEX"
2008	BUILDING OPENS (SEPTEMBER, 2008)
2011	BYLAWS REVISITED AND APPROVED FOR CHANGE OF MEMBERSHIP
2011	RON ROBERTSON FUND INITIATED
2012	COMMUNITY ROOM NAMED AFTER RON ROBERTSON
2015	FIRST JOINT CLIENT BETWEEN FIFE HOUSE AND WOODGREEN MOVES IN

Sometimes stakeholder needs around building design were in conflict with one another. The Upper Jarvis Neighborhood Association requested a building design that fit into the aesthetic of the larger neighbourhood. Other individuals interviewed mentioned that the site was intentionally designed without a social housing aesthetic as a way of reducing stigma for those who lived there. This resulted in an original design plan with tall glass windows that fit aesthetically with nearby condo buildings. However, as Susan McMaster explained, this posed some problems for some of the residents, particularly seniors:

The architect wanted to have this floor to ceiling glass box basically, they have designed many condos and they are all big glass boxes. [...] I was concerned that, I did not think that a lot of seniors in particular wanted to live that way. Partly because having floor to ceiling glass, if you are in a 20 by 30 huge open space in an apartment, is one thing, because you are not up against the glass all the time. But living in 500 square feet you are, other than the time you are in the bathroom. You are really on view. And not only that, seniors have memorabilia that they want to, whether it's family or trips, they have stuff that they want to hang on walls, and if you don't give them any walls, they are frustrated.

To resolve this issue, Susan McMaster conducted focus groups with existing tenants in WoodGreen's other seniors buildings. She showed them pictures of different types of units, and asked a series of questions about building design. In the end, a compromise was reached.

Many individuals interviewed also referred to conflict around the size of the units. As one Fife House staff member commented, it was a balance between housing more people, while also ensuring quality of life for the residents. Tony Di Pede relayed a story about Ron Robertson, who has since passed away, and his insistence on increasing the size of the rooms so that people could live with dignity.

The thing that has always made Ron Robertson a hero to me was just one thing. [...] The discussion came about what would the plan for the building look like. And Ron looked at those little tiny rooms and he said that they were not acceptable. I'll never forget it, I mean they just weren't big enough. People were saying "This is social housing" and he just said "They are not big enough." And they got bigger and they had bigger windows. To me it spoke to really the best of what Wellesley Institute was about. We are not just building a building, we are not just a bunch of accountants and lawyers trying to get it done. There is an understanding that people are going to live here and where they live has to be good. [...] No one - no one in that group stopped him. The rooms will be bigger, it will cost more and be what it is. And the ceilings will be higher.

In the end, the overall number of rooms were reduced to increase the size of individual units. However, not all individuals felt the room size of the units were adequate. One of the compromises was to create more communal spaces such as the rooftop patio.

## **Navigating Different Organizational Cultures**

---

As organizations, Fife House and WoodGreen differed in many ways. Fife House, while the largest housing provider in Canada for people living with HIV, was quite small in comparison to WoodGreen, whose staff count at the time averaged 400-500 (vs. 50-60 at Fife). The histories of each organization were also quite different with Fife House being singularly focused on housing and HIV and WoodGreen being multi-service (providing childcare, housing supports for seniors, people who use substances, etc.).

These cultural modes of working together often came up in unexpected ways, and required ongoing work by both management and, once the building opened, by front-line staff.

During building design, these differences were represented when both organizations realized they had differing ideas around vocabulary and the cultures of the communities they served. As Ruthann Tucker narrated:

There was one meeting where a couple of staff from Fife House were at the table talking about the model for service delivery and what the units were actually going to look like, what kind of storage, what kind of kitchen there is going to be. [...] We were talking and one of the staff from the WoodGreen said, well, she had been talking to her mom who was a senior in her late 80s and she asked her mom what was the most important element - she was living in supportive housing - what was the most important part of her apartment and she turned to us, and she said that her moms response was the glory hole. And all of us on the Fife House side just went silent. We were like "The glory hole? What do you mean?" and of course within the lesbian, gay, trans, bisexual community a glory hole means a particular thing which was not associated with women in their late 80s. She explained that the glory hole within Anglican churches meant storage, and she said, 'well what does it mean for you?' And there was just like this dead silence on our side of the table, and it was like 'oh boy'. [...] I explained it of course, and suddenly there was dead silence on the other side of the table. And I thought to myself, and have thought ever since, that, that was a moment of understanding that we were very different agencies from our culture and that this would be an ongoing process of learning about each other and learning that there were different cultures. [...] It was a funny moment and I think it broke down some barriers between the agencies of understanding and commitment to move forward together in a way that I don't think had been there before.

Despite these differing cultures, both agencies worked tirelessly to overcome challenges. On June 25, 2004, Fife House, WoodGreen and Wellesley invited community members, the public, and government officials to an official ground-breaking ceremony [Figure 9-11]. The building opened in September, 2008.

Overcoming cultural differences between agencies would come up again after building opening as front-line staff worked to operationalize the vision of the WCRI. However, the shared values, passionate leadership and tireless commitment of staff and management allowed players to move through the transition en route to a stable partnership between all organizations that would set the stage for building opening.



*You are cordially invited  
to the official groundbreaking ceremony  
for the new community-based  
Supportive Housing development  
for people living with HIV/AIDS and the frail-elderly  
to be built on the site of the former  
Wellesley Central Hospital.*

*Wellesley Central Health Corporation,  
WoodGreen Community Services and  
Fife House Foundation  
are coming together to build  
112 new units of supportive housing.*

*Please join us!*



*Date: Friday, June 25, 2004*

*Time: 10:00 a.m.*

*Location: Wellesley Street East at Sherbourne Street  
(northwest corner of Wellesley Street and Sherbourne Street)  
Please enter the site off of Sherbourne Street*

*R.S.V.P.: by Wednesday, June 23rd  
to Colin Leishman at 416-205-9888 ext 11*

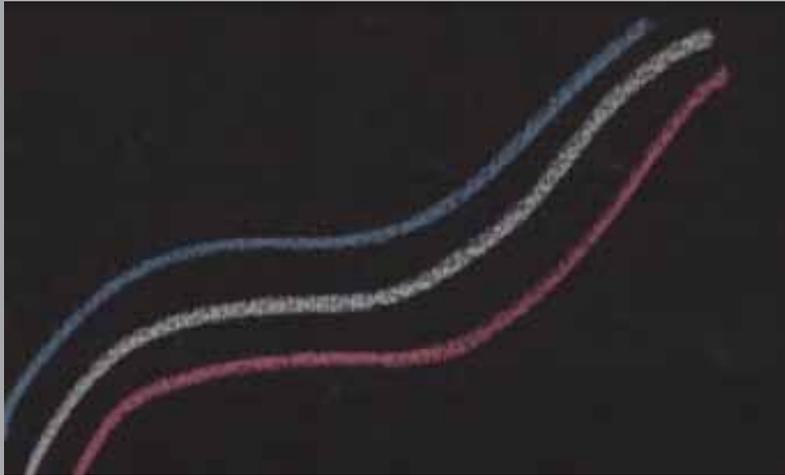
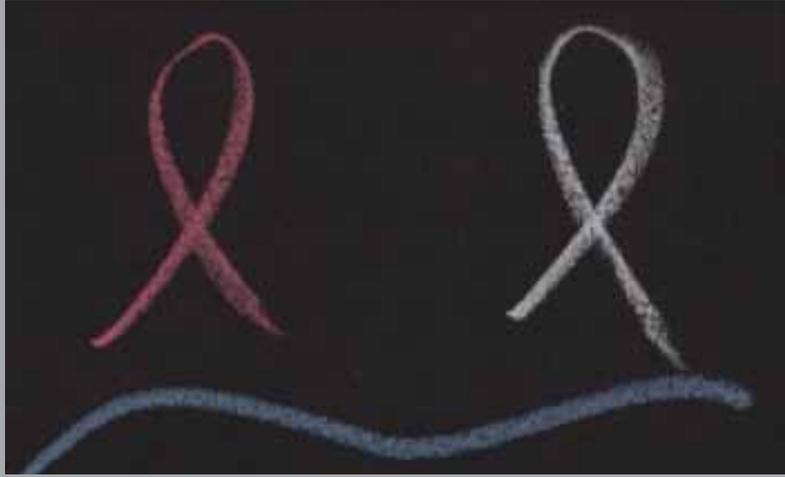
*Light refreshments will be served.*



Figure 9-11: (From Left to Right): Ground Breaking Ceremony Invitation; Vacant Lot Pre-Construction; WCRI Board Members and Politicians. (From Left To Right): Tony Di Pede, George Smitherman, Brian Smith, Ruthann Tucker, Dennis Magill, Stephanie McQuaid, Kyle Rae, Rick Blickstead (Not Shown-Ron Robertson).

