

**EMERGENCY POWERS: ADDRESSING THE  
CRISIS OF HOMELESSNESS  
IN A CANADIAN CITY**

By

JOSHUA EVANS B.A., M.A.

A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfillment of the Requirements

for the Degree

Doctorate in Philosophy

McMaster University

© Copyright by Joshua Evans, October 2009

## **EMERGENCY POWERS**



Doctorate of Philosophy (2009)

McMaster University

(Human Geography)

Hamilton, Ontario

TITLE: Emergency Powers: Addressing the Crisis of Homelessness in a Canadian  
City

AUTHOR: Joshua Evans, B.A., M.A. (University of Alberta)

SUPERVISOR: Professor R.D. Wilton

NUMBER OF PAGES: vi, 184

## **Abstract**

Urban homelessness is one of the most blatant forms of social exclusion in advanced capitalist societies. In Canada, the United States, and the United Kingdom, homelessness has become particularly entrenched due to systemic forces such as global economic recession, the restructuring of regional economies, the dismantlement of the welfare state, and the erosion of affordable housing that together have pushed more people towards economic marginality and housing insecurity. Despite years of advocacy and 'high profile' government investments, homelessness has persisted as an intransigent social problem.

A central purpose of this doctoral thesis is to provide some insight into how homelessness is being 'managed' in one Canadian city. The papers gathered together in this dissertation are based on three years of ethnographic fieldwork (conducted between 2006 and 2009) in a medium-sized, de-industrializing city in the province of Ontario. The specific focus of the thesis is the emergency shelter system. Over the past ten years, a number of new social service models have emerged in response to rising rates of homelessness. As these have been adopted homeless shelter systems in many Canadian cities have undergone significant re-configurations. This thesis focuses on some of the new 'management spaces' that are emerging in this unfolding policy context. The first paper explores the experiences of voluntary sector organizations and local state authorities. The second paper explores the experiential dimensions of a unique service environment providing emergency shelter and social services. The third paper examines the personal experiences of chronically homeless men as they adapt to life in an innovative 'special care' facility.

## **Acknowledgements**

First and foremost I would like to offer my sincere thanks to all of the research participants who shared their stories with me. This research would not have been possible without the candid and often courageous storytelling of the men and women I encountered during my fieldwork. I would also like to thank the staff at Safe Harbor and Mountain View for their openness and for granting me unprecedented access to them and their workplaces. To my supervisor Professor Robert Wilton I extend my gratitude and appreciation for his guidance as well as for his patience and assistance throughout the process. In addition, this research was supported by doctoral fellowship grants from the Social Science and Humanities Research Council and the Health Care, Technology and Place Training Program at the University of Toronto. Last but not least, I would like to thank my daughter Arbor and her mother Summer for their inspiration and constant support.

**Table of Contents**

**ABSTRACT** ..... 11

**ACKNOWLEDGEMENTS** ..... 17

**TABLE OF CONTENTS** ..... v

**LIST OF TABLES AND FIGURES**..... vi

**INTRODUCTION** ..... 1

**CHAPTER ONE: COMMUNITY EMPOWERMENT THROUGH THE MANAGERIAL  
STATE: EXPLORING LANDSCAPES OF VOLUNTARISM IN A CANADIAN CITY.** .....11

**CHAPTER TWO: SEEKING REFUGE, PLACING COMPASSION: EXPLORING ‘SPACES  
OF EXCEPTION’ IN THE CITY.** .....41

**CHAPTER THREE: SUPPORTIVE MEASURES, ENABLING CONSTRAINTS: NEW  
SPACES OF HOMELESSNESS, CARE AND CONTROL**.....82

**CONCLUSION** .....129

**APPENDICES A: RESEARCHER BIOGRAPHY** .....133

**APPENDICES B: RESEARCH REFLECTIONS**.....136

**APPENDICES C: INTERVIEW GUIDES** .....151

**APPENDICES D: RESEARCH ETHICS MATERIALS** .....159

**REFERENCES** .....171

**List of Tables and Figures**

Table 1: Key Informant Profile..... 21

Table 2: Sample Profile ..... 65

  

Figure 1: Safe Harbor Rules ..... 63

Figure 2: Note to Volunteers at Safe Harbor ..... 74

## **Introduction**

In the late 1980s the City of Toronto created the 'Downtown East End Softball League' in an attempt to reach out to the city's socially disadvantaged. The league convened a small group of players in Moss Park on Monday nights during the summer months. Since its inception the league has quickly grown to upwards of 250 players. Most of these players are homeless and sleep overnight in shelters. Each shelter enters a team captained by shelter staff. Over the years the league has been regularly featured in newspaper articles and on news programs. 'The city's homeless can forget their problems and just play ball.'<sup>1</sup>, one headline read. In these news features players are generally represented as hardened men and women seeking dignity and self-esteem in an otherwise tough environment.

For many years a regular spectator at these Monday night softball games was Paul Croutch. Paul was homeless and lived in Moss Park. Night after night he slept on a bench not far from where many of his friends gathered to play ball every Monday night. It was there at that bench that two army reservists, drunk from a night of partying, encountered Paul asleep. The army reservists attacked Paul, kicking and stomping him to death for no apparent reason other than he was homeless. Paul was kicked so many times and with such force his unconscious body was found 10 feet from the bench. It was later revealed at the trial of the two men that one of them 'hated the homeless.' On that night prior to the attack he was heard to say, 'I hate fucking bums. I'm gonna take'em on.'<sup>2</sup>

On the other side of the country, Vancouver's homeless population has become one of the Mayor's top priorities in advance of the winter Olympics. In December of 2008, Mayor Robertson announced the creation of the Homeless Emergency Action Team (HEAT) comprised of politicians, city staff, housing advocates and private sector members. HEAT's initial task was to devise a strategy to move the visibly homeless off of city streets into public shelters. One of their recommendations was the creation of a network of 'low barrier' shelters designed to meet the needs of chronically homeless men and women. These shelters would allow pets, provide storage facilities for personal belongings, be accessible by foot or bus and have flexible hours of operation. Five of these shelters were created. Two of these, both located near the Granville Bridge, became the focus of intense neighborhood opposition. According to local residents the shelters brought with them addicts, drug dealers, prostitutes, the mentally disturbed and crime. Public pressure grew so intense that the city wilted and decided to shut down both shelters.<sup>3</sup>

Simultaneously, the B.C. government was considering legal options for dealing with visible homelessness. In the fall of 2009 they began drafting the 'Assisting to Shelter Act.' In the event of a cold weather alert this proposed law would give police the power to force homeless people sleeping on the streets into public shelters. This immediately sparked opposition among civil liberties groups and a rash of letters from the public. 'Should the homeless be allowed to risk their lives by sleeping outside in winter?' asked one writer. 'We have to do what we can to save people's lives' said Housing Minister Rich Coleman.<sup>4</sup> Events in the

Vancouver suburb of Surrey added an ironic twist to this developing story. There, a ‘rowdy lot of vagrants and miscreants’ had drawn the ire of local business owners and by-law enforcement officers. Each day these ‘loiterers’ gathered on a vacant property next to a homeless shelter. In response, business owners and by-law officers spread chicken manure over the entire lot in an effort to discourage the group from using the space. The stench was so overpowering shelter staff could not bear to stand outside. Staff complained the smell was discouraging homeless people from using the shelter<sup>5</sup>.

These vignettes may appear anecdotal, but they are revealing, I argue, when it comes to understanding social justice in the contemporary city (Walks 2009). In various ways, these stories are rooted in a systemic form of social injustice produced within Canada’s evolving urban systems; namely, the lack of safe, adequate and affordable housing for everyone (see Hulchanski and Shapcott 2004). The combination of economic changes such as shifting occupational profiles and growing wage inequality, demographic changes such as the growth in single-parent and single-person households, and policy changes such as cut-backs to social assistance, disinvestment in social housing and elimination of rent controls have contributed to growing housing in-affordability in Canada (Bunting et al. 2004). In the 1990s, for example, Canada’s eleven largest metropolitan regions saw the ratio between housing costs and income increase meaning close to one-fifth of tenant households were experiencing severe housing affordability problems (i.e. paying more than fifty percent of their income on shelter) by the end of the decade (Bunting et al. 2004; Moore and Skaburskis 2004). As a result, a larger number of Canadians are now only a few pay cheques away from becoming literally homeless.

For some people, literal homelessness is already a reality. On any given night, in many of Canada’s cities, a fragment of the economically disadvantaged and socially marginalized can be found sleeping openly in public spaces, often at great personal risk to their lives. These individuals represent one visible segment of a larger and in some cases more hidden population of impoverished individuals that struggle daily to obtain basic necessities such as food and secure some form of permanent overnight accommodation. In North American cities, ‘homelessness’ has become, in Don Mitchell’s (2003, p. 9) words, the “bellwether of urban justice.”

When juxtaposed together, these stories also grant a personalized view into the contradictory ways in which this social problem is politicized in the city (Feldman 2004). The politics of homelessness is a complex mixture of public intolerance and public sympathy. These stories flag the pervasive stigma, intolerance and hostility directed towards homeless populations. They also reference caring and compassionate orientations that seek to protect and nurture the lives of the un-housed. These conflicting ways of seeing the homeless reflect their liminal status in society. On one hand, the homeless are maligned and stigmatized. On the other hand, they are worthy objects of charity and compassion. The former point of view frames the homeless as criminals or



nuisances while the latter frames the homeless as innocent victims worthy of humane care.

These conflicting ways of politicizing the homeless are entangled with the contradictory approaches taken to ‘manage’ homeless populations in the city (Feldman 2004). Urban responses to homelessness can manifest in the form of compassionate gestures that establish spaces of material resource and refuge (Crack et al. 2007) and punitive gestures that target homeless people that occupy public spaces (Mitchell 2003). In Toronto, a city program turns a park into a friendly space to repair ‘damaged’ self-esteem. The same park is the tragic scene of a vicious act of violence overflowing with hate and animosity. In Vancouver, the city attempts to offer accessible emergency shelters to some of the city’s most vulnerable citizens. Two of the city’s shelters are rejected by a vocal group of housed citizens, prompting the eventual closing of the facilities. Provincial authorities in B.C. consider a law to protect the homeless that could force them into shelters. Business owners in Surrey turn to excrement in the seemingly paradoxical attempt to discourage the homeless from using a downtown shelter. The co-existence of punitive measures such as anti-homeless laws with supportive measures such as social housing and emergency shelters can produce a rather ambivalent city (DeVerteuil et al. 2009; Laurenson and Collins 2007; Murphy 2009). Intolerant and hospitable, hostile and compassionate, the stories from Toronto and Vancouver chronicled above reflect some of this ‘urban ambivalence.’

