

Bridge Housing with Tiny-Cabin Communities

Evidence, Outcomes, and Human-Rights Considerations



In the CRPD framework, the right to live independently and be included in the community is understood as fundamentally social and relational, not merely about the physical type or location of housing. Segregation and institutionalization arise from social barriers and the absence of community support, rather than just from the building form or the number of people living together (see CRPD GC No. 5 (2017) and the 2022 Guidelines on deinstitutionalization)

November 2025
12Neighbours Community Inc.

Executive Summary

The tiny-home, or sleeping-cabin community model has expanded significantly as a rapid, low-cost, non-congregate response to unsheltered homelessness. In the United States, the number of sanctioned sleeping-cabin or tiny-home communities grew from **34 in 2019 to more than 100 by 2025¹**, reflecting widespread adoption in cities facing encampments, shelter shortages, and acute housing pressures. These communities provide **private, lockable units, shared amenities, and on-site supports**—offering dignity, stability, and safety while individuals work toward permanent housing.

This white paper reviews peer-reviewed research, operational evaluations, and policy analyses, concluding that:

- Tiny-home transitional communities consistently outperform traditional mass shelters in rates of transition to permanent housing.
- Residents report major improvements in safety, dignity, well-being, and stability.
- When designed with best practices (small scale 20-30, on-site supports, community integration), these communities function as an effective bridge-housing model.
- They offer a highly cost-effective response, operating at ~\$60/day, far below the ~\$163/day public cost of street homelessness, resulting in immediate net-savings.
- Limitations exist—these sleeping cabin-style communities are not a substitute for permanent housing, must be well-resourced, and must remain transitional.
- Alignment with the UN Convention on the Rights of Persons with Disabilities (CRPD) can be addressed through adherence to choice, autonomy, integration, and voluntary participation. A landmark randomized controlled trial (Vancouver At Home) found that clustered supportive housing performed as well as — and in some domains better than — scattered-site housing, demonstrating that clustering is not inherently institutional when autonomy and rights are preserved.

Overall, the evidence indicates that well-implemented tiny home bridge housing is an effective, rights-conscious emergency response, but must operate as part of wider housing solutions.

1. Background: The Rise of Non-Congregate “Tiny-Home” Villages

Tiny-home or cabin-style communities or villages—often composed of 8×8 or 8×10 insulated cabins with locking doors—have emerged as a rapid alternative to tent encampments and traditional congregate shelters (i.e. shared rooms with multiple cots and minimal privacy). As of 2024, nearly **100 tiny-home communities operate across the U.S., up from 34 in 2019¹**.

These communities typically include:

- Private, heated sleeping cabins
- Shared bathrooms, showers, kitchens, laundry
- On-site staffing and case management
- Secure perimeters (for safety, not confinement)
- Low-barrier admission (IDs, sobriety, or program compliance not required)

They aim to offer immediate safety and dignity while residents pursue permanent housing.

2. Evidence of Effectiveness

✓ Higher Rates of Transition to Permanent Housing

Tiny-home communities outperform traditional shelters in helping people exit homelessness:

- **Portland State University (2022–2024):** Tiny-home residents moved to permanent housing at **36%**, compared to **12%** in traditional shelters².
- **Kenton Women’s Village:** Achieved **50%** annual housing placement; **84%** remained housed one year later³.
- **Seattle/King County (2023):** Tiny-home exits to housing reached **63%**, vs. **~14–19%** for congregate shelters⁴.
- **Bay Area (2019–2022):** Villages achieved **2–3× higher exit rates** than large shelters⁵, though constrained by housing scarcity.

These findings consistently show that private, stable, non-congregate (i.e. private, lockable) shelter creates better conditions for successful rehousing.

✓ Improved Well-Being and Safety

Local evaluations of the Genesis Pallet Shelter Village in Chico, California indicate substantial improvements in residents’ well-being. Reporting by *ChicoSol News* and *North State Public Radio*

(NSPR) in 2023 documented significant gains: improved sleep patterns, reduced anxiety, increased feelings of safety, and opportunities to stabilize after long periods unsheltered^{6 7}. Residents described finally being able to rest, store belongings securely, and rebuild health routines not possible on the street. These findings align with our own experience with our participants, and broader research showing that private, lockable non-congregate units improve mental and physical well-being.