## SECTION THREE

### Building Operation: A Blended Community



“RED IS FOR AIDS AND SILVER IS FOR SENIORS. [...] AND THIS IS THE JOURNEY, THE PATH, KINDA COORDINATED, KINDA ALMOST ALIGNED. ALL THE RIGHT CURVES IN ALL THE RIGHT PLACE(S). [...] I MEAN IT’S WHAT HAPPENS IN RELATIONSHIPS, IT’S EVOLUTION. IT’S LIKE THE WAY TIME PASSES. [...] AND THAT IS WHAT HAD BEEN HAPPENING, I THINK THE SERVICE PROVISION IS MORE ALIGNED. YOU CAN REALLY SEE THE DIFFERENCE ..., FOR ME IT’S ALL ABOUT PEOPLE BUT PEOPLE ARE ALSO IMPACTED BY THEIR CONTEXT. [...] THERE IS ALSO WILLINGNESS, BUT THERE WAS A LEARNING CURVE.”

---

TONY DI PEDE

Life Cycle: WCRI Past, Present and Future, Tony Di PeDE

In preparation for building opening, Fife House and WoodGreen worked together to advertise and screen residents for the available new units. Fife House was to develop and manage community programs for both sets of residents, while WoodGreen was to act as the landlord for tenants, as well as manage on-site property management (cleaning, maintenance, and tenant administration). However, both organizations worked together to develop recruitment and screening processes. It was important that people who were moving in were sensitive and accepting of both communities. As Keith Hambly expressed,

My biggest fear was that there would be the issue of stigma coming in to play, because you have a decidedly older population moving in, and of course our clients would span all ages. And we also had six units of housing that were designated for families, that are two bedrooms and so we had people with kids moving in. My worry was around stigma of people who were younger, families, and there were challenges around that. We did not want to advertise the building location as such, as it could identify it as a place where people with AIDS live, but we had to do some outreach. So we did that and I think did it very, very well. And we were very clear that this will be the make-up of the building, this is the purpose of it, to house a wide diversity of people living with HIV.

Residents moved in over the course of two months. Some residents in the transitional program at Fife House's Hastings and Gladstone buildings also moved into the new site.<sup>7</sup>

The transition from building construction to building operation was a challenging time for both organizations. As Keith Hambly continues,

I remember that whole transition from building construction to building operation, that was challenging. [...] We have WoodGreen, a very large multi-service agency with expertise in building construction and building management, as well as seniors programming. Then you have Fife, we were small, compared to them we were very small. Ruthann had to commission a whole restructuring process of the organization to prepare us for the time we would be moving in here. [...] So we were coming from several small residential programs of 5-6 people, our largest being at Jarvis where we were the onsite support, but we had never worked in that kind of integrated partnership model before. I think it took a lot of culture change for Fife to come to that point, and it was all just theory at that time. [...] It was challenging but it was very rewarding.

Front-line staff and management involved in the transition from building opening to operation echoed these sentiments, and the difficulties inherent in both agencies coming together. While the WCRI board had identified a common vision, staff struggled as to what this vision looked like on the ground. Staff needed to develop new policies and procedures, and sometimes these roles conflicted. Additionally, not only were both organizations very different in size and history as discussed above, but organizations differed in terms of labour organization. While WoodGreen was unionized, Fife House was not. This resulted in more restrictive parameters on job tasks, and workspaces than Fife House staff were used to.

---

<sup>7</sup> No Fife House programs or services were eliminated as a result of the new Wellesley site.

Staff expressed this time as a “storming” moment for both organizations. After the first year of moving in, residents and staff identified a very long list of building deficiencies that needed to be resolved. This caused a lot of tension between staff as sometimes their roles conflicted (i.e., WoodGreen’s role as landlord). As one Fife House staff member commented, “All I can remember was clients coming to us and complaining about you know, what’s wrong with their unit. And us having to write down, record, what was wrong with their unit and passing it on to housing and then they had this long list and so out of that came all of these complaints from clients.”

When asked how both agencies worked together to resolve the deficiencies, staff offered different perspectives. Some expressed that the deficiencies contributed to division of Fife House and WoodGreen staff as each organization sought to figure out who needed to take responsibility in addressing the issues.

Fife House Staff: Exactly. At that time [Fife House] would advocate to their clients ‘ok, go to HIV/AIDS Legal Clinic of Ontario (HALCO), this is a building issue, you can’t live under these circumstances’ [...]

WoodGreen Staff: At our end, on the WoodGreen side, in terms of housing, we were getting so much backlash, every minute, with HALCO, residents, Fife ... Fife residents were coming to us with letters [...] saying if you get anything from housing [WoodGreen staff] take it to HALCO. [...] At that point that no one was talking. We stopped talking. We literally stopped talking.

Tensions grew as communication between staff broke down. At the same time, even though this was a difficult time for many, some staff identified that the building deficiencies brought staff together as they needed to address the building issues as an overall team. Community Programs (administered by Fife House) were also a shared space for agencies and residents to come together across agencies, and as described below, have been a successful initiative for bringing communities and organizations together. While the clients Fife House and WoodGreen served had different accommodations, many of the underlying needs and the larger systemic barriers they faced in accessing housing were similar.

## Community Programs: Life at the Di Pede Residence

---

Residents at the Di Pede Residence are provided with personal support worker support, case workers, and recreational/community programs. Community programs are a large asset to the residents of the Di Pede Residence and are an integral element of what makes the partnership work. As one WoodGreen staff expressed, “what really worked in this building was actually the community programming development, compared to other WoodGreen buildings. I think this was actually the key program that actually held the two organizations together. [...] The community programs here are funded very well compared to other sites, that it’s actually what makes the quality of life for the clients here different than other sites that I am aware of.”

The goals of community programs are to:

- reduce social isolation,
- provide opportunities for social-recreational-educational engagement
- offer no-cost wellness services,
- support community development activities, when residents take the lead, with staff support, on some social and recreational programs.

In planning for the building, an emphasis was placed on providing communal spaces that would help support community integration and health and wellness. The first floor has a large community room for communal dining with a kitchen with two stoves, two fridges, lots of cupboard space and a commercial grade dishwasher. The community room is very adaptable for health and education sessions as well as has a garden patio on the back with a barbecue and seating. There is also a ‘living room’ on the first floor with chairs and tables for social gathering for games and a large screen TV for communal movies. The 12th floor has a smaller community room for social gatherings as well as a large outdoor garden patio for flowers and edibles and a seating area with another barbecue for summer outdoor meals. When the new building at the Di Pede Residence opened, in September of 2008, the emphasis was on supporting clients with their transition into a new home. This took the form of orientation sessions, community gatherings, focus groups and other meetings to support a more cohesive community and break down barriers and any misunderstandings or misconceptions between the two diverse sets of clients.

In 2009, programs such as communal dining, transportation services, free haircuts and some wellness services were introduced. In 2010, more intensive community consultations were done, with focus groups and meetings of residents of each individual floor. From the findings of these consultations, new programs and services were introduced, including additional wellness centre services, a variety of educational workshops on relevant topics, as well as social-recreational activities and outings, and community events. In 2011, the Community Room Monitor program was launched. This program trains residents in leadership skills, customer service and business organization and provides support to groups who book after-hours in the Di Pede Residence community spaces. Overall, participation in Community Programs increased as residents became more comfortable with each other and staff in the building. From 2011-2015, new programs have included gentle exercise, smoking cessation and enhanced meal programs. Wellness centre services have also expanded such as two regular reflexologists, naturopathic medicine, friendly visiting with a therapy dog, chair-yoga and a weekly student massage clinic in partnership with the Canadian College of Massage & Hydrotherapy (CCMH).

In 2012, to support activities that fall outside community programs, the WCRI developed the Ron Robertson fund in honour of the late Ron Robertson [Figure 12-13]. As noted on the Fife House website, “Funds will be allocated by the Wellesley Central Residence Board of Directors through a granting system that will review proposals, based on merit, relevance and benefit to residents.



Figure 12-13 (left to right): Ron Robertson (1930-2011); WCRI Board Members and Sheila Robertson at Ron Robertson Community Fund Dedication [from left to right]: Todd Ross; John Stevenson, Bob Oliver, Georgette Gregory; Tony Di Pede; Sheila Robertson, Dennis Magill

The Fund will be held separately by Fife House Foundation, who will issue charitable tax receipts for eligible donations and disburse funds on the direction of the Board.” The board also dedicated the first floor community room in his honour (see Appendix B).