### **Approaching the Ambivalent Geography of Urban Homelessness: Poverty Management**

One way forward with regard to understanding the ambivalent geographies of homelessness is to examine how these twin logics (i.e. care and control) manifest as locally contingent ‘urban poverty management’ systems (DeVerteuil 2003, 2006; DeVerteuil et al. 2009; Wolch and DeVerteuil 2001). ‘Urban poverty management’ is a concept that broadly refers to “the creation of spatial and temporal structures designed to regulate and manage the spillover costs associated with so-called disruptive populations” (DeVerteuil et al. 2009, p. 7). In an historical perspective, urban poverty management systems are an enduring feature of capitalist society and have included a number of management spaces ranging from the 19<sup>th</sup> century asylum, to the ‘Skid Row’ hotel, to the more modern day emergency shelter. These sites have functioned as ‘abeyance mechanisms’ (Hopper 2003), absorbing those displaced by the downward swing of the economy, those made redundant by technological innovation in the workplace, and those who become socially dependent due to illness or impairment (Katz 1986; Rothman 1993; Piven and Cloward 1993). In this sense, poverty management systems have provided a stabilizing function in capitalist systems by outflanking the social contradictions of poverty.

The poverty management concept offers a useful entry point for making sense of the local policy landscape when it comes to homelessness. Poverty

management directs attention to the ways in which responses – be it ‘compassionate’ gestures such as soup kitchens and overnight shelter and/or ‘punitive’ responses such as anti-panhandling laws – blend together through the activities of the local state, business elites and the ‘voluntary sector’ to comprise a locally specific landscape of homeless regulation (DeVerteuil 2006, 2003). Writing on developments in the U.S. in the late 1990s, for example, Wolch and DeVerteuil (2001, p.150) have argued that poverty management strategies in Los Angeles – both controlling and caring – were effectively removing the visibly poor from prime public spaces:

approaches to poverty management are changing, appearing to lack any therapeutic premise and relying instead on circulating poor people across a diverse array of unrelated settings, including standard residential dwelling units, shelters, jails, prisons, hospitals, rehabilitation centers, Single-Room Occupancy (SRO) hotels, and the street.

Wolch and DeVerteuil (2001) employ the ‘(dis)placement model’ to describes how, in the case of Los Angeles, a reformed welfare system, an active ‘third sector’ and revanchist urban policies work together to cycle homeless people between temporary settings such as shelters, psychiatric wards, jails and prisons (Wolch & DeVerteuil 2001; Wolch & Philo 2000). In these new poverty landscapes, the ‘cycling’ of poor people contravenes therapeutic rationales while facilitating the removal of inconvenient populations from sites targeted for urban development and avoiding the real costs associated with poverty-assistance (Wolch & Philo 2000).

The view from elsewhere in the world has similarly cast poverty management systems in a rather ambivalent light. Laurenson and Collins (2007) have argued that in New Zealand punitive regulatory strategies have been counterbalanced by local government support for more supportive strategies such emergency shelter and social housing. Murphy’s (2009) examination of local homelessness policy in San Francisco has revealed the ambiguous successes of ‘kinder and gentler’ poverty management strategies. May et al. (2005) read the British central government’s efforts to address street homelessness through the expansion of shelter spaces as an incomplete ‘crisis containment mechanism.’

### **Research Scene**

A central purpose of this dissertation is to provide some insight into this ambivalence through a situated account of the way in which homelessness is being ‘managed’ in one Canadian city. The papers gathered together in this dissertation are based on three years of ethnographic fieldwork (conducted between 2006 and 2009) in a medium-sized, de-industrializing city in Ontario where housing in-affordability is a serious problem. In this city, social assistance rates are vastly insufficient in relation to existing market value rental rates. For example, the basic shelter benefit under the Ontario Works social assistance plan

is \$356 for a single individual, \$186 less than the average rent in the city for a bachelor apartment. Moreover, social housing is in chronic undersupply leaving roughly 4,000 people on a waiting list from month to month. As a result, homelessness is a visible feature of the urban landscape.

In carrying out this research I adopted a broad strategy to explore how homelessness was being addressed at the local level. I employed a range of qualitative methods such as participant-observation, key informant interviews, group interviews and policy analysis to explore the rationale of state-led, community planning processes, the experiences of third sector organizations delivering homeless services, the function of specific service delivery settings in the homeless services system, and the everyday experiences of homeless men and women. Early in the research I came to the realization that while some political leaders and business elites were proposing rather punitive strategies for ‘cleaning up’ downtown neighborhoods of homeless people, these voices were far outweighed on the ground by compassionate strategies such as emergency shelters and drop-in centers. This realization steered the research focus towards the more supportive and accommodating side of the city represented by the emergency shelter system.

Soon after embarking upon this fieldwork, I found myself in the midst of an important moment in the evolution of the local shelter system. My fieldwork began roughly ten years after the mayors of Canada’s largest cities signed the ‘State of Emergency Declaration’ calling on the federal and provincial governments to designate homelessness a national disaster and implement a national homelessness relief and prevention program (Crowe 2007). It was in this context that the Canadian Federal government implemented the first national homeless relief program in 1999 – the National Homelessness Initiative (NHI). This national program directed funding towards community-based support systems for homeless individuals. While mayors and advocates had called for investments in social housing, a majority of these initial funds were invested to expand the local shelter system rather than address chronic shortages of affordable housing.

In the ten years since the NHI was unveiled, homeless shelter systems in many Canadian cities have undergone a significant re-configuration. In the city under study, the emergency shelter system shifted from a ‘patchwork’ of crisis relief programs offered by faith-based, nonprofit agencies to a ‘seamless’ network of outcome-orientated programs (i.e. the ‘continuum of care’ model) focused on moving individuals from the street to the shelter and into independent housing. An important component of this re-configuration of services has been the partnership of local government and voluntary sector organizations. In addition, an important priority of this new collaborative system has been to target and house chronically homeless individuals living in the shelter system (i.e. the ‘housing first’ model). In my research I became particularly interested in the new ‘management spaces’ that were emerging in this policy context. What interested me with regard to these new spaces was how care (i.e. charity, medicine) and

control (i.e. governance, coercion) were blending together. Moreover, I wanted to further understand how the co-existence of care and control within these new spaces could be read, more broadly, in relation to ‘crisis management’ practices in the ‘neoliberal city.’

In thinking about the relationships between care and control in these management spaces one of the theoretical dimensions that captured my interest was power. After looking more closely at how the shelter system was being reconfigured I came to recognize these caring spaces were saturated with power relations. This observation was rooted in a particular understanding of power drawn from Michel Foucault. In this case, power is not something held but something that is exercised at the micro-level of everyday practices. Power operates through the ways that individual actions and social activities are organized in space and time. Power, in this sense, is immanent throughout all social relations. Moreover, rather than dominate and repress power is productive, it generates objects of knowledge, self-understandings and desires. Power is an essential ingredient when it comes to subjectivity and identity. It is infused in the ways through which we come to know and understand ourselves.

The title of this dissertation expresses this sensitivity to power. The phrase ‘emergency powers’ was chosen to convey how the overarching ‘rationale’ and the specific strategies shaping poverty management in the more recent neoliberal period has been weighted towards crisis-management responses. Rather than adequately address the root causes of homelessness – poverty and housing in-affordability – the state has generally resorted to ‘stop-gap’ approaches that seek to temporarily shelter the displaced and dispossessed. In various ways, each paper engages with the discourses, strategies and subjectivities associated with the application of these emergency powers at the local level.

The papers reveal how these ‘emergency powers’ are multi-scalar in nature. They are embedded in multiple state contexts ranging from the local to the national. In addition, these efforts go well beyond the state. Managerial approaches reach into the interior spaces of homeless individuals in an effort to ‘empower’ individuals to better manage themselves. To do so they draw upon the moral currents of civil society and enroll the resources of the voluntary sector. Recent managerial approaches also appear to employ a new welfare ethos that seeks to manage the most risky in an effort to minimize costs. In doing so these responses seem to be reversing longstanding notions of deservedness in welfare provision. Finally, these managerial efforts create complex geographies of care and control that mix spaces of inclusion and exclusion in the city in new and unanticipated ways.

## Overview of Chapters

The papers assembled here are the product of fieldwork conducted over the course of my doctoral program (see Appendix A, B, C). Each engages with a unique question and each is based on primary research in different field settings. In an effort to protect the anonymity of these field settings and the people

involved in the research the city where this research was undertaken and the names of particular field sites and research participants have been replaced with pseudonyms. The dissertation proceeds in the following order.

Chapter One considers this recent moment in the management of homelessness in relation to literatures on landscapes of voluntarism. Voluntarism is particularly salient to the study of homelessness because the extent to which a city offers a compassionate hand to the homeless is contingent upon the presence of an active voluntary sector. The paper explores how the voluntary sector has been mobilized in the context of welfare state restructuring. The specific focus of this paper is on the changing relationship between local authorities and voluntary sector agencies involved in the management of homelessness.

Chapter Two explores an essential managerial space (a ‘low-barrier’ shelter) in the local shelter system in the context of recent literatures on organizational ‘spaces of care.’ Spaces of care are generally recognized as manifestations of compassionate impulses that provide critical sites of inclusion in an otherwise exclusive city. Upon examination, the space under study emerged as a compassionate albeit power-laden environment imbued with numerous contradictions. The specific focus of this paper is on locating the origins of the ambiguous and paradoxical nature of these organizational spaces.

Chapter Three explores a new and innovative managerial space (a ‘special care’ facility) in relation to literatures on the regulation of homelessness in the city. In this literature, spaces such as homeless shelters and drop-in centers are viewed more instrumentally as spaces that assist in the regulation of homeless people’s everyday lives. This paper introduces an alternative way of understanding power to rethink the forms that this regulation takes. Through an examination of individual program experiences, the paper shows how social control is achieved through processes of self-making and personhood that are aligned with wider regulatory strategies in complex ways. Finally, the concluding chapter gathers together the main findings and contributions of each chapter. The concluding chapter also outlines how these findings advance our understanding of poverty management in the contemporary city. In addition, the chapter identifies a number of the limitations that were associated with this research.