✓ High Resident Satisfaction

- 86% of residents in Portland villages were “largely or very satisfied” with their pod².
- Many described the village as a place to “reset,” “heal,” or “begin again.”

✓ Community Acceptance Improves Once Villages Open

Initial neighborhood opposition and fears decline over time:

- Most neighbors who initially expressed fears later reported **no ongoing concerns** once the village was operating².
- Supportive Housing Villages often reduce visible homelessness, improve sanitation, and replace encampments with managed sites.

Mayor Al's Story - From Invisible To Famous

I used to live in a regular market apartment in Fredericton. There were several of us who had subsidized units. I lived there with my wife Chanda. I never put the pictures up, because I was always afraid that we could get kicked out at any moment. I could feel it. We were good tenants, but down the hall was a drug dealer who had lots of issues, noise issues, unwanted guests, and police would come often. I said to Chanda, “that guy is going to ruin it for all of us”.

Sure enough, one day we all got 30 day eviction notices. It wasn't just our building, but all the apartment buildings that they owned. They just said, “we aren't doing subsidized anymore”.

So we went to hotels, then ran out of money, and we became homeless for 5 years. There was no help available. I remember one day we were walking down Prospect street and I said to Chanda, “Do you feel invisible?”, because for some reason that day I felt so invisible, like people couldn't even see me, walking right past or through us. She agreed. I saw even the squirrels evicted us,



because they kept making holes in our tent and then you can't stay dry.

When I heard about the Tiny Homes, I said to Chanda, "It will be like a lottery trying to get in there. There are so many people out here." But then we got a call that we were selected for a Tiny Home, and we moved in February 2022. At first I didn't hang up the pictures, but now I am safe to live here the rest of my life. I put the pictures up. I even bought some new furniture. We are completely safe and secure, but that's just the beginning.

Here I have a community, and a sense of purpose. I'm "mayor Al", and I've had several different jobs here through the social enterprises, working in the print shop, and most recently as a host in the cafe. I have become a spokesperson for the community, and an advocate for homelessness, through Facebook and I also represent the community on tours. I've met many leaders from across the country, mayors, non-profit leaders.

I have become friends with our city's mayor, Mayor Kate, and we have coffee from time to time and discuss our city. People love our facebook videos and it gives me a voice. I went from invisible to famous. Now, I advocate for housing for everybody in Canada. Everyone deserves a chance for a better future and no one should have to sleep outside. A home provides a fresh start, safety, dignity and community. Everyone needs that.

3. Best-Practice Guidelines for Effective Tiny-Home Villages

A synthesis of PSU research, case studies, and national evaluations yields consistent design and operational guidelines:

→ Keep Sites Small and Human-Scaled

- Optimal size: 20–30 residents²
- Smaller villages foster cohesion, reduce conflict, and ease community acceptance.

→ Provide On-Site Staffing and Case Management

- Intensive supports significantly increase housing exit rates^{2 5}.
- Best outcomes occur with regular case management, health supports, and housing navigation.

→ Ensure Dignified, High-Quality Facilities

- Insulated units, 24/7 bathroom access, showers, hygiene facilities, storage, internet.
- Under-resourced or under-supervised villages perform poorly and risk resident harm⁸.

→ Involve Residents in Governance

- Resident councils and shared decision-making increase satisfaction and agency².

→ Integrate the Site Into the City

- Mixed in existing neighbourhoods in the city, with access to public transit, food, services, and employment.
- Avoid isolated and remote industrial edges that create stigma and isolation⁹.