Initial board members spoke highly of Ron and the role he played in developing the residence. Ron was described as being a “muse” for the project, and was admired for his ability to see the Di Pede Residence not just as a building but as a facilitator for building community.

## **Board Level Changes:** Change in Governance Structure

---

In 2011, after the opening of the building, new WCRI bylaws were drafted to change the membership structure of the WCRI. The Wellesley Institute, Fife House, and WoodGreen (who had previously held director positions on the board) would cease to be directors and would instead become corporate members. Directors would henceforth be elected as individuals, without affiliation with any of the founding organizations. Dennis Magill describes this change by way of the following diagram:

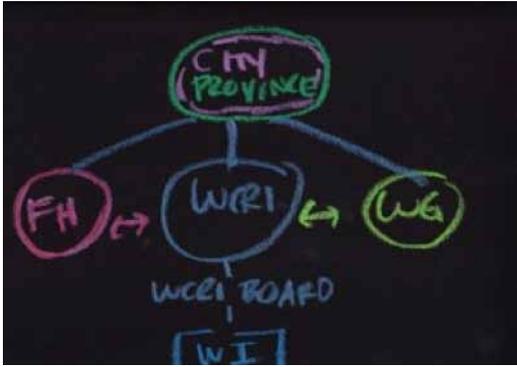


Figure 14: Present Model, WCRI

“At stage two, the new element is the Wellesley Central Residence Board. When the building was established, a separate board was established. [...] Unlike other boards, it is a governing board but its authority in some ways is ambiguous [as no staff are directly responsible to the board]. It reached a point where it became important to have complete independence. Fife House and WoodGreen were not involved as voting board members. And then 3-4 new board members were recruited.”

So the other thing that changes in the diagram is Wellesley Institute disappeared. All of the ambiguous lines between the partners have disappeared and you now have this board established.

The Wellesley Institute’s removal from the board in an official director capacity was anticipated. As a more-policy oriented organization, the Wellesley Institute was never in the business of front-line service provision. As Rick Blickstead notes, “What you want to do is set up an organization that becomes totally independent. The Wellesley should not have any role in it because we needed to be the landlord. The other thing is when we were so involved in it, the Wellesley had money that we had to protect. [...] We just wanted to be the landlord and plus we weren’t in the business of operating it or being on the board of it. That was important for us.”

For Fife House and WoodGreen, while they no longer had a direct role in governance, their role in shaping the overall purpose of the building was paramount. The new bylaws stated that there would be two classes of membership on the board: corporate members (Wellesley Institute, Fife House and WoodGreen) and ordinary members or directors. The key distinction was in voting power. While Fife House, WoodGreen and Wellesley Institute would no longer be acting in director positions, any changes in By-Laws or Letters Patent to change “the objects” (objectives) of WCRI or changes to the structure of membership would require approval by all members. In other words, a new WCRI board of directors could not change the mission or mandate of the WCRI (and hence, the purpose of service provision at the Di Pede Residence) without approval by all parties. These new bylaws were important in ensuring the overall mission and mandate – of providing housing for people living with HIV and frail seniors - was protected.

The flexibility of the WCRI governance model is an important element in the success of the WCRI. As will be discussed below, governance models must fit the context of organization.

## After The Storm: Towards A Blended Community

---

Moving from partnership development to partnership operation is no easy task. The success of the partnership operationally is largely due to the ongoing commitment and openness of front-line staff at both agencies. As many individuals emphasized – at both the board and organization level – partnerships are about relationships. Staff at both agencies stressed the importance of some key individuals who acted as a “bridge” to liaise between staff. While the transition from building design to operation was challenging for staff, new leadership, and some staffing transitions opened up space for individuals to see things from different perspectives.

In the ‘moving in’ process, the residents and staff of the Di Pede Residence had to learn to live together in order to become a “blended community”. Part of living together involved working together as staff and residents to design the interior of the building. Over the years, residents have been involved in consulting on paint colours, furniture, and the layout of the lobby. Photographs by residents from photography outings to Allen Gardens line the hallways. Funds were secured to update the first floor living room into a mini library with a television, couch and variety of books at the request of residents.

Residents also played a crucial role in landscaping the rooftop garden and 1st floor patio as part of community programs. Funded by donors, the garden was initially planted and landscaped as part of a fundraising initiative at Fife House prior to the building’s opening. However, once residents moved in, they vocalized that while it was aesthetically beautiful, they wanted a space that worked for them. As Keith Hambly expresses,

We brought a group of tenants together and had planning meetings that first winter we were here. [...] And they said, we want a garden that works for us. It’s pretty, it’s lovely, but we want more than just sitting there and looking at it. We want it to be a garden that has food as well. In went the lettuce, in went the tomatoes, in went peas and beans, and all sorts of different things. And actually we have expanded the garden space over the last few years to include a rain barrel for watering. Almost everything in that garden is now edible. And I think we have anywhere from 30-40 people accessing those gardens in the summer time to get herbs, tomatoes, we have strawberries up there now. And our catering actually uses some of those herbs in small plantings as well. [...] It was kind of an ah-ha moment when that came about. And the great part is that garden group still continues, it’s got members from both communities and there is great ownership over it, and that is exactly what we wanted, resident-led community programs to have ownership of the building.

The Di Pede Residence now sees the blending of organizations, residents, and community programs. Moving forward, all individuals spoke to the strength of the current partnership, and the services they are able to provide to residents as a result of the partnership. However, no community or partnership is built without struggle; a community must build itself. In fact, it is overcoming key challenges, and troubleshooting them together which builds cohesion across a team and organizations. As Keith Hambly expressed, “It makes for a better, more cohesive building, our community activities. After a while of trying out programs by trial and error, we have a better sense around how do you build a community, how do you get a community to build itself, when you open a brand new building. We have tenants coming from two communities with a multitude of different issues blended in, you have families, you have HIV positive folks, you have younger people, you have seniors.”

As people living with HIV continue to age, there are new opportunities for the blending of both communities. As Keith Hambly expresses,

Whether it was done by design or it has come out that way, we are seeing the blending of this community into one. We have an aging HIV population in this building, some who are now receiving some services from WoodGreen as a person who is 59 plus. We never would have thought of that twenty-odd years ago, and now we are living it. At Fife House, we need to look at how we do our programming, how we do our support, because there are so many factors at play around geriatric service, issues of HIV cognition in an older person, so very different from where we were 10-15 years ago. I really do see a blended community, that is an aging community in this building, which has certainly developed now after 7 years of being open. A very robust and cohesive community that, to my knowledge anyway, there is no division in terms of you are an HIV client or you are a senior. So you don't have those issues of long term stigma within the building. I think there is an amazing group of people that live here and will live here in the future, that see it as a good supportive place to live in downtown Toronto.

## SECTION FOUR

# Indicators for Successful Partnerships

“SOMETIMES THINGS HAPPEN BECAUSE THERE’S AN ALIGNMENT,  
AT A PARTICULAR PLACE AT A PARTICULAR TIME.”

---

RUTHANN TUCKER, FORMER EXECUTIVE DIRECTOR, FIFE HOUSE

## Developing and Maintaining Partnerships: WCRI as a Case Study

Individuals involved in the development and maintenance of the WCRI partnership identified a number of factors that have been essential to the success of the WCRI: navigating different cultures, articulating shared values; passionate leadership; a facilitated process by a neutral facilitator; financial sustainability and political support; clear agency roles and expertise; and integration and communication. [Figure 15]. Using the WCRI as a case study, the following section details how these partnership elements play out in practice both at the board, and operational level of the Di Pede Residence.



Figure 15: WCRI Indicators for Success

### Navigating Different Cultures, Articulating Shared Values

Individuals involved in the WCRI articulated a clear set of shared values and a common vision driving their work [Figure 16]. These values were central to the initial development and maintenance of the partnership, and stemmed from the legacy of the Wellesley Hospital's Urban Health Initiative, an initiative committed to health equity, community involvement, social determinants of health (SDOH), and social justice (email correspondence from Dennis Magill, March 23, 2015). While the Urban Health Initiative pre-dated the development of the WCRI, the values can be seen as a consistent element in the building and maintenance of the partnership. For example, without these values, the land from the Wellesley Central Hospital could have easily been sold to private developers.