---

<sup>1</sup> This description was drawn from numerous newspaper articles, in particular see: Porter, C. (2004) “They’re hoping for home At Moss Park one night a week, the city’s homeless can forget their problems and just play ball” *Toronto Star*, August 11, 2004 Wednesday, B01

<sup>2</sup> This description was drawn from numerous newspaper articles and radio features, in particular see: See DiManno, R. (2008) “Reservist irate before slaying, trial told; One of three charged in homeless man’s death hated ‘bums,’ major says” *Toronto Star*, March 27, 2008 Thursday, A16; Mathieu, E. (2008) “Pair jailed 10 years in beating death; Two army reservists ‘literally stomped’ homeless man to death in Moss Park, judge says” *Toronto Star*, May 2, 2008



---

Friday, A10; Black, D. (2009) “Day of the Homeless' honours slain man; Volunteer remembers brutal Moss Park death of 'good friend' Paul Croutch” Toronto Star, August 25, 2009 Tuesday, GT07

<sup>3</sup> This story was a regular feature in Vancouver newspapers in 2008 and 2009. In particular see: Bula, F. (2009) “Maligned Vancouver shelter closing; residents to get better digs” Globe and Mail, S1; Bula, F. (2009) “Vancouver to launch new shelter project downtown” Globe and Mail, August 26, 2009 Wednesday, S3

<sup>4</sup> This story was drawn from numerous newspaper articles. In particular see: Bula, F. (2009) “B.C. wants to force homeless into shelters in extreme weather; Activists question timing of legislation as Games approach” Globe and Mail, September 21, 2009 Monday, A1; Mason, G. “Protecting lives, or protecting rights? B.C.'s plan to force homeless into shelters hits the streets” Globe and Mail, September 22, 2009 Tuesday, A1

<sup>5</sup> This story was first heard on CBC radio. See: Mickleburgh, R. (2009) “Why did the city worker cross the road? To scoop chicken poop.” The Globe and Mail, August 25, 2009 Tuesday, A5

**Chapter One:**

Community Empowerment through the Managerial State: Exploring Landscapes  
of Voluntarism in a Canadian City.

To be submitted to:

Environment and Planning A: Government and Policy

**Abstract**

This paper examines changing relations between the local state and the voluntary sector in the context of neoliberal restructuring. In countries such as Canada, voluntarism has increased in the wake of neoliberal policy agendas that have devolved welfare responsibilities to the local level and withdrawn state support from certain areas of welfare provision. As a result the voluntary sector now plays a more formal role with regard to urban social policies around poverty and social welfare. The role of the voluntary sector and its relationship to the local state are both embedded within institutional contexts that seek to coordinate voluntary activity in various ways. These institutional contexts are important for understanding state-voluntary sector relationships as well as the trajectories of voluntary sector organizations. They are also relevant to our understanding of the role of voluntarism in the context of neoliberal modes of governance. This paper explores these processes through a case study of how one local voluntary sector in a Canadian city was mobilized by regional and national governments in an attempt to address urban homelessness. This case study revealed how relationships between the local state and the local voluntary sector, as well as local policy responses, were steered by a ‘hybrid’ mode of governance established by regional and central government policies. The paper explores how voluntary sector organizations adapted within this context. In addition, the paper considers whether this institutional context deepened neoliberal forms of governance or provided spaces of contestation.



## Introduction

The ‘voluntary sector’ (sometimes referred to as the ‘third sector,’ the ‘nonprofit sector,’ or the ‘non-government sector’) encompasses all those organizations providing service to the community that operate ‘outside’ the market (i.e. nonprofit) and the state (i.e. self-governing) and which utilize unpaid volunteers and/or paid staff (Fyfe and Milligan 2003). This paper examines the changing role of the voluntary sector in the political context of welfare state restructuring. As such it forms a part of a growing literature on the use of individual volunteers and nonprofit organizations to address public needs, otherwise referred to as ‘voluntarism’ (Amin et al. 2002; Fyfe and Milligan 2003; Milligan and Conradson 2006; Skinner and Rosenberg 2006; Wolch 1990).

The voluntary sector is an important cornerstone of liberal welfare regimes<sup>1</sup>. Over the past three decades the welfare state contexts of many western capitalist societies have undergone significant restructuring and the balance of responsibility between state, market and civil society has shifted (Jessop 1999; Brenner and Theodore 2002; Painter and Goodwin 1996; Peck and Tickell 2002). In countries such as Canada, ideological shifts towards neoliberal policy agendas have resulted in the devolution of welfare responsibilities to lower levels of government and the gradual withdrawal of the state from the direct provision of certain welfare services. As a result, voluntarism has expanded as welfare functions have been offloaded to families and the ‘voluntary sector’. In this context a number of questions have been raised in the literature. How can we conceptualize recent shifts in relations between the local state and the voluntary sector in the context of these neoliberal policy agendas? How are voluntary sector organizations responding to these shifts? This paper aims to explore these broad questions through a case study on how one local voluntary sector in a Canadian city has been mobilized in response to a particular social problem, homelessness. The paper addresses the need for more work on how local voluntary activity is being impacted by policy interventions designed at regional and national levels as well as wider processes of state change more generally (Conradson and Milligan 2006).

The remainder of the paper is organized into five major sections. The paper begins by developing a conceptual framework through a critical review of the literatures on neoliberalism, governance and voluntarism. The next section introduces the methodological approach, a case study of voluntary activity around homelessness in a medium sized Canadian city. This is followed by a description of case study findings consisting of (1) a review of the national and regional policy context that shaped local actions and (2) an analysis of local state and voluntary sector experiences related to recent attempts to restructure local service delivery systems. The next section presents a discussion of these experiences in the context of literatures on voluntarism and welfare state restructuring. The paper ends with a brief conclusion listing possible future research directions.

### **The Changing Political Landscape of Voluntarism**

The overarching focus of this paper is the changing role of the voluntary sector in the political context of on-going welfare state restructuring. The following section sketches out a conceptual framework for approaching recent adjustments within liberal welfare regimes that have been precipitated by changes to the welfare state. This involves first theorizing state change and then mapping out the correlating state-voluntary sector relations and their effects.

When it comes to theorizing the state and state change the approach taken in this paper draws on regulationist perspectives wherein the function of the state is to provide the required institutional arrangements for the reproduction of capitalist social relations and capital accumulation (Brenner and Theodore 2002; Goodwin and Painter 1996). Two underlying premises are that capitalist social relations are inherently unstable and crisis-ridden and that capitalist development is geographically uneven (Smith 1984). Therefore, state regulatory frameworks are required to provide coherence and stability. These regulatory landscapes are dynamic and are continually remade through social struggles that seek to transform inherited institutional forms (Brenner and Theodore 2002).

From the 1950s to the 1970s the dominant mode of regulation was a Fordist-Keynesian developmental model consisting of a national state that promoted economic development through demand-side management and a welfare state that promoted social integration through the protection of the social wage and universal redistributive policies (Jessop 1999). Neoliberal ideologies began to percolate in the mid-1970s when the Fordist-Keynesian model entered a ‘crisis’ phase (Harvey 2005; Peck and Tickell 2007). Declining profitability, increasing international competition, stagnating economic growth, rising inflation, and growing government deficits began to undermine the active role of the Fordist-Keynesian national state in promoting economic development and public welfare (Jessop 2002; Brenner and Theodore 2002). In the case of the Keynesian welfare state, the rising fiscal costs of social welfare provision, growing expectations, and rising unemployment induced a period of welfare state restructuring in western countries (Pinch 1997).

During this ‘crisis’ period ‘neoliberalism’ emerged as a dominant political ideology for guiding state restructuring processes in North America and Western Europe. Harvey (2005) defines neoliberalism as a historically and geographically specific political project that formed in the 1970s to reconsolidate class power through a number of market-led state restructuring strategies. Neoliberalism can be approached on two levels. On an ideological level, neoliberalism is an intellectual project valorizing individual freedom, personal responsibility and free market rule (Brown 2000; Lerner 2000). On a more applied policy level, neoliberalism is one strategy among many (i.e. neocommunitarianism, neostatism, neocorporatism) for restructuring state-market-civil society relations (Jessop 2002). Neoliberal policies generally promote liberalization (free market competition), deregulation (reduced role of law and state) and privatization (liquidation of public sector assets) in social and economic spheres (Brown 2000;

Harvey 2005). In North America and parts of Western Europe, neoliberal ideologies and policy prescriptions have had tremendous influence over deficit reduction strategies that proceed by cutting expenditures, downsizing the state and installing market modes of provision in its place.

In retrospect, neoliberalization has been shown to be a dynamic political project that has mutated over time and exhibited considerable internal variation across space (Brenner and Theodore 2002). Several observers have proposed different ways of periodizing how neoliberalism has evolved and changed over time (see Craig and Cotterell 2007). This has involved sketching generic features as well as considering the ‘actually existing’ forms created through the interaction between neoliberal restructuring strategies and existing institutional landscapes at varying scales (Brenner and Theodore 2002). Two approaches in particular are reviewed here. Both identify an initial period of orthodox neoliberal state restructuring that aimed to reduce the size of the state and expand market relations. The approaches differ with regard to understanding the more recent configuration of the state, market and civil society that has unfolded in the U.K. and elsewhere under the guise of ‘Third Way’ politics<sup>2</sup>. More specifically, each offers a slightly different view on the role and potential of voluntarism.

The first approach to periodization, developed by Peck and Tickell (2002, 2007), identifies three phases of neoliberalization: ‘proto-,’ ‘roll-back’ and ‘roll-out’ neoliberalization. ‘Proto-neoliberalism’ describes the formation of an intellectual project in the 1970s that began to agitate for state change as the crisis of Fordist-Keynesianism unfolded. ‘Roll-back’ neoliberalism began in the 1980s and consisted of the destruction of Keynesian welfare institutions at the national scale through devolution, dismantlement and privatization (see Kodras 1997). ‘Roll-out’ neoliberalism began in the mid-1990s in response to widening socio-economic inequalities and governance failures that emerged out of the ‘roll-back’ period. The ‘Roll-out’ phase has been marked by institution-building and a social interventionist agenda for containing the failures of marketization. ‘Roll-out’ mechanisms have incorporated non-market strategies such as voluntarism, involved the re-emergence of the national state as a policy enabler at the local level, and embraced active welfare strategies to combat dependency. Peck and Tickell (2002, p. 390) describe the ‘roll-out’ phase more specifically in terms of:

the selective appropriation of the ‘community’ and nonmarket metrics, the establishment of social-capital discourses and techniques, the incorporation (and underwriting) of local-governance and partnership-based modes of policy development and program delivery in areas like urban regeneration and social welfare, the mobilization of the ‘little platoons’ in the shape of (local) voluntary and faith-based associations in the service of neoliberal goals, and the evolution of invasive, neopaternalist modes of intervention (along with justifications for increased public expenditure) in areas like penal and workfare policy.

While existing ‘outside’ the ideological construct of neoliberalism, in Peck and Tickell’s (2002) view, these ‘roll-out’ mechanisms are ‘licensed’ within broader neoliberal projects and thus represent a reconstitution of neoliberalism in the face of past governance failures. In their view, therefore, voluntarism is an ‘institutional fix’ co-opted by the state to manage crisis (see also MacMillan and Townsend 2006).