→ Maintain a Clear Exit Strategy

- Villages should be transitional, not permanent.
 - Housing exits require strong partnerships with landlords, vouchers, and supportive housing pipelines.
-

4. Limitations and Risks

Tiny-home villages are not a panacea:

- They do **not** create the needed new permanent housing units; success depends on the wider housing system to address the need for permanent supportive housing⁶⁹. They address an urgent need, but they should not be used as a substitute to build sufficient affordable housing.
- Without exits, they can inadvertently normalize transitional living and effectively “warehouse” people.
- Outcomes depend on quality oversight and management; poorly supported and implemented villages can become unsafe or chaotic⁸.

However, when implemented based on Housing First principles, with strong staff support, they significantly improve safety, health, and housing trajectories relative to street homelessness or traditional mass shelters.

5. Note on CRPD and UN Human-Rights Guidelines

Some commentators and disability-rights advocates interpret the CRPD and the 2022 Guidelines on Deinstitutionalization as prohibiting clustered housing, viewing tiny-home or sleeping-cabin

communities as a form of segregation. However, a close review shows that the CRPD is **primarily concerned with social conditions**—autonomy, choice, inclusion, and freedom from coercion—not with banning certain building forms.

Inclusion is fundamentally a *social* concept, not a physical one. Built form can influence inclusion, but it does not determine it. What matters most—and what the CRPD protects—is whether people have autonomy, choice, community connection, and control over their daily lives. These are features of the *social infrastructure*, not the buildings themselves.

→ What the CRPD Actually Requires (incl. Treaty Citations)

In the CRPD framework, the right to live independently and be included in the community is understood as fundamentally social and relational, not merely about the physical type or location of housing. Segregation and institutionalization arise from social barriers and the absence of community support, rather than just from the building form or the number of people living together

As the CRPD Committee stresses in General Comment No. 5, what matters is not the built form of the housing structures, but **whether people have real choice, control, autonomy, community inclusion and individualized support**.

Paragraph 16 (a) “Independent living. Independent living/living independently means that individuals with disabilities are provided with all necessary means to enable them to **exercise choice and control over their lives** (...) Personal autonomy and self-determination are fundamental to **independent living, including access to transport, information, communication and personal assistance, place of residence, daily routine, habits, decent employment, personal relationships, clothing, nutrition, hygiene and health care, religious activities, cultural activities and sexual and reproductive rights**. These activities are linked to the development of a person’s identity and personality: where we live and with whom, what we eat, whether we like to sleep in or go to bed late at night, be inside or outdoors, have a tablecloth and candles on the table, have pets or listen to music...”¹²

Paragraph 16 (b), “(b) Being included in the community. The right to be **included in the community** relates to the principle of full and effective inclusion and participation in society (...) It includes living a full social life and having access to all services offered to the public and to support services offered to persons with disabilities to enable them to be fully included and participate in all spheres of social life.”¹²

And, specifically, when it comes to living arrangements, the focus is not on the physical arrangement, but the social freedoms, as in,

Paragraph 16 (c), “It is not “just” about **living in a particular building or setting**; it is, **first and foremost, about not losing personal choice and autonomy** as a result of the imposition of certain life and living arrangements.”

General Comment No. 5 makes clear that institutionalization is not defined by the size or architectural design of a setting, but by whether people are segregated from community life, lack real choice and control over their daily lives, and are required to fit into rigid, paternalistic routines. The CRPD outlines the core human-rights principles relevant to housing, autonomy, and community inclusion. These requirements highlight important elements in the social infrastructure, **not** the built-form of the housing itself; they establish the *rights* that must be protected in any housing model.

☑ **Real choice about where to live, whom to live with, and to be included in community**

→ **Article 19(a):** “Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;”

→ **Article 19 (chapeau):** “States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others...”

☑ **Support services available**

→ **Article 19(b):** Access to community-based supports “necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”

Supports must be available - not imposed - to support inclusion in the community.

☑ **Housing must not be conditioned on treatment or participation in supports**

Under the CRPD framework (GC No. 5 and the 2022 Guidelines on deinstitutionalization), States must ensure that access to housing is **not made conditional** on treatment, behavioural compliance, or participation in services

→ **CRPD/C/GC/5 Paragraph 59**, “It is also important that access to housing **not be made conditional** upon requirements that reduce the autonomy and independence of persons with disabilities.”