Figure 16: Building On The Urban Health Initiative Legacy - WCRI Key Values

On an organizational level, both Fife House and WoodGreen understood the value of working directly with clients to meet their needs. As Brian Smith, former President and CEO of WoodGreen described, “You know to actually work with another organization that their primary goal is working with a community that is serving people with significant challenges, [...] it just was so natural of an experience.” However, the operationalization of these values into shared practice in the early days of the building operation was a struggle as staff at each agency navigated their separate roles within the building, and in relation to residents. As one Fife House staff explained: “Fife House staff were, and way up to management and even directors, were quite politicized...where we were a particular kind of group. And WoodGreen were do’ers. [...] And then WoodGreen was a big organization, you’re small, and we felt, I think sometimes like WoodGreen was taking over. Plus adding the housing, the tenant relationship to that, it was hard.” In contrast, Fife House had their head offices on the second floor of the building, which lead some WoodGreen staff to feel overly scrutinized, as if “big brother was watching.”

Front-line staff spoke to the turbulent transition process (“storming”) as they sought to operationalize the day-to-day workings between agencies into concrete policies and procedures. While a common vision existed to build the Di Pede Residence, there was a lot of work needed to move this vision into practice. As one WoodGreen staff explained,

Roles and responsibilities is a big one, and I think, I mean, the people that were planning it way before, [...] had a vision that they had, but it didn’t translate to the front line. Like we didn’t know what that was. We kind of moved in, we knew there was a partnership. We knew you guys were doing programming, we were doing housing. But that was it.

In response, other staff spoke to the lack of a “clear common ground” or “vision” and the need for more joint meetings with “one sort of voice speaking for both”: “having the clear vision then talking about the meetings and concessions [...] each partner is going to have to make to contribute to that one vision.

I don't think that was talked about. We talked about something as 'this is what we want to do', we didn't talk about anything we want to let go." Shared values are key to any successful partnership. However, as learned from conversations with staff, these values must be articulated in practice. Charles Shamess, director of community programs at Fife House, likened the partnership to an arranged marriage – with both sides coming together to form a union without ever having really dated. "If you think about the partnership, which was not a partnership to begin with, [...] *we formed a partnership.*" It is in the process of working together and weathering the storm that these values are defined and articulated.

## Passionate Leadership

---

**"YOU KNOW IT'S EASY TO BE A PARTNER WHEN THINGS GO WELL. IT IS A LOT MORE DIFFICULT WHEN THINGS DON'T GO WELL. WHEN ALL OF A SUDDEN YOU FIND OUT WE FORGOT TO INCLUDE THIS, OR THERE IS GOING TO BE A BIG DEFICIT, OR WE HAVE TO DO FUNDRAISING, OR ALL OF A SUDDEN WE CAN'T AFFORD THE STAFF THAT WE THOUGHT WE WERE GOING TO HAVE . [...] AND YET FOR THEM TO STAND UP AND GO THROUGH THAT AND WORK IT OUT AND BE COMMITTED TO IT. THAT TO ME IS TRUE PARTNERSHIP WHEN YOU LOOK AT THE RELATIONSHIP OVER A LONG PERIOD OF TIME AND YOU ARE INVESTED IN THAT PARTNERSHIP. INVESTED EMOTIONALLY, INTELLECTUALLY, FINANCIALLY."**

---

RICK BLICKSTEAD, FORMER CEO, WELLESLEY INSTITUTE

Everyone interviewed ascribed part of the success of the partnership to dedicated, entrepreneurial and passionate leadership of key individuals - both on the ground, and at the board level. As Tony Di Pede explained, "You know sometimes for me it might not be the rational, logical thing, but I think partnerships are really made by people. The people that I think were involved in both institutions were both really A-list people. They had all the right credentials and they were smart and whatever, but they were also amicable."

Operationally, leadership was also important. Staff identified the importance of having management that facilitated collaboration between organizations. This was crucial to the success of the daily working relationships between Fife House and WoodGreen.

## A Facilitated Process

---

The role of facilitation was important to both partnership development and maintenance. On an agency-to-agency level, the Wellesley Institute played a neutral role in bringing organizations together, establishing governance models and identifying parameters for the partnership: shared supportive housing. Tony Di Pede described the Wellesley Institute's role as a facilitator: "Facilitator is a better word because it is really quite remarkable about how two disparate organizations like Fife and WoodGreen created a model of care which was so cooperative." As Dennis Magill, former chair of the Wellesley Institute described, the role of the chair was complementary to Wellesley as facilitator:

The board had given [Wellesley] directions that we want to develop the site, we want the residence to take place. I would often have discussions with Rick, we did not always agree, but my view was as long as we are moving forward. The board had listed as its goals, it was Rick's responsibility to make sure it happened. I think I tried to follow the rules of good governance, not getting involved in micromanaging, making sure the CEO was there. And from my own perspective operating as a sounding board, something came up and let's discuss it.

Similarly, while it was not necessarily realized, on an operational level, staff identified that more facilitated meetings "spearheaded by one individual just to bring things together" would have gone a long way in neutralizing some of the conflict in the early days of building operation.

## **Financial Sustainability and Political Support**

---

Financial sustainability was key to the formation and development of the Di Pede Residence. The sale of part of the Wellesley Institute land to Tridel for condominium development allowed for funds to be redirected to the park, and the building of the Di Pede Residence. Wellesley Institute also played a key financial role in supporting the WCRI with unexpected financial costs. However, this was only a start, as money needed to be secured from the government in order to make the project viable. This is where political support became crucial as political players at the municipal and provincial level were able to help cement the vision for the Di Pede Residence.

Personal connections, strengthened by the connectedness of the gay community, helped mobilize political support for the building. Kyle Rae, city councillor for the ward and a long-time supporter of Fife House, was described as "a champion for the project at the political level" who "opened the doors with the bureaucracy" and helped to liaise with the city around by laws, municipal licensing, zone development and park provision. At the provincial level, then Minister of Health, George Smitherman, who was openly gay, and Bob Rae, the current Member of Parliament, also played a key role in leveraging support.

The WCRI's ability to leverage political support should not be underestimated. As Rick Blickstead notes,

Sometimes we had to use Fife's ability to work the politics, because Fife knew when to be nice and when to not be nice. You know, when to use the pressure of something versus not. WoodGreen was very much sort of a middle of the road, solid organization that had a long history of working in the community across Toronto. So you put those two partners together and the Wellesley, and that was a very powerful lobby group that actually got things done.

After the cuts to affordable housing in the 90's, opportunities to gain access to government funding were limited. Both provincial and federal governments had stopped their affordable housing programs, and had redirected costs municipally to City of Toronto taxpayers. In the window between the establishment of Toronto Community Housing Corporation, the then Liberal government had just announced the availability of funding grants for housing. Kyle Rae explained the importance of leveraging funds in a time-limited window:

And in around that time the Liberals lost their majority, becoming a minority, conservative government. So I went to, [...]the head of the housing at the city, and [...] said I just had a meeting with Fife House and they are interested in providing more housing for people with HIV/AIDS and we just had an announcement that there is a new tranche of funds that is available, I want to make this the number one priority for the city of Toronto.

Because the constituents were also behind the project, Kyle Rae did not face any opposition from other members of council. Once money was secured from the government, the WCRI was able to use these funds to leverage that with banks, and the Canada Mortgage and Housing Corporation.

Financial sustainability is important not just for capital or operational costs, but ongoing building infrastructure and maintenance costs as the building ages. As Dennis Magill notes, “It is important because one of the problems with supportive housing projects is as time goes by buildings need repair and where are you going to get the money for that. Because of its financial reserve fund, the immediate stability of the residence is assured financially.”

## Clear Roles and Expertise

---

Each organization brought a specific skill-set for the design, development, and operation of the Di Pede Residence. Skill-sets can be attributed to both individuals *and* organizations. Rick Blickstead explained the unique skills each individual brought to the table:

First you had me coming in from the private sector, having been a CEO running companies. Now thrust into a not-for-profit, which is a different kettle of fish. You had Brian Smith, sort of diplomatic, very measured. And then you had Ruthann Tucker, for whom I have tremendous respect. She knew how to be tough when we needed to be tough and knew all the political levers in a different way than Brian did. And Brian knew levers that were different than what Ruthann did. So what you had for the most part, partners who had different skill sets, who all wanted to accomplish something together.

Each organization also brought different skill-sets to the project. Keith Hambly, current Executive Director of Fife House spoke to the importance of pairing organizations with specific expertise who also knew where they required support.

We had no experience in building a building. We kind of knew what we wanted and we hired people to help design and that sort of thing, but we are not an expert in construction, we always need the partner. [...] Fife’s whole strategy in terms of support services and housing was around partnership. We knew what our expertise was, we know that around HIV and support, but we also know where we need help, and all our programming is centered around partnerships with other agencies, more broadly within social services.