Others have offered a different diagnosis of the current moment. Rather than label the more recent form of statecraft as a re-extension of neoliberal projects others have suggested that current political-economic arrangements might be better considered as post- or ‘after’ neoliberalism (Craig and Porter 2005; Larner and Butler 2005, 2007; Larner and Craig 2005). In this context, a variety of ‘liberalisms’ are competing when it comes to welfare regime re-design (Mahon 2008). In the Canadian context, several commentators have suggested that the liberal welfare regime has turned down a path towards ‘inclusive’ liberalism characterized by a strong emphasis on ‘social investment’ (Jenson and Saint-Martin 2003, 2006). For Jensen and Saint-Martin (2003, 2006) the ‘social investment state’ has three main characteristics: First, it is future-orientated. It imagines a new welfare architecture that is more of a trampoline than a safety net. Second, it emphasizes investment in human capital and life-long learning, productive investments that empower and provide security against social risks in the future. Third, by building social cohesion and capital the social investment state seeks to enrich collective well-being and success.

These differences aside, the periodization sketched out above suggests that the state context for voluntarism has changed, mutating from a ‘roll-back’ neoliberalizing state bent on dismantling welfare state institutions through devolution and privatization into new ‘roll-out’ variations (or a variation ‘beyond’ neoliberalism altogether) intent on containing policy failures by building community resiliency and enhancing social cohesion. How have these roll-back/roll-out shifts shaped the nature and trajectory of voluntarism? One can begin to understand voluntarism in the context of these changing forms of statecraft by considering further the institutional (or ‘governance’) arrangements that have accompanied public-sector restructuring in each period and how they have come to coexist in the present moment. Each periodization has been associated with a particular way of coordinating state-voluntary sector relationships: namely, ‘hard’ institutional arrangements in the ‘roll-back’ period and ‘soft’ institutional arrangements in the more contemporary period (Craig and Cotterell 2007). Moreover, each of these institutional arrangements has served as the focus for scholarly literatures examining state-voluntary sector relationships from the 1990s to the present. These are reviewed next.

#### *‘Hard’ Institutional Arrangements and the ‘Shadow’ State*

‘Hard’ institutional arrangements pertain to public management reforms in the 1980s and early 1990s marked by the proliferation of contractual relationships, market-based policies, accountability controls and performance



measures that accompanied public-sector restructuring (Bevir 2005; Craig and Cotterell 2007). This form of public administration has been labeled by some the ‘New Public Management’ (NPM) (Clarke and Newman 1997). In Canada, the impetus for NPM approaches was threefold: (1) in light of daunting economic realities neoconservative governments sought to reduce deficits by cutting social expenditures; (2) public confidence in government policy began to wane leading to calls for government to improve efficiency and ‘do more for less’; and finally, (3) domestic policy became linked to the competitive imperatives of economic globalization (Aucoin 1995).

One of the primary administrative devices of NPM is contracting between the state and private agencies (i.e. ‘voluntary sector’ organizations) for public services. The shift towards NPM strategies in the 1980s and early 1990s helped establish ‘contractual regimes’ consisting of purchaser-provider splits between the state and the voluntary sector (Smith and Lipsky 1993). An important element of this ‘contract culture’ has been the creation of quasi-markets through ‘managed competition’ (i.e. state-coordinated competitive bidding processes) among voluntary sector organizations for service contracts (Cloutier-Fisher and Skinner 2006; Evans and Shields 2001; Owen and Kearns 2006). Discourses of accountability and efficiency have also guided NPM strategies manifesting as output-orientated and target-based measures of performance and accountability that are tied back to the contractual regime (Aucoin 1995).

A stream of literature in the social sciences (i.e. Baines 2006; Gibson et al. 2007; Miller 1998; Phillips and Levasseur 2004; Shields and Evans 1998; Smith and Lipsky 1993) and in human geography (i.e. Chouinard and Crooks 2008; Cloutier-Fisher and Skinner 2006; Hanlon et al. 2007; Milligan and Conradson 2006; Skinner and Rosenberg 2006; Trudeau 2008b) has examined the impacts of NPM reforms on the voluntary sector. On the whole these literatures have shown how the character and ethos of voluntary sector organizations are being changed as nonprofits are required to ‘do more for less’ while acting in an entrepreneurial fashion within contractual regimes (Evans and Shields 2001). Importantly, NPM reforms occurred in the context of deep cuts in social expenditures that were passed down to the voluntary sector. This meant that organizations had far fewer resources to deliver services (Chouinard and Crooks 2008). Simultaneously, NPM’s ‘contract cultures’ required organizations to bureaucratically restructure. By providing incentives for professional skills and training, competitive bidding processes encouraged professionalization (Smith and Lipsky 1993). This often involved the hiring of more professional staff and altering modes of service delivery. As a result, many nonprofit agencies have grown from small grassroots organizations to bureaucratic corporatist organizations (Milligan and Fyfe 2005). This has affected the level of personalized support and care provided by some organizations and shifted the missions of many voluntary organizations away from their roots in civil society (Hanlon et al. 2007; Miller 1998).

Many of these themes were presaged in the ‘shadow state’ concept developed by Jennifer Wolch (1990). Writing in the context of welfare state

devolution and privatization in the 1980s, Wolch coined the ‘shadow state’ to describe the changing nature of voluntarism at the local level. The ‘shadow state’ concept has provided a useful political frame for the literatures summarized above by making sense of state-voluntary sector relationships amidst ‘roll-back’ neoliberalism and emerging NPM ‘governance’ structures. The ‘shadow state’ describes a quasi-state apparatus created through the contracting of voluntary sector organizations by the state for public service delivery (see DeVerteuil et al. 2002; Lake and Newman 2002; Mitchell 2001; Trudeau 2008a). This ‘shadow state’ apparatus is bureaucratically administered in a hierarchical fashion outside of democratic oversight. The voluntary sector is subject to increased administrative control by the state and increased dependency on state funding for survival. As a result the expansion of the ‘shadow state’ apparatus facilitates the penetration of the state further into civil society and, by extension, into the everyday lives of service users. Finally, the ‘shadow state’ helps to provide political legitimation to the state by addressing public welfare needs while simultaneously buffering the state from criticism.

#### *‘Soft’ Institutional Arrangements and the ‘Partnering’ State*

In the more recent phase of ‘roll-out’ neoliberalization new ‘soft’ institutional arrangements (or modes of governance) have been experimented with. As a general strategy these ‘soft’ arrangements seek to ‘renew’ state-civil society relationships (Craig and Cotterell 2007). Rather than focus on transforming the voluntary sector into a market and nonprofits into entrepreneurial actors as NPM reforms aimed to do, ‘soft’ institutional arrangements seek to ‘reinvigorate civil society’ (Fyfe 2005) by orientating state-voluntary sector relationships around notions of community, collaboration, partnership and trust. In this regard, ‘neo-communitarian’ strategies (see Jessop 2002) that emphasize “the strategic importance of civil society for social cohesion and economic vitality” (Fyfe 2005, 539) have been pursued. From this perspective the voluntary sector is viewed as a key site for the production of social cohesion through its ability to foster social capital and active citizenship (Milligan and Fyfe 2005). One symbol of the central state’s attempt to renew relations with civil society is the various state-voluntary sector ‘compacts’ that emerged in the late 1990s in several western countries (Morrison 2000; Phillips 2004). ‘Soft’ arrangements have also reconfigured the governance of the voluntary sector (Fyfe 2005; MacMillan and Townsend 2006). On one hand, these new arrangements have typically been associated with a particular scalar constitution, one that aims to revive local grassroots participation in tackling social exclusion (Amin et al. 2002; Elwood 2004). On the other hand, these new arrangements have been characterized by a shift towards ‘networked’ and ‘horizontal’ forms of governance (Phillips 2004; Saint-Martin 2004). These forms of governance are premised on partnership, collaboration and interdependence as opposed to hierarchical command and control principles. Susan Phillips (2004) has suggested a Canadian ‘twist’ to these ‘soft’ institutional arrangements: they represent a

pragmatic attempt to govern with fewer resources and a smaller state while simultaneously rebuilding the legitimacy of the federal government by enhancing federal visibility through community partnerships.

These ‘soft’ forms of governance have served as the stepping off point for a stream of recent literature on voluntary sector experiences (Fyfe 2005; Milligan and Conradson 2006; Milligan and Fyfe 2005; Owen and Kearns 2006; Trudeau 2008a, 2008b). This research has re-examined state-voluntary sector relations in the context of the repositioning of voluntary sector agencies from simple delivery agents to partners in a ‘community governance paradigm’ (Edwards and Woods 2006; Halseth and Ryser 2007). Drawing on arguments by Wolch (1999), Milligan and Fyfe (2005, 2006) have raised questions about ‘renewal’ and ‘relocation’ in the context of this ‘new institutional architecture.’ They suggest that the strategic positions adopted by voluntary sector agencies reflect two pathways: (1) embrace the ‘renewed’ state-voluntary sector compacts and sacrifice traditional voluntary ideals and independence in exchange for partnership working and empowerment strategies (i.e. ‘renewal’) or (2) maintain independence to pursue traditional ideals by de-centering to the margins away from state ‘partnerships’ (i.e. relocation). Milligan and Fyfe (2006) suggest further that these divergent pathways have contributed to a bifurcated voluntary landscape consisting of small, informal, non-hierarchical ‘grassroots’ organizations and large, professionalized, hierarchical ‘corporatist’ organizations (Milligan and Fyfe 2005; Fyfe and Milligan 2005). According to Fyfe (2005, p. 550), grassroots organizations are “characterized by organizational structures which attempt to maximize participant input, routinely draw on the rhetorics of empowerment and participation and are thus closely associated with the development of active citizenship”. Corporatist organizations, by contrast, are “characterized by hierarchical, bureaucratic structures with an internal division of labor between managers, welfare professionals and volunteers” (Fyfe 2005, p. 550). Fyfe and Milligan (2005), however, caution that the voluntary sector is more complex than this binary division suggests. Voluntary sector repositioning consists of diverse strategies that engage with the empowerment and citizenship strategies in different ways. For example, corporatist structures do not necessarily foreclose the possibility of fostering active citizenship.