This explicitly prohibits “housing-as-reward-for-compliance.”

☑ **Integration into community life**

People must equal access to the community’s ordinary services and facilities

→ **Article 19(b)**: supports that are “necessary to support **living and inclusion in the community**, and to prevent isolation or segregation from the community.”

→ **Article 19(c)**: “Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.”

Integration refers to participation in ordinary community life, not to building size or clustering.

☑ **Autonomy and legal capacity over decisions affecting their lives**

→ **General Comment No. 1 (2014), para. 25**: “...all persons, regardless of disability or decision-making skills, inherently possess legal capacity, States parties must abolish denials of legal capacity that are discriminatory on the basis of disability in purpose or effect.”

→ **General Comment No. 5 (2017), 16(a)**: “...provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives. Personal autonomy and self-determination are fundamental to independent living...”

Residents must retain independent legal freedoms.

These CRPD obligations revolve around **autonomy, choice, voluntariness, and integration**. They **do not prohibit small clustered housing**; they prohibit coercion, segregation, and institutional control. These are **social and legal rights**, not build-form prohibitions.

→ **Requirements for CRPD-Aligned Tiny-Home Villages**

A tiny-home community, like any other built form housing, aligns with CRPD principles when:

- Acceptance of housing is **voluntary**, and residents can refuse the offer.
- Residents can **decline services or treatment** without losing housing.
- The site is **integrated into the existing community**, not remote in an isolated location away from community services, transportation, and employment.
- Residents retain freedoms: no curfews, right to private lockable units, freedom of movement anytime, no need to vacate, no restrictions on housing configuration, no forced routines or schedules.
- Supports are **person-centred**, optional, and separable from housing arrangements.
- Residents have a voice in any decisions affecting them.
- The program is **transitional** with clear pathways to ordinary housing.

Under these conditions, a tiny-home village functions as **non-institutional, voluntary supportive housing**.

→ The Vancouver RCT: Evidence Against “Clustering = Institution”

The **Vancouver At Home** randomized controlled trial (the largest and most rigorous Housing First RCT in Canada) directly compared three models:

1. **Scattered-site Housing First (SHF)** – individuals placed in market apartments across the city with mobile supports.
2. **Congregate / Clustered Housing First (CHF)** – individuals housed together in a single building with on-site supports.
3. **Treatment-as-Usual (TAU)** – the existing system of shelters, hospitals, and transitional programs.

The results provide *critical empirical evidence* relevant to the CRPD debate.

Housing Stability: Both Scattered and Clustered Dramatically Outperformed TAU

- Both HF models produced **substantially higher housing stability** than TAU—often **2.5–3× more days stably housed**.
- TAU participants spent the *least* time housed, confirming that traditional shelter/transitional systems achieve far poorer outcomes.

Outcomes Where Congregate Outperformed Scattered

The RCT reported that **congregate HF achieved equal or better outcomes** than scattered HF in several domains, including:

- **Community functioning** (participants in the congregate site improved more in functioning related to daily living and social inclusion).
- **Quality of life (QOL)**—congregate HF produced **stronger improvements** in some QOL subscales (e.g., social relationships, sense of safety).
- **Symptom reduction**—in some analyses, the congregate site demonstrated **equal or greater reductions in psychiatric symptoms**, particularly for people with high support needs.

These gains are attributed to:

- **Easily accessible, on-site 24/7 support,**
- **A built-in supportive peer community,**
- **Greater stability and reduced isolation,**
- **Easier engagement with services,**
- **And more rapid stabilization** after years of homelessness.

No Evidence That Clustering Created Institutional Harms

Crucially:

- Participants in **clustered HF had full individual rights and autonomy** (private units, lockable doors, freedom to come and go, choose furniture).
- **Participation was voluntary**, not coerced.
- **Services were not tied to occupancy**—people could refuse treatment and keep their housing.

These conditions are **fully consistent with CRPD principles**.

Bottom Line

The Vancouver RCT demonstrates two important facts often missing in public debates:

1. **Clustering is not harmful where rights, autonomy, and supports are preserved.**
2. **Clustered HF can outperform scattered HF for people with complex needs**—suggesting that supportive community proximity can *reduce* isolation and improve outcomes.