WoodGreen's clear expertise in developing and providing housing, especially in the Toronto east end allowed for the practical knowledge in the building and development of the Di Pede Residence. At the same time, Fife House (being a smaller agency) had strong relationships with their clients, and were well-versed in navigating political systems. Although each organization had clearly defined roles, each organization worked together as part of a larger process that many individuals described as "seamless." As Keith Hambly explains, "You have trained staff and volunteers on both sides, from WoodGreen and Fife delivering both unique services from the HIV perspective but also from an aging perspective."

These clear cut roles and skill-sets also play out in the day-to-day operation of the building. Fife House manages community programs for both sets of residents, while WoodGreen acts as the landlord for tenants, and manages on-site property management (cleaning, maintenance, and tenant administration). These on-site property management positions are reimbursed by WCRI. Each organization also provides their own PSW or client case worker positions for respective clients.

## **Integration and Communication: Not Working In Silos**

---

Communication – between all levels of the organizations – was crucial to both the formation and maintenance of the partnership. In a memo from Ruthann Tucker to Fife House staff in 2005 (Appendix C), she stressed:

Communication. Communication. Communication. Over the next 18 months communication was identified as a top priority. In fact, managing the flow of information, both to you and from you, was seen as critical to the success of the transition to the Wellesley site. [...] This is an exciting time for Fife House, the largest expansion in our history! Your ideas, input and feedback are valued and critical to the success of the changes that we will be going through over the next two years.

The focus on communication and integration early-on transferred into building operations:

"I think the biggest one is around communication and communication flow. I say that not just at a governance level, but [...] at the senior level of staffing and at the ground level, front line. There is a communication flow between all levels of the organization to make things work in this building. There is no silo of a housing provider or the manager of housing in the support services. We are totally integrated, we are separate entities but we are integrated in service delivery."

The integrated model of service delivery is essential not just for communication, but also for providing "seamless" care for residents, for combating stigma against people living with HIV and seniors, especially with mental health and substance use issues, and for saving costs. While management at both organizations credited staff for working well together in the initial years following the building's opening, staff expressed that there was much more of an "us/them" attitude. After a shift in staffing, things began to open up as new staff saw ways to work across silos and identify gaps in communication, helping to eliminate attitudes of us/them. As one WoodGreen staff member notes, "what really worked in this

building was actually the community programming development. [...] I think this was actually the key program that actually held the two organizations together.”

Staff also described the role of particular staff members who acted as a communication “bridge” between agencies. This bridging was institutionalized when Julian Munsayac, formerly a housing coordinator for Fife House, was seconded to WoodGreen in the role of Manager of Housing and Community Development. Having a shared staff person has furthered working relationships between staff at each agency and was seen as a key measure of success by all individuals at both organizations.

## **Lessons Learned: A Successful Model For Housing Partnerships**

---

Effective organizations develop design parameters to fit their situation and context (Mintzberg, 1983). While the WCRI is not an organization on its own, examining the WCRI in light of effective organizations can be useful in assessing key components of its success. Mintzberg (1983) describes organizations with high horizontal role specialization, autonomy and lack of hierarchy in decision-making, clear specialized roles, and key coordinating mechanisms as following an “adhocracy structure.”<sup>8</sup> Using this adhocracy structure as model, WoodGreen, Wellesley Institute and Fife House can be seen as specialists who are deployed to oversee key tasks in the building, development and maintenance of the Di Pede Residence. Here, the board works collectively to make decisions however, as in the adhocracy structure, there is a distribution of power vs. a concentration of power (e.g., each of the organizations cannot overrule another, nor can the board make major changes to the purpose of the building without consulting the respective organizations). Because adhocracy structures rely on using a combination of multi-disciplinary skill-sets to break through the specialization of any particular role, they are particularly innovative: “To innovate means to break away from established patterns: so the innovative organization cannot rely on any form of standardization for coordination (Mintzberg, 1983, p. 254).”

Butterfoss (2007) defines collaboration as “a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to a definition of mutual relationship and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing resources and rewards” (p. 7). Successful collaborations must also be formal and sustained, achieve results together, and possess the ability to share risks, responsibilities, resources, and rewards.

---

<sup>8</sup> Mintzberg’s (1983) theory of configuration was used to describe organizational change processes for the Wellesley Central Hospital from opening to closure, including the development of the Wellesley Institute.

Moreover, Kowalchuk (2004) identifies three basic elements as being associated with the successful establishment of long-term housing partnerships: 1) time to evolve and processes of development to occur; 2) ongoing and dedicated sources of funding; and 3) an administrative structure that serves the needs and goals of the stakeholders and community. Now celebrating its 7th anniversary in operation, the WCRI meets all of these elements identified by Kowalchuk (2004) and Butterfoss (2007).

Using key learnings from the WCRI (both successes and set-backs) [figure 17] presents a model for the development and maintenance of successful housing partnerships. The model includes individual/interpersonal factors; organizational/operational level factors; governance-level factors; temporal/contextual level factors; and lastly, structural-level factors. Elements of the model such as role clarity and definition, member skills and experience, formal organizational structure (governance), group relationships, communication and decision-making have been identified as important elements in evaluating partnerships (Butterfoss, 2007).

While each of these levels can be viewed independently, they all work together to create the necessary conditions for successful partnership (see also: Pettigrew, Ferlie, & McKee, 1992). At the base of the model, individual characteristics such as flexibility and an openness to change as well as strong interpersonal relationships provided an anchor to the partnership. This is compatible with other literature that identifies member characteristics such as mutual respect, understanding and trust, compromise, and members seeing collaboration in their best interest as being core to successful collaboration (Butterfoss, 2007). The middle rungs of the model provide important process and structure to the partnership. The governance and operational processes are key to providing the administrative infrastructure that serves the daily needs and goals of the stakeholders as evidenced by Kowalchuk (2004) above.

Last, the outer rungs of contextual/temporal and structural level factors speak to the larger socio-political environment at the time. Many elements of the WCRI partnership fell into place at the 'right' time. For example, WCRI was able to use relationships at the municipal and provincial level to leverage funding at a time when political parties were shifting. These environmental factors can be directly or indirectly related. For example, while it occurred after construction had begun, the development of the Local Health Integration Networks (the health authorities responsible for the administration of public health care services in Ontario) and their focus on integration of service was a positive environmental factor that may have added to an already supportive environment. The AIDS Bureau also increased funds to AIDS Service Organizations during this time.

Future organizations may want to pay attention to these direct and indirect ‘windows’ of opportunities. This is what Pettigrew et al. (1992) describe as a fit between the change agenda, the availability of key people leading change, the supportive organizational culture, cooperative inter-organizational networks, the clarity of goals, and the socio-political environment. In the case of WCRI, these windows included funding and policy opportunities, political climates, and change-over of staff or leadership roles where new individuals in an organization, government or board brought new opportunities and perspectives.

**“ IN TERMS OF VARIOUS PARTNERSHIPS AND WORK RELATIONSHIPS IT WAS ONE OF THE BETTER ONES I HAD OVER THE YEARS. AND IT’S MAINLY BECAUSE OF THE PEOPLE. YOU GET GREAT PEOPLE TO WORK WITH AND YOU GET GREAT RESULTS.”**

---

**BRIAN SMITH, FORMER PRESIDENT/CEO, WOODGREEN**



Figure 17 - Elements of Successful Housing Partnerships

## SECTION FIVE

### The Future of the Wellesley Central Residences Inc. Board



“THE PRESENT I THINK IS STILL A BIT CONFUSING, IT’S A SERIES OF CIRCLES. I THINK THE ISSUE IS TO FIGURE OUT WHAT THE FOCUS IS; WHETHER IT SHOULD STILL BE ON ORANGE WHICH ARE THE TENANTS THAT ARE THERE OR WHETHER IT SHOULD BE A LARGER AREA WHICH IS THE RED RING. AND WHAT ROLE EACH OF THE VARYING PLAYERS WILL PLAY BECAUSE WE HAVE OVERLAPPING CIRCLES WITH WELLESLEY AND FIFE AND WOODGREEN.”