These new spaces of welfare and governance have also prompted some to rethink issues of co-optation and concepts such as the ‘shadow state’. Writing in the more recent context of ‘Third Way’ politics Trudeau (2008a, p. 670) has put forward the revised notion of a ‘relational shadow state’ characterized by “multiple and sometimes contradictory relationships that connect government and nonprofits.” Rather than view the state-civil society relationship as one of straightforward cooptation of voluntary sector organizations by state agendas and rationalities, Trudeau (2008a) directs attention to the multiple directionalities of influence and agenda setting that characterize contemporary state-civil society relations. He argues that interactions between the state and civil society actors are better approached as relational in nature, reflecting the growing preference for

‘soft’ institutional arrangements in social policy. Trudeau (2008a) further theorizes that, under today’s political-economy, in light of the more ‘hybrid’ nature of state-civil society arrangements, and the propensity for organizations to choose strategies of renewal or de-center, there is in fact a continuum of possible state-voluntary sector relationships ranging from extensive state influence on one end to marginal state influence on the other. Extensive state influence is vetted through contracts for service provision, procedural rules, performance management requirements and dependency on state funding. Marginal state influence, on the other hand, is characterized by greater organizational autonomy achieved through limited dependence on state funds or, in some cases, the strategic choice to pursue no government funds at all in order to ‘buffer’ the organization from the influence of the state. Located between these two opposed positions is a position of limited state influence. Here voluntary sector organizations are influenced by state agendas through contractual obligations and political opportunity structures but are able to wield their own influence over state agendas, policies and approaches. Using this continuum of state-civil society power asymmetries, Trudeau (2008a) suggests, quite usefully, that wherever voluntary organizations are located on the continuum they are most accurately approached as ‘liminal spaces’ where state strategies are extended, redirected or resisted (see Cope 2001 and Deverteuil et al. 2002).

Similarly, others have pointed to the notion of a ‘partnering state’ (Larner and Craig 2005; Larner and Butler 2005). Central to the notion of the ‘partnering state’ is what Larner and Butler (2005, p. 80) define as ‘local partnerships’: the “multi-level collaborative arrangements that aspire to ‘join up’ central government agencies, local institutions (e.g., local authorities, schools, hospitals), and/or community and voluntary sector groups.” According to Larner and Butler (2005, 2007) the ‘partnering state’ cannot be read as a straightforward top-down cooptation of the voluntary sector by the paternalistic state (as read by Peck and Tickell 2007, for example). Instead, local partnerships are characterized by processes of contestation through which community agendas penetrate the state.

In summary, this review has shown how the redesign of welfare regimes, and the role of voluntarism within them, can be understood in the context of neoliberalism more generally and processes of ‘actually-existing’ neoliberalization in particular. Over the last twenty-five years, against the backdrop of neoliberal state restructuring strategies, the voluntary sector has come to occupy a more formal and idealized place in the state projects of Western capitalist countries, particularly with regard to urban social policies around poverty and social welfare (Elwood 2004; Imrie and Raco 2003; Jessop 2002; Milligan and Conradson 2006). In the context of this political-economic narrative voluntary sector transition can be read amidst the continued legacy of ‘hard’ arrangements such as NPM and the more recent emergence of ‘soft’ arrangements such as ‘horizontal’ governance.

The relationship between these two institutional architectures for voluntarism has become the topic of inquiry. Some have questioned how ‘hard’



and ‘soft’ institutional arrangements can co-exist. Phillips and Levasseur (2004), for example, consider the tensions between competition and partnership inherent in these ‘hybrid’ contract cultures that promote efficiency and collaboration. Others have raised questions regarding the degree to which these more recent ‘roll-out’ partnerships flank or deepen neoliberal ideals such as market rationalities (Graefe 2007; Jessop 2002; MacMillan and Townsend 2006). This paper seeks answers to these questions through a case study of the efforts of local voluntary organizations and the state to address urban homelessness in a Canadian city. What kinds of state-voluntary sector relationships characterize this sector? How are voluntary organizations adapting to ‘hard’ and ‘soft’ institutional changes? Do these state-voluntary sector relationships represent a case of local empowerment or an institutional fix?

## Methods

The paper is based upon research conducted between 2006-2009 examining the social geography of homelessness and homeless service provision in a medium sized (population, roughly 500,000), de-industrializing port city in Ontario, Canada herein referred to as Bakersville<sup>3</sup>. In Bakersville, homeless services are provided by voluntary sector organizations, many of which are contracted by the municipality. The case study explored how relationships among these local actors (the municipality and voluntary sector organizations) have changed as they have attempted to alleviate the burgeoning crisis of homelessness over the past 10 years (1999-2009). Exploring Bakersville’s experience granted a unique perspective on processes of ‘roll-back’ and ‘roll-out’ neoliberalization. From 1995-2002 Ontario was governed by a neoconservative political party that introduced a radical neoliberal policy agenda. These policies exposed many already vulnerable populations to deeper forms of housing insecurity and poverty. From 2002 until the present, the provincial government has been in the hands of a liberal political party. This government has claimed to pursue an alternative ‘third way’ political agenda and has pledged to right the wrongs of the previous neoliberal government. In this regard, a case study of the local homeless services sector provided an opportunity to explore local state-voluntary sector relations in the context of ‘roll-back’ and ‘roll-out’ reforms at the provincial scale.

The case study research combined a number of qualitative methods to gather multiple perspectives on the homeless experience, the experiences of government and voluntary sector actors involved in service provision and the evolution of social policies aimed at addressing homelessness in the city. The research involved in-depth interviews with homeless men and women, participant-observation in service delivery settings such as emergency shelters and drop-in centers, key-informant interviews with government officials and private service providers, observation of community consultation and planning meetings and discourse analysis of key policy documents and organizational materials provided by service providers (i.e. annual reports, websites, promotional materials). This paper draws directly on the latter three data sources.

To collect organizational narratives nineteen key informant interviews were completed with representatives of private, non-profit service providers and municipal officials (see Table 1). Interviews with service providers explored topics such as the history of the organization, service philosophy, impacts of major welfare policy changes more generally and impacts of new requirements for partnership and collaboration more specifically. Interviews with city officials explored the impacts of increasing demand for services, devolution, and homeless policy trends on local government capacities and agendas. In addition, a number of city-organized community consultation meetings and one local community advisory board meeting were attended to follow the planning process that would direct the investment of a relatively large federal grant (discussed in more detail below). Interviews were digitally recorded, transcribed and analyzed alongside field notes and policy materials. Analysis was completed with the aid of a qualitative data analysis software package.

**Table 1: Key Informant Profile**

Category	Service Type	Key Informants
Social Services	Emergency Shelter	Director, Manager
		Director
		Director
		Director
		Manager
	Drop-In Center	Director
		Manager
		Outreach Worker
	Food Bank	Director
	Health Care Advocacy	Primary Health Clinic
Pastoral Care		Ministers
Legal Services		Lawyer
Research and Planning		Social Planner
Housing Assistance		Director
		Outreach Worker
	Volunteers	
State	Municipal Government	Manager
		Program Manager
	Law Enforcement	Police Officer

**Addressing the ‘Crisis of Homelessness’ in Bakersville**

The case study analysis proceeds by first mapping some of the key policy trends that shaped the actions of local actors during the timeframe under consideration (1999-2009). The paper then turns to explore the organizational narratives that emerged from key informant interviews with local state and voluntary sector

actors. These narratives are used to reconstruct events and provide insight into organizational experiences in the midst of roll-back/roll-out restructuring.

### *The Policy Context*

A number of federal and provincial public policy developments helped to steer Bakersville's approach to addressing homelessness during the timeframe under study. These external policies and programs represent layers of 'meta-governance' (Jessop 1998, 2002), wielding significant influence over local governance structures and third sector strategies. The provincial context is dealt with first because in Canada the provinces have primary responsibility for social welfare.

At the Provincial level, two policy developments in particular stand out. The first is the restructuring of Provincial and Municipal responsibilities that occurred in Ontario in the late 1990s and which proved to be particularly important for shaping local policy developments around homelessness. In the late 1990s, a neoliberal Provincial government implemented a highly technocratic process to radically realign provincial-municipal responsibilities. The Provincial government's rationale for initiating this 'disentanglement' process was the perceived need for a more accountable, less costly, and more simplified arrangement of government responsibilities (Graham and Phillips 1998). One of the major components of the 'local services realignment,' as it came to be called, was the devolution of some provincial responsibilities in areas such as social and community health services to the municipal level. The Province retained significant responsibilities such as setting overall program objectives, approving policy, and setting standards. Municipalities, on the other hand, assumed more responsibility and the cost-burden for administering and delivering programs. This devolutionary move was implemented through the creation of 47 delivery systems called Consolidated Municipal Service Managers (CMSM). In most cases, municipalities were designated as the CMSM. As the CMSM, municipalities came to be the 'service system managers' for social housing, social services, and by extension, homelessness.

The Provincial-Municipal 'realignment' was significant for more than just the creation of a new institutional architecture (CMSMs) and the downloading of responsibilities to municipalities. Another important legacy of the realignment was that it installed a particular type of 'intellectual machinery' for guiding the management activities of CMSMs at the local scale; namely, an approach called 'service system management.' The shift towards a 'systemic approach' to management reflected the Provincial government's aims to simplify government by moving away from disconnected, linear streams of programs and services (the 'silo' approach) that were deemed inefficient to a more integrated, client-centered approach to service management (the 'systemic' approach). The Provincial government's framework (Government of Ontario 2001) for 'service system management' contained a heavy collaborative emphasis on notions of 'networks' and 'partnership' as well as managerial concerns such as efficiency, integration,

accessibility and flexibility. For example, a ‘service system’ was defined as, “an inter-organizational network that includes the organizations, groups and individuals involved in administering and delivering a set of integrated supports and services that meets the defined needs of people” (Province of Ontario 2001, 14). The Provincial framework required that service systems be configured to the local needs of defined groups, the services that are required, and the capacities of the community-based service providers that currently operate. This required an understanding of community needs and resources in a given area and sector (i.e. homelessness). The framework recommended that service system managers plan collaboratively with organizations that are part of the network, link contracting to overarching community plans, strategically allocate funds to services that help achieve long term goals, and hold organizations accountable for working with the system rather than against it (Province of Ontario 2001). To be effective, service system managers were expected to gather on-going community level data on clients, develop structures to share information between organizations and systems, and develop structures that encourage cooperation between organizations and across systems rather than competition. This ‘systemic approach’ to management was grafted on to the homeless services sector in Bakersville after the municipality was designated the CMSM. As such, it has proven particularly influential in guiding subsequent policy approaches to homelessness at the local level.