Thus, the strongest empirical evidence available contradicts the claim that any built form of clustered housing is automatically “institutional,” “segregating,” or harmful. When designed with autonomy, voluntariness, dignity, and community integration, clustered supportive housing is **effective, stabilizing, and fully compatible with human-rights frameworks**.

6. Conclusion

Tiny-cabin communities are not a replacement for permanent housing, but the research is clear: they are a high-impact, evidence-supported bridge for people experiencing homelessness—especially those who avoid traditional shelters, or cannot survive safely on the streets.

When designed with best practices (small scale <30, 24/7 supports, community integration, dignified facilities) and aligned with CRPD principles (voluntary entry, autonomy, pathways to mainstream housing), these tiny-home villages serve as a practical, scalable intervention during a housing crisis, offering a humane, rights-aligned alternative to encampments.

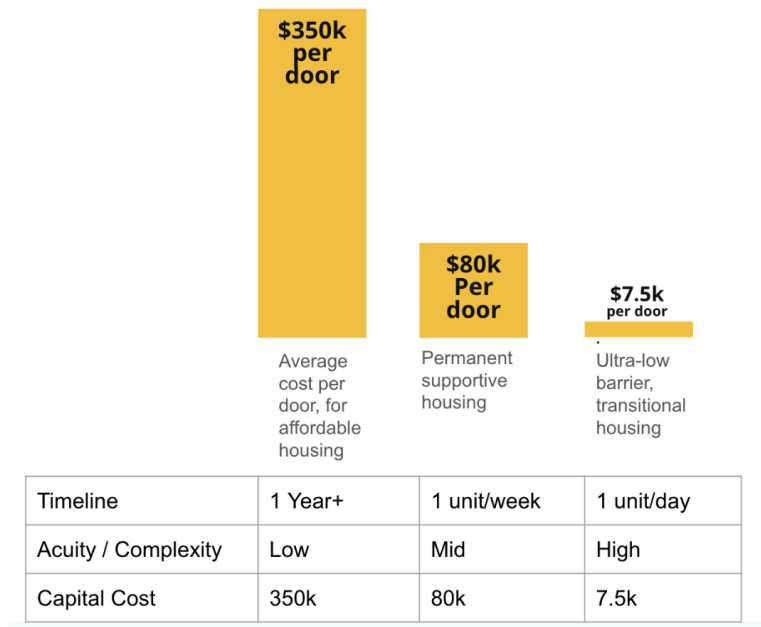
The model is not perfect, but in today’s severe affordable-housing shortages, tiny-home villages represent a compassionate, evidence-informed, human-rights-conscious response—one that saves lives and supports people on their path toward a permanent home.

Appendix A - Cost Appendix

→ Cost of Construction (Capital)

There are two components involved in the total upfront construction costs, (a) the structures themselves, and (b) site development costs. Although it is not a totally fair comparison, because tiny home bridge housing is not the same as permanent housing, it is significantly lower cost to both build the structures and prepare sites, particularly considering the temporary nature.

The capital costs of ultra-low barrier transitional housing are **extremely cost-effective** and **fast to deploy**, compared to traditional interventions.



→ Operating Costs (Ongoing, including Support)

As taxpayers, there is already a significant cost to support unhoused individuals across public safety (policing, ambulance), justice (courts, incarceration), healthcare (ER, Admissions), amounting to more than \$59,000 / year (Moncton, Chez Soi study¹³) or ~\$90 - \$160/day. The lowest cost model resulting in significant taxpayer savings is permanent supportive housing where a rent subsidy costs as little as \$16/day, or \$480/month. Compare this to a general hospital admission at \$7,700 / day in New Brunswick, and you can see that one year of rent subsidy costs less than one day in a hospital. If supportive housing saves one hospital admission per year, it pays for itself. Transitional or Bridge housing with 24/7 supports for individuals with complex needs costs approximately \$58-63/day, which is still very economical compared to traditional congregate emergency shelters (Out of The Cold) which are in the \$100-150 range or when compared to the cost of supporting an individual living rough (~\$160/day). The costs go up from there with assisted living in the \$200 / day range, incarceration in the \$400-500 / day range., and the most expensive of all, hospitalization at \$7,700 / day.