---

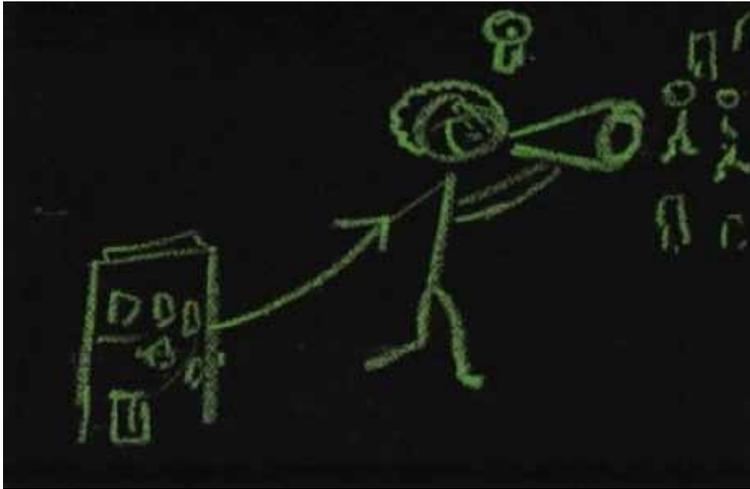
BRIAN SMITH, FORMER PRESIDENT/CEO, WOODGREEN

What are the next steps for the WCRI? The original objectives of the board – to design and develop the site of the Di Pede Residence and affiliated park land – have been achieved. With new members on the board willing and ready for action, the board is at a turning-point. While the board will continue to oversee the Di Pede Residence in terms of infrastructure, less work is needed on an operational level. In October 2014, members of the board participated in a strategic planning retreat where they decided to adopt a catalyst model for the board. This model would allow for the WCRI board to act as a catalyst for future housing partnerships.

John Stevenson, current chair of the board describes the Wellesley Institute’s original role in the WCRI partnership, as a stepping stone for the future direction of the WCRI:

“We were actually viewed often as that third party that can help build alliances and support alliances. So the Wellesley Institute was able to play a role in bringing together two organizations. It may not have happened without that role, who knows? We can’t look back, but we were there to play that connector role. Suddenly as I look to the future, see a need for that role to build capacity, to build alliances. To be the centre of the donut that connects things together.”

As he continues, “Whether we are a part of it or not, let’s create multiple models like this. We can get partnerships either as an advocate or just as this information is disseminated about the opportunities for creating collaborations serving complex communities.” Given the current need for social housing in the city of Toronto, and the current transition in political leadership, members of the WCRI see now as a critical time to take action [figure 18]. The formation of a new provincial housing commission also may provide an important policy window.



“The experience and what we learned should help other communities, other areas that could do the same thing. I felt that the future of Wellesley Central Residences would be to do that. That it wasn’t just going to be operating as an entity for the rest of its’ life. It would morph into something more. So the Wellesley Central Residence legacy would continue to move on.”

Figure 18: WCRI – The Future Vision for WCRI, Rick Blickstead

In addition to acting as a facilitator for future housing partnerships, some individuals spoke about how to include residents as members of the board. Last, staff members of Fife House questioned the potential role of the Di Pede Residence in providing housing explicitly for LGBTQ seniors, as well as people living with HIV.

## Conclusion: Towards More Sustainable Housing Partnerships

---

Affordable and safe housing is a key determinant of health (Krieger & Higgins, 2002). In addition to providing shelter, housing contributes to a positive sense of belonging (Shaw, 2004), and creates social ties and positive social relations (Aidala & Sumartojo, 2007) – both important elements for frail seniors and people living with HIV. After a few years of (expected) turbulence, WoodGreen and Fife House staff proudly report that they are in a period of stability and re-commitment. New staff, increased communication, and new policies and procedures have paved the way for strong working relationships. For board members, the future at the Di Pede Residence is an extension of the present where partners continue to work together to provide “seamless” and integrated care and support to the residents. In fact, as people living with HIV continue to age, the need for blended service delivery (unimaginable 20 years ago) couldn’t be more needed.

This report traces the past, present and future of the Wellesley Central Residences Inc., and the building of the Di Pede Residence. It looks at the values inherent in the Wellesley Hospital’s Urban Health Initiative – health equity, social justice, and community involvement – and their underpinning of the vision to build affordable housing for seniors and people living with HIV. Furthermore, it traces the necessary steps (political, economic, interpersonal) in the formation and maintenance of the partnership between Wellesley Institute, Fife House and WoodGreen in both building financing, construction and operation. Importantly, taking the WCRI as a case study, it examines the important indicators of successful partnerships and makes recommendations for key individual, organizational, governmental, temporal and structural factors in developing and maintaining successful housing partnerships.

Future housing projects may want to look to the WCRI as a successful and innovative case study for housing partnerships – particularly for housing that brings together diverse communities. By sharing risks, responsibilities, resources and rewards, more can be accomplished in partnership than any one actor can accomplish on its own. Indeed, there are many opportunities for the WCRI. No matter what direction the board takes, one thing is certain: as John Stevenson, current president of the WCRI notes, “We can’t do it alone, we are going to do it as partners. That we are stronger together than we are individually.”

# Appendixes

## **Appendix A:**

Interview and Focus group list

## **Appendix B:**

Press Releases

- Press Release: Tony Di Pede Affordable Housing Complex (October 2, 2009) <sup>i</sup>
- Press Release: Wellesley Magill Park <sup>ii</sup>
- Press Release: Ron Robertson Community Fund <sup>iii</sup>
- Press Release: Tony Di Pede Affordable Housing Complex (October 6, 2009) [web] <sup>iv</sup>

## **Appendix C:**

Fife House Memo on building updates from Ruthann Tucker, to all staff, July 29, 2005

## **Appendix D:**

Works Cited

## Appendix A: Interview And Focus Group List With Positions

Interviews (February - March, 2015)	Focus Group (May, 2015) * Positions at date of opening
Blickstead, Rick, Board Member, Wellesley Institute (2002); Acting CEO, Wellesley Institute (2002-2003); CEO, Wellesley Institute (2003-2013)	Munsayac, Julian – Housing Coordinator, Fife House (Currently, Manager of Housing and Community Development, WoodGreen)
Di Pede, Tony, Board Member, Wellesley Central Hospital (1995-1998); Board Member, Fife House (1999-2000); Board Member, Wellesley Institute (1998-2007); Board Member and Board Chair, WCRI (2006-2015)	Moody, Carrie – Coordinator of Community Programs, Fife House
Hambly, Keith, Executive Director, Fife House (2007 – 2015)	Pascual, Cristina – Program Supervisor, Supportive Housing, WoodGreen
Magill, Dennis, Professor Emeritus, University of Toronto; Wellesley Central Hospital Board Member (1990-1998); Board Chair, Wellesley Institute (2001-2007); Founding Board Chair (2004-2006); Board Member, WCRI (2006-2015)	Purchase, Wayne – Office Coordinator, Fife House
McMaster, Susan, Project Manager, Housing Unit; Manager, Facilities Development, WoodGreen (1990-2008)	Stanberry, Sophia – Housing Manager, WoodGreen (2008-2011)
Rae, Kyle, Toronto City Councillor (1991-2010) For Ward 27 (1997-2010)	Shamess, Charles – Director of Community Programs, Fife House
Smith, Brian, President/CEO, WoodGreen (1978-2014)	
Soskolne, Ron, Consultant – Site Design, WoodGreen (2002-2006)	
Stevenson, John, Board Member, WCRI (2011-2015), Board Chair, WCRI (2014-2015)	
Tucker, Ruthann, Executive Director, Fife House (2000-2007) * Transcript from Fife House 25th Anniversary Footage	
Whatmore, Larry, Vice President, Finance, WoodGreen (1993-2015)	

## Appendix B: Press Releases

### TONY DI PEDE AFFORDABLE HOUSING COMPLEX

# THE WELLESLEY CENTRAL RESIDENCE

---

FOR IMMEDIATE RELEASE

## NEW DOWNTOWN TORONTO AFFORDABLE HOUSING COMPLEX COMBINES SERVICES FOR SENIORS AND PEOPLE LIVING WITH HIV/AIDS

*First of its kind in Canada, residence celebrates diversity, tolerance and acceptance  
for seniors, people and families living with HIV/AIDS*

**TORONTO, ON, October 2, 2009** – Wellesley Central Residence, Toronto's first affordable housing complex designed to accommodate both seniors in need of moderate assistance and people living with HIV/AIDS, celebrated its official opening today. The building was developed through a unique partnership with Fife House, The Wellesley Institute, and WoodGreen Community Services.

"Wellesley Central Residence is a unique home in the heart of Toronto that recognizes and celebrates diversity," said Tony DiPede, Chair of the Board of Directors, Wellesley Central Residence. "Each floor of the building integrates senior citizens with residents living with HIV/AIDS, creating a unique community of sharing and support."

The affordable housing complex was made possible by funding from the Government of Canada (through Human Resources and Skills Development Canada and Canada Mortgage and Housing Corporation), the Government of Ontario (through the Ministry of Health and Long Term Care), the City of Toronto and the Wellesley Institute.

The Wellesley Institute, which focuses on finding solutions to problems of urban health and continuing the neighbourhood legacy for the former hospital, made space available for the building near the former site of Wellesley Central Hospital, which closed its doors in 1998. The hospital had a unique community role serving seniors, as well as the gay, lesbian, bisexual and transgender communities in the downtown core.