A second string of key Provincial policy developments, pertaining more specifically to homelessness, stand out with regard to the trajectories of local efforts. The late 1990s marked a turning point in the sense that multiple levels of government began to recognize the need for a more coordinated response to stem the rising rates of homelessness in cities. This sentiment was clearly expressed in Ontario’s Report of the Provincial Task Force on Homelessness (1998). The task force was commissioned in the late 1990s to consult with local communities on the state of homelessness in the province. The report’s findings and recommendations conveyed a particular ‘scripting’ of the homelessness crisis. First, the report framed homelessness as a complex process whereby individuals lose their connections to family, work, and community. To remedy this, the report recommended an integrated network of community-based services and supports that could reconnect individuals to personal support systems that cultivate independence and self-sufficiency. Second, the report framed homelessness as an outcome of a fragmented landscape of services and supports, one with no overarching coordination or management. Moreover, it identified provincial funding mechanisms as too rigid and constraining with regard to innovation and creativity at the local level. Third, the report framed homelessness as the legacy of past responses that relied too heavily on expensive crisis intervention and emergency services. Perhaps not surprisingly, the report was rather silent regarding the multiple rounds of funding cuts to social assistance rates and affordable housing. Instead, the report recommended a more effective and coordinated local service system. Municipalities, as the local services system

manager for homelessness, were directed to work towards specific outcomes such as moving people from the streets to shelters, moving people from shelters to permanent accommodation and preventing homelessness by supporting those at-risk. In addition, the report recommended that homeless services focus on proactive, long-term solutions instead of reactive, crisis response. Municipalities were asked to work more closely with communities and service providers in developing proactive strategies that help prevent homelessness.

The end of the 1990s also saw the transfer of responsibility for the administration and delivery of several provincial homelessness programs to CMSMs. In 2005 these provincial programs were consolidated into one program called the *Consolidated Homelessness Prevention Program* (CHPP), which was funded entirely by the province. In theory this represented an uploading of costs but in practice the funds delegated to municipalities from CHPP fell below previous levels of funding. While the province set broad policy goals for CHPP the intent of consolidation was to provide CMSMs with the space needed to be innovative and flexible in their approaches. The CHPP program objectives echoed many of the discursive elements of the aforementioned ‘systemic approach’ to management as well as themes from the Provincial Task Force’s report. The program promised to enable CMSMs to create a ‘seamless’ continuum of services that could ‘reconnect’ individuals and families and assist those at-risk of homelessness. It sought to promote ‘innovative’ and ‘flexible’ ‘client-centered’ approaches to service delivery. It provided support for planning and management activities such as research and the development of community plans. It maintained an emphasis on client outcomes, results-based performance measures. In regard to this last objective, CMSMs were required to report regularly on six performance measures which detailed outcomes such as the number of people experiencing homelessness served, the number of people moved from the street to temporary accommodation and then to permanent accommodation, and the number of individuals at risk of homelessness who were able to stay housed due to CHPP funded services.

Leaving the provincial scene and moving to homelessness policies at the Federal level, in December 1999 the Federal government, which had disentangled itself from the social housing sector 5 years earlier, launched a 3-year (2000-2003) National Homelessness Initiative (NHI). The NHI was designed to assist local communities in alleviating homelessness, which was by then widely perceived as a national crisis (Graham et al. 2003; Wynne-Edwards 2003). Like its provincial counterparts, the overarching rationale of the NHI was to address the fragmented nature of community services by promoting a continuum of community-based supports by empowering local governments, community agencies and other partners to work collaboratively towards the ‘action’ plans and ‘integrated’ strategies needed to stem the rise of homelessness (Graham et al. 2003). The cornerstone of NHI was the Supporting Community Partnerships Initiative (SCPI). SCPI was conceived as a capacity-building program that would promote community-based partnerships among government, private and voluntary



sectors and develop strategies to reduce street homelessness, strategies that were based upon recent data on local needs and resources, community plans that strategically directed investments, and ‘seamless’ and ‘integrated’ service models that would be delivered in a collaborative manner. The centre-piece of SCPI was a ‘community-based program delivery’ approach which consisted of community led planning, priority setting, decision making, community implementation and delivery (Graham et al, 2003). Decision-making was carried out through a ‘Community Entity’ (CE) model wherein a municipality or an incorporated body authorized to make decisions on behalf of the community made project selection decisions. In the case of Bakersville, the municipality was deemed the CE. Project selection decisions, however, were informed by a Community Advisory Board (CAB) which consisted of members of all levels of government, the private sector and the voluntary sector and which made recommendations to the municipality. The SCPI program sought to establish a direct relationship between the Federal government and local communities. In this sense it added another layer of governance at the local level. In light of the continued growth of homelessness, SCPI was later extended an additional 3 years (2003-2006).

In 2006, the Federal government changed hands from the Liberal Party of Canada to the Conservative Party of Canada. The new Conservative government extended the NHI and SCPI programs an additional year (2006-2007) but then re-branded as the Homeless Partnering Strategy (HPS) and the Homeless Partnering Initiative (HPI) respectively. The HPI (2007-present) was similar to SCPI in its focus on community-based partnership. It differed, however, in its explicit adoption of a ‘housing first’ approach and a stronger emphasis on outcome-based investment and performance management. The HPI was conceived as a program for supporting investments in transitional and supportive housing services, increasing knowledge and measurement of outcomes and broadening engagement with community partners.

In summary, the restructuring of provincial-municipal relations and responsibilities established an important institutional context for local responses to homelessness in the period under consideration. Additionally, Federal programs like SCPI/HPI and Provincial programs such as CHPP provided a desperately needed injection of funding for homelessness programming, particularly as responsibilities for social housing and social services had been downloaded to cash-strapped CMSMs. Policy developments at the Provincial and Federal levels display a degree of convergence in the sense that they ‘framed’ the failure to solve the homelessness crisis in similar ways (i.e. a fragmented, uncoordinated array of services) and ‘scripted’ similar policy responses, particularly in terms of designating the local as the ideal scale for coordinating collaborative, partnership-based responses and requiring accountable, efficient, outcome-orientated management. These programs functioned as critical policy levers by simultaneously enabling and channeling local efforts to respond to the growing homelessness crisis. How these came together at the local scale in

Bakersville, and how they changed the relationships and roles of local state and third sector agencies is the focus of the following section.

### **Taking Responsibility: The Bakersville Experience**

The following section presents a case study exploring local efforts to address homelessness in Bakersville over a 10-year period (1999-2009). In this regard, the funding arrangements connecting state and voluntary sector organizations comprise a critical institutional context of the case study. All of the emergency shelters and drop-in centers in the city are ‘outsourced’ by the municipality to local voluntary sector organizations. These relationships, and more importantly the funding arrangement underpinning them, are critical for understanding voluntary activity around homelessness. For organizations that provide emergency overnight shelter the ‘funding regime’ is a combination of public and private dollars. Public dollars are available to shelter providers in two forms: on a ‘non-competitive’ basis through ‘purchase-of-service’ contracts for shelter provision and on a ‘competitive’ basis through time-limited, project-based funding for supportive services. ‘Purchase-of-service’ contracts are ‘non-competitive’ in the sense that the funding is fixed and available to all shelter providers. These contracts compensate voluntary sector organizations with a per diem, the value of which is set by the province,<sup>4</sup> for each night a person stays at the shelter. The per diem is cost-shared by the province and municipality (80-20 respectively) and administered through the Ontario Works Act. This legislation sets the general rules regarding what is expected from shelter-providers under these ‘purchase-of-service’ contracts. For example, under the Ontario Works Act per diem funding for shelters is intended to cover shelter, food and basic supervision.

The more recent period has seen the addition of federal and provincial funding programs that have tended towards time-limited, block and project-based grants, some of which are provided through a competitive tendering process. In many cases (under SCPI and HPI for example) voluntary sector agencies answer requests for proposals and compete for program dollars. On another level, voluntary sector organizations are also dependent upon non-state, ‘private’ funding streams. Charitable donations from citizens and private grants from community funding agencies such as the United Way also make up a significant portion of revenue. Funding from community organizations may come in the form of block grants or project-based funding. These sources have many of same rules and regulations regarding accountability as government funds. Charitable donations from citizens are particularly valuable to nonprofit organizations given that they come with ‘no strings attached’.

When coupled with the growing awareness of homelessness and the growing demand for shelter this ‘funding regime’ has provided shelter operators with a ‘stable’ foundation to operate and, more recently, expand. In expanding, however, shelter operators have become more ‘entangled’ with state. This is an important dynamic with regard to the evolution of the homelessness services

sector and has contributed to the growing interdependence of the state and voluntary sector organizations. The state is directly dependent on nonprofit shelter operators for the services they provide. This dependence has a number of dimensions. First, the state benefits from the traditional strengths of the voluntary sector: namely, the sectors capacity to respond to local needs in innovate and flexible ways. Second, the state's dependence on voluntary sector shelter providers is financially motivated. By contracting out shelter services the state acquires these services for far less than would be possible through state owned and operated institutions. By 'outsourcing' shelter services the state does not have to assume the full costs of providing emergency shelter. The voluntary sector assumes a large portion of the capital costs involved in acquiring and maintaining buildings and the administrative costs of delivering services. This represents a cost saving to the state.

Upon reviewing developments in local policy and program delivery, two distinct but interlocking approaches to governance emerged as important staging grounds for local interventions: (1) a 'community' turn towards networked forms of collaboration and partnership; and (2) a 'managerial' turn towards performance-orientated 'systems' for coordinating resources and directing investment. The following section sets out to show how these two institutional or governance orientations have blended together over time to form a 'hybrid' form of local governance termed here 'community-based managerialism.' Importantly, both the community and managerial sides of this local governance structure have altered the funding regime connecting state and 'voluntary sector' actors, re-orientating their roles and relationships in the process. As such, it has functioned as a critical 'steering' context by 'scripting' how services should be delivered and re-channeling the strategies of local state *and* non-state actors. One important way in which it has done this is by directing funding towards services targeting the most costly and difficult to house. This has accompanied a more general re-orientation of the service delivery system around a 'housing first' approach. These embedded modes of coordination have not, however, been without their tensions and contradictions as demonstrated by the organizational narratives that follow. Organizational narratives are drawn upon to cast light on the experiences and strategies of local actors in this evolving governance context. Each governance context – the 'community' turn and the 'managerial' turn – is dealt with separately to draw out their distinct features and impacts at the local level.

### *The 'Community' Turn*

The Provincial devolution of policy making and service delivery responsibilities to local communities and the Federal promotion of networked forms of collaboration and partnership among 'voluntary sector' agencies shaped Bakersville's strategies for addressing homelessness in important and far-reaching ways. This policy orientation has been termed here the 'community turn' because it encompassed policy shifts, at the Federal and Provincial level, towards participatory policymaking structures, collaboration and partnership formation at



the local level. These shifts ‘scripted’ local efforts (Elwood 2004) by helping to frame the homelessness crisis as an outcome of a fragmented landscape of social services in need of improved collaboration and partnership at the local level. ‘Scripted’ in this way, these approaches served as critical institutional contexts for ‘steering’ local actors towards a collaborative response, one guided by community-based action plans and implemented through social partnerships between state and non-state actors and agency partnerships between ‘voluntary sector’ actors. How did this ‘community’ turn unfold in Bakersville? As the following two sections detail, this ‘community’ turn towards ‘made in Bakersville’ solutions was not without its tensions and challenges.