Living Rough Costs
Taxpayers ~ \$163/day

Hospitalization	\$7,700/day
Incarceration	\$369-\$590/day
Nursing home	\$100-\$163/day
Emergency Housing (OOTC)	\$150/day
Shelters (congregate living)	\$58/day
Permanent Supportive Housing (subsidized)	\$15/day

In spite of its temporary and transitional nature, the cabin-style bridge housing solution is extremely cost effective both operationally, and in terms of up front capital. It is also the fastest to deploy, making it an effective tool to attenuate a growing homelessness crisis, stabilising individuals while building the infrastructure to support the transition to permanent housing.

References

1. Chronicle of Philanthropy (2024). "Foundations Are Funding Tiny Home Villages... Is It Worthwhile?" <https://www.philanthropy.com/news/foundations-are-funding-tiny-home-villages-for-the-homeless-is-it-a-worthwhile-effort/>
2. Portland State University HRAC (2022–2024). *Village Model Evaluation & Safe Rest Villages*. https://www.pdx.edu/homelessness/sites/homelessness.web.wdt.pdx.edu/files/2022-04/PSU_HRAC_Village%20Research%20and%20How-To%20Guide_SPREADS_04_22.pdf
3. Catholic Charities of Oregon (2021). *Kenton Women's Village Outcomes*. (Annual Report 2021) <https://www.catholiccharitiesoregon.org/services/homeless-services/kenton-womens-village> and <https://indd.adobe.com/view/64e2338d-2057-4069-b892-903156d35bcb>
4. Sound Foundations NW / LIHI (2023). *Seattle Tiny House Villages – Annual Outcomes*. <https://soundfoundationsnw.org/tiny-home-villages-work-and-the-data-to-prove-it/>
5. Center for Health Journalism (2023–2024). "Do Tiny Homes Actually Work?" <https://centerforhealthjournalism.org>
6. ChicoSol News. (2023). "Pallet shelters offer refuge, future." <https://chicosol.org/2023/11/09/pallet-shelters-offer-refuge-future/>
7. North State Public Radio (2023). "26 Chico residents died while experiencing homelessness this year." <https://www.myspr.org/news/2023-12-20/26-chico-residents-died-while-experiencing-homelessness-this-year>
8. Invisible People (2022–2024). *Investigations of poor-quality pallet shelter sites*. <https://invisiblepeople.tv/are-pallet-shelters-for-homeless-people-safe/>
9. National Alliance to End Homelessness (2022). "Tiny Homes Beg Big Questions." <https://endhomelessness.org/blog/tiny-homes-beg-big-questions/>
10. Vancouver At Home Study (RCT). Aubry et al. (2015–2016). *Outcomes of scattered-site vs. congregate Housing First*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5226665/>
11. United Nations (2006). *Convention on the Rights of Persons with Disabilities*, Article 19. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>
12. Committee on the Rights of Persons with Disabilities. *General Comment No. 5 (2017) on: the right to live independently and be included in the community*. CRPD/C/GC/5. <https://documents.un.org/doc/undoc/gen/g17/328/87/pdf/g1732887.pdf?OpenElement=>

13. Latimer et al. (2017). CMAJ Open. <https://www.cmajopen.ca/content/5/3/E576> Figures align with 2025-adjusted data (inflation ~20% from 2017).

14. **General Comment No. 1 (2014) on Article 12: Equal recognition before the law** (CRPD/C/GC/1),
https://atlas-of-torture.org/en/entity/6077tnbn376?file=160621415876778n78j6e2ur.pdf&page=1&utm_source=chatgpt.com

15. Committee on the Rights of Persons with Disabilities. Guidelines on deinstitutionalization, including in emergencies (2022). UN Doc CRPD/C/5
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/5&Lang=en