"Our Government is working to give a hand up to Canadians facing unique challenges," said the Honourable Diane Finley, Minister of Human Resources and Skills Development, "Through this investment, Wellesley Central Residences Inc. is able to provide a safe and supportive housing facility for seniors and people living with HIV/AIDS."

Last year, the Wellesley Institute joined forces with Fife House, a Toronto-based client-focused provider of supportive housing and support services for persons living with HIV/AIDS, and WoodGreen Community Services, one of the city's largest social service providers, to open the innovative housing complex, located in the Sherbourne and Wellesley neighbourhood. All tenants must be eligible for social housing to qualify for residency.

"Affordable housing is critical to the health of any community; I congratulate the Wellesley Central Residence Board for its vision and determination in making this housing a reality. I am proud to be celebrating the grand opening of the building that seniors and HIV positive women, men and families call home," said Bob Rae, MP for Toronto Centre.

"The Wellesley Central Residence brings together the knowledge and experience of three amazing organizations," said George Smitherman, MPP, Toronto Centre and Ontario Minister of Energy and Infrastructure. "The result can be seen in this unique residence which provides individuals living with AIDS/HIV and seniors, with a safe, caring and supportive environment, and opportunity to live independently and with dignity."

"Congratulations to the Wellesley Central Residence board for their dedicated work in seeing new affordable housing built for two communities in need of housing," said Kyle Rae, Toronto Councillor for Ward 27, Toronto Centre-Rosedale.

The Wellesley Central Residence at a glance:

- 112 units managed by WoodGreen Community Services
- 56 bright, well-appointed bachelor and 1-bedroom units for seniors
- 56 additional apartments, including 11 transitional housing units for people living with HIV/AIDS and 6 two bedroom units for families affected by HIV/AIDS
- Units are self-contained, affordable (rent geared to income), with some that are wheelchair accessible
- Special features include restful rooftop garden, ground floor patio, community lounge, wellness centre, and kitchen
- Located close to affordable shopping, subway, community centre, park, and library
- 24 hour free access to homemaking assistance

The Wellesley Central Residence was made possible through a collaborative partnership involving:

- The Wellesley Institute, a Toronto-based non-profit and non-partisan research and policy institute with a focus on developing research and community-based policy solutions to the problems of urban health and health disparities (click [here](#) for more information);
- WoodGreen Community Services, one of the city's largest social service providers supporting more than 37,000 individuals and families to help them to live independently within their own communities (click [here](#) for more information); and
- Fife House, an innovative, client-focused provider of secure and supportive affordable housing and services to people living with HIV/AIDS in the Greater Toronto Area. In 2008/2009 Fife House served 490 residents & clients (click [here](#) for more information).

###

*For more information please contact:*

Debra Douglas, Pilot PMR for Wellesley Central Residence  
416-462-0199 Ext. 24, [debra@pilotpmr.com](mailto:debra@pilotpmr.com)

## WELLESLEY-MAGILL PARK



45 Charles St. E. Suite 101, Toronto, ON M4Y 1S2  
tel 416 972-1010 | fax 416 921-7228 | [wellesleyinstitute.com](http://wellesleyinstitute.com)

*J.Richard Blickstead  
Chief Executive Officer  
Adj. Professor-Univ. of Toronto*

September 16, 2008

### FOR IMMEDIATE RELEASE

#### TORONTO CITY COUNCIL NAMES NEW PARK IN HONOUR OF WELLESLEY CENTRAL HOSPITAL AND COMMUNITY LEADER – DENNIS MAGILL

Dr. Peter Warrian, Chair Wellesley Institute, the Board of Directors, and Rick Blickstead, CEO, are pleased to announce that Toronto's newest park located on the former site of the Wellesley Central Hospital has been designated by Toronto City Council as the "Wellesley Magill Park". It honours the hospital's men and women who so well served the community for over 90 years, the Southeast Toronto community that supported the hospital, and Dennis William Magill, a founder of the Wellesley Institute. The park was designed by Cornelia Oberlander, Canada's leading landscape architect and a member of the Order of Canada.

Dr. Magill is an active community leader who consistently follows the Wellesley Hospital's motto – "Jamais Sans Esperance". He was the first community Director of the Wellesley Hospital, the Chair of its "Staying Alive" campaign, and Chair of the Wellesley Institute for over seven years. In recognition of his contribution, the Board of Directors elected him to a lifetime position as Chair Emeritus.

He had a distinguished academic career as a sociologist at the University of Toronto, and was honoured as Professor Emeritus. In addition, he has held numerous board positions including the Toronto Historical Board, Sherbourne Health Centre, Re kai Centre for Long Term Care, Wellesley Central Residents Inc., Centre for Urban Health Initiatives (University of Toronto), Community Campus Partnerships for Health, and the Toronto Central Local Health Integration Network.

Under his leadership, the Wellesley Institute has been committed to transforming the hospital lands into a positive engine of change for the community of southeast Toronto. The site now comprises private and not-for-profit housing, a long-term care centre, and a supportive housing facility in addition to the park.

The Wellesley Institute is Canada's leading progressive urban health institute exploring solutions to housing and homelessness, newcomer health, health reform, and social innovation, within the focus of health equity.

Bus: (416) 972-1010 x 224 | Cell: (416) 953-6253  
[rick@wellesleyinstitute.com](mailto:rick@wellesleyinstitute.com)

## RON ROBERTSON COMMUNITY ROOM

Ronald Robertson (1930 – 2011) was born in Regina, Saskatchewan. He was educated at Dalhousie University, Oxford Magdalen College, and Osgoode Hall Law School. In 1957 he joined the law firm Fasken Calvin (now Fasken Martineau) of which he was later Chairman.

He joined the Wellesley Institute Board of Directors in April 2000. This organization was the successor organization of the Wellesley Central Hospital that closed in 1998. The hospital's lands and buildings remained the property of the Wellesley Institute which embarked on a ten year urban planning project to build an "urban village" on the site. The development was headed by Ron Robertson, the Institute's then Vice Chair. Rick Blickstead, Chief Executive Officer of the Wellesley Institute, praised Ron's role in transforming the 4.6 acre parcel of land:

Ron was a voracious advocate for people who were marginalized, disadvantaged or living in precarious situations. He made sure the Wellesley Institute never forgot its roots in southeast Toronto and its culture of being innovative and courageous. He was a key founder and driver of the Wellesley Institute's urban redevelopment project in which a public park, a long term care facility, for profit housing, and supportive housing for people living with HIV/AIDS and seniors were built on the old hospital site.

The site development project closest to Ron's heart was the supportive housing complex. He was a founding board member of Wellesley Central Residents Inc. He stressed time and time again that the building must be constructed to maximize quality of life. His was not a brick and mortar approach. He strongly believed that physical structures must be built to facilitate the growth of community. That was the unweaving position he held during the five year planning of the building. It was with humble pride that he witnessed the opening of the residence in 2009.

While still a board member of Wellesley Central Residence Inc., Ron passed away in early 2011. To honour his memory and legacy the Board of Directors designated this room as the Ron Robertson Community Room. Also the Board established the Ron Robertson Enhancement Programme. Funds raised for this programme will be used to enhance and strengthen the quality of life of residents.

SEPTEMBER 13, 2012

## TONY DI PEDE AFFORDABLE HOUSING COMPLEX

### Press Release October 6, 2009 [web]

This housing complex was built on the site of the former Wellesley Central Hospital. Its construction was possible through the vision and financial contribution of the Wellesley Institute and the leadership of one of its board members – Tony Di Pede.

A teaching organization affiliated with the University of Toronto, the Wellesley Hospital was founded in 1911. It merged with the Central Hospital in 1996. In the 1990s, Wellesley Central Hospital, through its Urban Health Initiative programme, became a community-orientated teaching hospital and an outstanding model of health service delivery, education, and research in urban environments. Innovative health care was provided for people living with HIV/AIDS. The hospital closed in 1998. Ownership of the site reverted to the Wellesley Institute, the Hospital's successor organization. The Wellesley Institute redeveloped the site for a long term care facility, non-profit housing, condominiums, and the Wellesley Magill public park.

Tony Di Pede has been a truly outstanding advocate for the treatment, counseling, and financial aid for people living with HIV/AIDS, seniors and disabled. For the past 20 years, he worked for the interests of people living with HIV/AIDS serving on the Board of Directors of numerous local, provincial, national and international AIDS service organizations. He was Chair of the Toronto People with AIDS Foundation (1990 – 1997), and Chair of the Wellesley Central Hospital Community Advisory AIDS Committee (1993 – 1998). Through his work as a Commissioner on the Ontario Advocacy Commission and as a board member of the Doctors Paul and John Reka Centre, a long term care facility, he was an advocate for the interests of the disabled and seniors. He has had a paramount focus on those at risk of losing housing, the under housed and the homeless. He has undertaken this community service as Chair of the Out of the Cold Resource Centre (2000 – 2003), as a board member of Fife House and at the Toronto People with AIDS Foundation.