“A strategy of our own?”

By the end of the 1990s, the ‘crisis of homelessness’ had captured widespread public attention and was finally appearing on the government’s agenda. The responses that were to be mobilized in Bakersville over the next 10 years came to reflect several policy developments. Among them was the devolution of new social service responsibilities to the municipal level, the recommendation of new community-orientated reforms by the Ontario Provincial Task Force on Homelessness, and the availability of new resources for community empowerment offered by the Federal SCPI. This ‘community’ turn in government policy positioned municipalities – as CMSMs and CEs – to take ownership of the homelessness problem. The Bakersville experience of this ‘community turn’ was anything but smooth. One set of narratives that emerged from key informant interviews chronicled the tribulations involved in generating ‘made in Bakersville’ community action plans, a critical policy piece that was required to initiate the flow of Federal dollars to the community. These narratives, however, spoke about something broader; namely, issues surrounding local autonomy, control and community involvement.

Before delving into these narratives, two things are necessary to foreground. First, in the late 1990s, following the forced amalgamation and the downloading of service responsibilities, the municipal government was in bureaucratic turmoil (see Downey and Williams 1998) and had little bureaucratic capacity to lead a new policy process to address homelessness. The municipality had long been, as one municipal official put it, “creatures of the province,” in the sense that they did not create policy but rather implemented provincial policies. Municipalities therefore lacked policymaking capacities. Municipalities were also in a state of fiscal precariousness in light of the downloaded costs associated with new service responsibilities. Second, before the wellspring of new provincial and federal funding for homelessness, ‘voluntary sector’ organizations in Bakersville had long been working with each other and the city (in a contracting relationship) to manage the growing homelessness problem. There was, therefore, a pre-existing contractual relationship between the municipality and service providers as well as a level of communication and cooperation among ‘third sector’ organizations. For example, the *Advisory Committee on Food and Shelter* (ACFS)

and the *Social Housing Committee* (SHC) were both longstanding volunteer citizen committees made up of representatives from voluntary sector service providers and activists who informed the city council on issues and policies related to food security, shelter and social housing. Given the lack of municipal capacity and the existence of these community networks it was here that the local pursuit for coordination began. Following the release of the Provincial Task Force's report and influential policy developments in Toronto, service providers recognized the need for their own report on the state of housing and homelessness in the city. In 1998, ACFS and SHC, coordinated by the local Social Planning and Research Council, set about developing an assessment of the state of homelessness in Bakersville.

Following the announcement of SCPI in 1999, the Federal government approached these 'voluntary sector' agencies with funds to build upon their assessment and complete a community action plan. At this time, however, the federal government had not developed its own guidelines for these action plans. The community nonetheless proceeded in collaboratively developing an action plan through broad-based consultations with service providers and the wider community.

There were not a lot of strings attached so I think the plan was pretty reflective of the community. This was 98, 99 (...) all along the line they were doing community forums. They were doing community forums with 400 odd people so they were going beyond just us agencies, our involvement and input into this thing (Advocacy Organization- 4).

During this participatory process competing interests and visions surfaced regarding what types of action was required. Consensus proved to be difficult in light of the divergent perspectives on homelessness and poverty among individuals and community groups.

We went around to different groups and said, "What are the assumptions that you think should underlie this work?" SHC said, "Well you should start by assuming that homelessness should not be tolerated – like it shouldn't be something that we accept as a community. There should never be homelessness." Food and Shelter said, "Well the first thing you have to accept is that there will always be homelessness." We're like – oh this is going to be an interesting exercise (Advocacy Organization - 12).

The outcome of this deliberative community process was a widely endorsed plan completed in 2000 which consisted of 7 priority areas and a detailed list of 44 recommendations. Priority areas included the overburdened shelter system, the need for more outreach services, the insufficiency of social assistance rates, the exclusion of institutionalized populations from welfare assistance, the need for safe, affordable housing, the need for food security and the need for a

homelessness coordinator. The plan was forwarded to the Federal government in 2000 for review and approval. Upon reviewing the community plan the Federal Government asked that the plan be revised to align with the more recently released SCPI funding objectives. The recommendations to address ‘systemic’ issues such as income security, affordable housing and food security fell outside of the scope of SCPI. The Steering Committee leading the process refused to revise the report. To open the flow of SCPI funding the municipality stepped in to produce a second abridged action plan, what was referred to as the ‘SCPI Addendum.’ This report pulled the SCPI fundable priorities and recommendations out of the community’s action plan and packaged them in a format that met the foci of SCPI. One key informant recalled these events:

The Federal government, says “oh no, those things you are talking about there isn’t SCPI fundable. Rewrite the plan.” “No we won’t rewrite the plan.” So they got someone from the city to rewrite the plan, taking out that stuff and so the whole SCPI thing that started in 2001 was based on this community plan which wasn’t an abridged community plan, it was certainly an edited community plan. It left out the systemic stuff and so I think there was a little bit of realization that we were all dancing to SCPI’s tune as service providers (Social Service Agency - 4).

The disjoint between what was ‘needed’ (community plan) and what was ‘achievable’ (the addendum) reflected a larger tension between the local priorities of the community and the broader program goals of the federal government when it came to homelessness (see Graham et al. 2003). This moment of tension marked an important juncture in local policy development. In taking on the lead role in preparing the SCPI addendum, the municipality began down a path towards fully assuming the CMSM and CE role with regard to homelessness. The addendum directed the spending of \$12.9 million in Bakersville, but none of it could be used for housing or income security. Rather, funds could only be used for improving the shelter system. As a result, the first round of SCPI funding (2000-2003) was used largely to improve the capacity and quality of emergency shelters. This included substantial investments in renovations and expansions to existing shelters. Between 2000 and 2003 the total number of shelter beds in Bakersville increased from 290 to 429<sup>5</sup>. Funds were also used to add case management positions in three emergency shelters, training programs for frontline shelter staff, and a number of outreach/prevention programs targeting street youth.

In 2003, the SCPI funding was extended an additional 3 years (2003-2006). A new community plan update was required to identify the priorities for the next phase of the SCPI funding. This time, the municipality wrote the community plan for the second phase of SCPI. To gather input for the plan, the municipality organized several consultation sessions with community service providers. A major priority for the second round of SCPI funding was the completion of a family shelter, a glaring gap in the service system, adding 80 beds

to the system. Importantly, the report also sought to shift emphasis from reactive emergency intervention to proactive prevention. Funds were also used to complete the Homeless Individual and Family Information System (HIFIS) and address the health needs of homeless populations. This included a primary health clinic, supportive transitional housing for individuals discharged from hospitals, and medical outreach services to the homeless and at-risk of homeless populations. Finally, funds were allocated to prevention programs such as ‘trusteeship’ programs and tenant education programs.

As the municipality proceeded with their planning, the displacement of the original community plan left tensions in the community, particularly among service providers and activists who felt the original report had been ‘buried’. Several key informants felt that local strategies were reflecting national priorities rather than local community priorities. This point of view was not lost on the municipality:

It’s a bit of the ‘tail ends up wagging the dog.’ The program and the program rules end up dictating what happens in the community because it’s the only game in town in terms of funding so that locally, while there’s this National Strategy and Policy if you want to call it that, there could be a vacuum locally because we’re forced to adhere to the program rules and stick within that sort of framework (Municipal Official – 1).

Recognizing the need to preserve a space for local autonomy municipal officials began to implement another consultation process to develop a broader ‘strategy’ that captured the needs of the community and which was not funding-led but rather community-led.

We were reacting to their programs and their sort of policy framework so that’s why we decided to say, as a community we should probably build a strategy of our own that isn’t driven by the programs but that we would have the strategy and we would have the outcomes that we want to achieve and then we’ll work out all our resources with their senior level government programs or our own stuff in terms of fulfilling those outcomes and so we try to turn things around a little bit and that’s why we developed [our new strategic plan] (Municipal Official – 1).

In 2007, the ‘new’ strategic plan was finalized following a municipal-led consultation process. The plan identified 5 broad outcomes: (1) the entire community is engaged to address homelessness; (2) a continuum of affordable housing that helps people obtain and maintain housing; (3) increase supports to help people obtain and maintain housing; (4) access to adequate income; and (5) efficient and effective use of community resources. In ways the strategy resembled the community plan that had been devised six years earlier. It resurrected some of the ‘systemic’ outcomes – such as affordable housing and

income security – contained in the original community led plan. Despite this there was a sense among ‘voluntary sector’ organizations that in comparison to the early stages of community planning something had been lost. One key informant remarked:

Things had changed where we were never going to be able to go back to those days of that really vibrant political activist. It was activists doing this job – this work 10, 12, 15 years ago and now it’s sort of professionals and policy people and stuff (...) it is different and I’m not saying it’s not effective but it’s more professionals running the show now instead of community activists and I think that’s how it’s changed (Advocacy Organization – 6).

#### “Playing in the sandbox”

A second set of narratives that emerged from key informant interviews described the challenges involved in establishing and maintaining forms of networking, collaboration and partnership among voluntary sector agencies. The ‘push’ for collaboration was a central component of Federal programs such as SCPI and HPI and as such was turned into a prerequisite by being built into the aforementioned program’s funding mechanisms. SCPI and HPI consisted of short-term, project-based funding. In their funding applications applicants were required to specify who they were partnering with and how. Key informant narratives about these processes touched on how this funding regime complicated their activities. These narratives also reflected a deeper tension between the autonomy of voluntary sector agencies and the pressure to partner and collaborate.

From the municipality’s perspective, the primary value of partnership and collaboration was in enhancing responsiveness, efficiencies and quality of service. One municipal official remarked:

The whole push for collaboration, I think that’s really what we are very conscious of now. We want collaborative efforts because the more you can reach more people, it’s more efficient in terms of flowing your dollars and affecting service for people. And I think it is much more comprehensive in the way that it is provided (Municipal Official – 2).

As the ‘community entity’ and the ‘service system manager’ the municipality was expected to broker these collaborations and partnerships. In this sense the municipality was now in the position of a ‘strategic enabler’ (Milligan and Fyfe 2006). The real challenge lie in building project-based partnerships between ‘voluntary sector’ agencies, with different missions and values, to support strategic, system-wide outcomes. Municipal officials cited a healthy civic culture when it came to collaboration but hinted at the need to go further. For example, one municipal official put it this way:



The homelessness services culture community in [Bakersville] has always been very good at information sharing and helping and referring and that kind of stuff. I think where it needs to take the next big step is true collaboration beyond just sort of helping each other out kind of thing (Municipal Official – 1).