He joined the Wellesley Hospital's Board of Directors in 1995. As a board member of the Wellesley Institute he successfully led a board initiative that would assure this housing complex would be built on the site of the demolished hospital. (The Wellesley Institute provided approximately \$1,300,000 toward the construction of the building.) In recognition of his stellar contribution the Board of Directors of the Wellesley Central Residence Inc. passed with distinct pleasure a 2008 motion designating this building as the "Tony Di Pede Affordable Housing Complex." His contributions, passion and commitment have set a high standard for younger generations to follow and his legacy will live on through this building and the gratitude of its residents.

## Appendix C: Memos

### **Fife House Memo On Building Updates From Ruthann Tucker, To All Staff, July 29, 2005**

MEMO

TO: All Staff/Volunteers  
FROM: Ruthann Tucker, Executive Director  
DATE: 29 JULY 05  
RE: Wellesley Site Update (the Di Pede Residence)

The purpose of this memo is to provide you with important information regarding the development of our new housing site, Wellesley, located at the Di Pede Residence and the opportunities for your involvement and input in this process.

#### **The Di Pede Residence Street Construction (Wellesley Site)**

Over the last few months much has been happening and I wanted to let all of you know about those developments and to advise you of the key milestones that we (hope) to achieve in the next six months. The team consisting of Susan McMaster, Larry Whatmore and Brian Smith from WoodGreen, Rick Blickstead, Ron Robertson and Dennis Magill from Wellesley Central Health, Paul Kulig and Rudy Wallman from Architects Alliance and Jason and I, have made significant progress towards the construction of the site.

Key accomplishments include:

- Completion and approval of the Functional Plan;
- Approval of Capital and 10 year Operating Budgets;
- Approval through Committee of Adjustment at the City of Toronto;
- Information Session for Community and Neighbourhood members;
- Regular communication with City Councillor;
- Development of 50% of Working Drawings
- 50% Costing Estimate
- Approval and release of the \$2,350,000 from the sale of the Princess Margaret Hospital funds;
- Development of the Lease
- Appointment of Robin Fraser Designs to develop Fife House head office space; and
- Tom Sparling to design the healing garden.

This represents a significant amount of work and speaks to the dedication of everyone to the project.

In the next 3-4 months a number of milestones are schedule to be achieved. These key milestones include:

- Formal approval of funding agreements from the City of Toronto (SCPI) and the mortgage;
- Final Approval of Design of the Di Pede Residence (we are almost there);
- Development and approval to tender the drawings for construction (contractors bid to see who will build our new facility);
- Approvals for the Lease;
- Awarding of tender to a contractor; and
- Ground Breaking Ceremony.

## **Building the Relationship between Fife House and WoodGreen Community Services**

At the Management Retreat this month the team identified the development of our partnership with WoodGreen Community Services as an important priority. We have been working together on the construction side for quite some time. As we prepare to deliver services together at the new site its important that we learn more about our sister agency. Fife House staff and volunteers will need to learn about working with a senior population and the frail elderly a “senior care 101” if you will and WoodGreen will need to learn about HIV/AIDS.

Before that can happen we need to provide you with opportunities to learn about the range of services that WoodGreen provides via a “WoodGreen 101”. Starting this fall we will be making this a top priority. Fife House will be inviting WoodGreen to make a presentation at the All Agency Review Day (November 9, 2005) so that together we can learn about the great work of this agency. We will also be developing opportunities for site visits to their supportive housing programs. We also might invite WoodGreen to attend on a quarterly basis a Joint Staff Meeting so that we get to know each other better.

### **Communication**

Communication. Communication. Communication. Over the next 18 months communication was identified as a top priority. In fact, managing the flow of information, both to you and from you, was seen as critical to the success of the transition to the Wellesley site. A number of strategies were identified to provide opportunities for information exchange the most important of which was hearing from you, the staff and volunteers, about various issues related to the changes taking place at the agency. Some of those issues include items like:

**Human Resources** – Will my position within the agency be affected by the expansion to the Wellesley site? Will there be any new positions? Will there be a posting process or an appointment process for any new positions? Will all staff be able to apply for the new positions or only those whose positions might be directly affected by the change? What volunteer opportunities will there be at the new location? Will I still be able to volunteer?

**Existing Site Redevelopment** – What will happen to the Gladstone and Hastings sites if the funding is transferred to the Wellesley site? Can we still operate them as housing programs for people with HIV/AIDS? Will this affect the Denison and Jarvis sites?

**Wellesley Site Updates** – What is the Wellesley site? Are we on schedule for construction? What will happen to residents currently living at Gladstone and Hastings at the time of occupancy in the new building? Is there a waiting list for the new units? When is the main office moving? Will I have an office in the new site? What happens if there is a significant delay in the construction process?

While these are just a few of the items we identified the important part is that we need to hear from you. We need to know what your ideas are about these issues. In order to solicit your feedback we have identified some activities which include:

- **Program Staff Meeting** agendas will have “Wellesley Update” as a standing item so that information can be given to you BUT more importantly it will provide an opportunity for you to ask questions and provide feedback.
- Once every 3 months the **Joint Staff Meeting** will be from 9am-12noon and will focus on the Wellesley Site. This will provide us with time to learn about WoodGreen, review the timelines and answer your questions. This will continue until we are in the new building.
- **Staff and Volunteer Surveys** will be developed to find out what your thoughts are on all those issues we identified earlier. The first survey is being developed for circulation in September. The results of this survey will be used to develop the focus for this year’s All Agency Review Day.
- Development of an **FAQ (Frequently Asked Questions)** Sheet that will be circulated based questions that staff identify.

Finally, we may not know the answer to the question that you might ask, but we will commit to following up and giving you the information that we do know. This is an exciting time for Fife House, the largest expansion in our history! Your ideas, input and feedback are valued and critical to the success of the changes that we will be going through over the next two years.

## Appendix D: Works Cited

Aidala, A. A., & Sumartojo, E. (2007). Why housing? *AIDS Behav*, 11(2), 1-6.

Butterfoss, F. D. (2007). *Coalitions and partnerships in community health*. San Francisco, CA: J. Wiley & Sons, Pfeiffer.

Goyette, D., Magill, D. W., & Denis, J. (2006). *Survival strategies : the life, death and renaissance of a Canadian teaching hospital*. Toronto, Ont.: Canadian Scholars' Press.

Hollobon, J. (1987). *The Lion's Tale: A History of the Wellesley Hospital 1912-1987*. Toronto: Irwin Publishing.

Kowalchuk, J. (2004). *Making partnerships happen: Creating a long-term affordable housing partnership for Regina*. A literature review: University of Regina.

Krieger, J., & Higgins, D. L. (2002). Housing and health: time again for public health action. *Am J Public Health*, 92(5), 758-768.

Magill, D. W., & Di Pede, T. (2011). *Ups and Downs of Advocacy (1990-2008): A Case Study*. Paper presented at the North American HIV/AIDS Research Summit.

Mintzberg, H. (1983). *Structure in fives : designing effective organizations*. Englewood Cliffs, N.J.: Prentice-Hall.

Pettigrew, A. M., Ferlie, E., & McKee, L. (1992). *Shaping strategic change : making change in large organizations : the case of the National Health Service*. London ; Newbury Park: Sage Publications.

Shaw, M. (2004). Housing and public health. *Annu. Rev. Public Health*, 25, 397-418.

---

<sup>i</sup> Source: [https://www1.toronto.ca/city\\_of\\_toronto/affordable\\_housing\\_office/files/pdf/wellesley\\_central.pdf](https://www1.toronto.ca/city_of_toronto/affordable_housing_office/files/pdf/wellesley_central.pdf)

<sup>ii</sup> Source: <http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/Wellesley%20Magill%20Park%20News%20Release.pdf>

<sup>iii</sup> Source: On-display, community room, Wellesley Residence site

<sup>iv</sup> Source: [http://www.wellesleyinstitute.com/housing/tony\\_di\\_pede\\_affordable\\_housing\\_complex/](http://www.wellesleyinstitute.com/housing/tony_di_pede_affordable_housing_complex/)





# **BUILDING A DREAM**

**TOWARDS A SUSTAINABLE &  
EVOLVING HOUSING PARTNERSHIP**