In seeking ‘true collaboration’ the municipality sought something more than information sharing. The collaborative efforts the municipality envisioned were those that leveraged resources and addressed service gaps in the city. There were problems, however, with establishing partnerships between organizations with different service philosophies and capacities. Philosophical differences between organizations often made it difficult to agree upon common approaches. One agency stated:

Most community organizations, most non-profits by very nature of being a non-profit collaborate and partner with other folks to get the job done. We don’t have all the services that people need. We don’t want to have all the services that people need. So you must partner with others in order to deliver that – in order to make sure that your clients have the maximum access to the services that they need. So you must do that. But there are tensions. There are tensions in terms of some people have a different way of approaching things, they have different mandates, they may interpret things differently (Health Agency - 15).

The push towards ‘true collaboration’ also caused tensions within and between agencies, particularly large corporate ones. One of the common predicaments for larger agencies was their dependence on state funding. This dependence meant that there was competition when it came to project funding. For example, one key informant shared the following story:

So we’re faced with a dilemma which is kind of a paradox because the Government says, “You should partner more closely with people.” And we try to do that – we meet with all these groups, women’s shelter, men’s shelter, etc. etc. the addiction [services], but as soon as you leave that building, we have to realize that we are competitors – money wise so you have the social work side, cozying up to each other in your organization saying, “We have to have more of love in type of thing.” And then on the development side we have to face reality that we have to raise money to exist (Social Services Agency – 9).

The fact that project-based funding was contingent on collaboration led some agencies to refer to subsequent arrangements as ‘forced partnerships.’ In some cases, in the scramble to assemble project-funding applications ‘artificial’



partnerships were devised, ones that more or less only existed on paper for the sake of securing the funds.

Generally we work to be collaborative. The SCPI process, amongst others, has forced us to do partnerships. We have a good one (...) which was a forced partnership and we responded by giving them a proposal that artificially connected us but the three of us kind of did our own thing. On the other hand, there have been other programs where people were forced to partner and some good stuff came out. (...) I don't think ten years ago the word partner was there whereas now it is jargon, it is a verb, noun we're partnering here, partnering there (Advocacy Organization – 4).

This demand for collaboration and partnership imposed a burden and strain on agency resources. Preparing the funding applications required substantial time and resource commitments that were never guaranteed to pay off. As a result, several agencies spoke about how they could not help but be selective. For example, one key informant spoke of strategically choosing which partnerships and collaborative endeavors to participate in:

Now the trick we've had to do lately, because then of course there's this explosion of partnership; tables; groups; everybody wants to talk and plan and do whatever is. Now we have to be critical about what tables will we sit at and what tables are really part of that desired and best practiced model of community planning and what are just a group of likeminded individuals that want to sit around and chew over the days' or become another lobby group for more resources (Social Services Agency – 13).

It was also clear that the municipality was aware of resistance and tension among voluntary sector organizations in relation to partnership. Nonetheless, from the point of view of the municipal government, the collaborative turn represented the best policy approach. For it to be successful, the full participation of community agencies was required. This represented one important 'governance gap' that needed to be bridged. Another municipal official remarked:

And I would say we have some agencies that have totally bought into collaborative effort and collaborative responses. Then we have others that are having more difficulty playing in the sandbox and at some point in time we are going to have to wrestle with that – and it's coming. It's coming to a forefront with this because what we are talking about – funding – and I would say, this is exactly where we are going to go to with this funding pot – it is going to be a collaborative response and you are part of the collaborative response or you are not. You can provide whatever service you want – if you want to pay for it, go for it (Municipal Official – 2).

Yet while ‘playing in the sandbox’ carried costs in terms of autonomy it also afforded agencies new opportunities. Some agencies spoke of how they had benefited from the collaborative approach by participating more directly in planning and policymaking. For example two agencies spoke of how they had approached these new opportunities strategically:

I think the organization has always seen as opportunistic in terms of looking at policy change. So for example, the response to mental health was an opportunity to move forward. I think the response in terms of ....youth initiatives, have been responding to that. I would also say, also like even just being creative in terms of the [shelter]. It wasn't really a policy change; it was done through a community consultation process which said, “These are some of the criteria that we as a community see for a [shelter].” So that was all identified and then we had to take that and try to figure out how do you operationalize it? (Social Services Agency – 5).

In some cases [we've] really been supported by those kinds of planning processes. We are and have been a small player. We haven't been a large organization and until very recently, never had more than 35 employees. Just sort of did small amounts of work in a few neighbourhoods but by being part of a larger system and planning a little bit differently, we've taken on some support for the system because it was – you know in the course of conversations deemed that we were probably the best to do that (Social Services Agency – 13).

In summary, collaborative and participatory imperatives were no longer abstract principles but had been institutionalized in the form of the conditions accompanying state funding. This included Federal transfers to the community that was contingent on a community plan and project-based funding to third sector agencies that was contingent on partnership and collaboration. This placed the municipality and voluntary sector agencies in a new collaborative environment requiring more internal resources be redirected to planning and policymaking. This new environment re-orientated the relationships among local actors while also causing concerns relating to the degree of local control over policy and the loss of autonomy of voluntary sector agencies. This concern surfaced again with regard to the ‘managerial’ turn examined in the following section.

### *The ‘Managerial’ Turn*

In addition to the ‘community’ turn described above the efforts of local actors were simultaneously shaped by a ‘managerial’ turn towards a system-orientated policymaking environment and a performance-orientated funding regime. This general policy orientation has been termed here the ‘managerial turn’ because of the way it ‘steered’ local actors towards integrated, outcome-orientated strategies

that maximized investment and minimized long-term costs. Like the ‘community’ turn’s focus on service fragmentation, the ‘managerial’ turn promoted a similar script but in this case directed attention to issues such as accountability, flexibility, efficiency, and harm reduction. In this sense, local actors were working in a policy environment that sought to maximize social investment and minimize future risks (and by extension the costs of providing services). How did this ‘managerial’ turn unfold in Bakersville? Based on the narratives shared by municipal officials and third sector agencies, it appeared that the ‘managerial’ turn towards ‘local service systems’ was equally fraught with tensions and challenges.

#### From ‘silos’ to ‘systems’

One set of narratives emerging from key informant interviews chronicled how the municipality (and some voluntary sector agencies) had come to embrace a different ‘managerial’ approach to homelessness, one that was couched in a particular way of seeing the homelessness service sector as an integrated ‘system’. These narratives tapped into deeper issues around the expediency of this approach for the state and the degree of autonomy afforded to voluntary sector agencies.

In Bakersville, the ‘silos’ to ‘systems’ paradigm shift involved a move away from disconnected program ‘silos’ such as emergency shelter towards integrated ‘service systems’ consisting of client-centered service delivery approaches. This turn was rationalized as a way past the service ‘fragmentation’ that had come to be associated (in the minds of some) with the ‘crisis-orientated’ service landscape that emerged in the 1980s. This landscape was established through the activities of grassroots, non-profit groups who led the initial response to homelessness and, over time, diversified and specialized their services. In large part, the per diem funding for this ‘ad-hoc,’ ‘stop-gap’ arrangement was based on inputs such as the number of shelter beds or the number of people sheltered. In the late 1990s, as homelessness spiked and shelters swelled, policymakers began to look for ways to make these services more effective, pointing to the ‘lack of coordination’ among service providers as one area of intervention. Critiques focused on the notion that the existing per diem funding arrangement had facilitated the growth of a ‘shelter industry’; as shelters expanded to meet needs, agencies received more money under per diem contracts. In these policy circles, the stock character, so to speak, became the chronically homeless individual who endlessly cycled between shelters. This storyline was tied into larger narratives about the dangers of welfare dependency (see Del Casino Jr. and Jocoy 2008).

In contrast, the new ‘systems’ approach entailed a different way of approaching homelessness by coordinating social services more strategically. The emphasis shifted to ‘ending’ homelessness through integrated, evidence-based, outcome-driven programs and investments. These involved a ‘housing first’ approach which sought to move individuals quickly into housing with the necessary supports; a client centered approach to programming that tailored assistance according to individual needs; a more intensive and coordinated

approach to case management; and an emphasis on targeting ‘heavy users’. In Ontario, this move towards a ‘system’ paradigm was steered by the provincial re-alignment of services that occurred in the late 1990s, a devolutionary shift that was accompanied by a ‘systems’ framework for guiding the management of human services at the municipal level (see OMSSA 2008). Key informants from the municipality spoke of how approaching homelessness with comprehensive ‘service systems’ rather than disconnected shelter provision paralleled their re-positioning as ‘service system managers.’ Key informants also spoke of the influence of the federal programs such as SCPI and HPI that promoted service integration, continuums of supports and systems thinking (see also OMSSA 2008)

Upon examining the Bakersville case, an important financial imperative underlying this ‘managerial’ turn towards local service systems emerged. The devolution of responsibility to the local level saddled a ‘thread bare’ local state (and voluntary sector) with new costs around policymaking and service management. While actors at the local level were being steered towards ‘made in Bakersville’ solutions, fiscal pressures presented barriers. One municipal official described the situation this way:

I think that there are opportunities for sort of made in Bakersville solutions as compared to uniform policies being implemented fairly uniformly across the Province (...) I think there are some challenges and obstacles that need to be addressed to fully realize that potential and funding is clearly a big thing (...) So talking about the challenging barriers in terms of having local control, the piece around the difficulty to have enough funds with this being basically funded on the Municipal tax base, to do some of the things that need to be done, so yes, it’s great to have that sort of local flexibility but it’s another thing to be able to affect things when you are in constraint budgets (Municipal Official – 1).

These new responsibilities required that maximum value be drawn from the limited fiscal resources made available. From the point of view of municipal managers, more local control could be achieved if cost-efficiencies could free up additional funds for needed programming. Given that both the province and municipality shared the costs for emergency shelter, the SCPI-funded (2000-2003) expansion of shelter beds in the community complicated matters by adding additional costs to the provincial and municipal budgets. These expenses were perhaps more significant for the province who covered 80% of the per diem costs.

Addressing homelessness aside, these economic factors created a strong imperative for the province and municipality to build an effective and efficient ‘system’ for handling clients, one that did not simply shelter (which was more costly under existing contractual arrangements) but moved clients through and out of the system quickly and efficiently. As previously noted privatization and partnership was one approach for lowering service costs. Another approach

involved rethinking the basic pieces that comprise the sector and re-conceptualizing them as part of a more cost-effective ‘system’. In the early stages this ‘system’ thinking took the form of the ‘homelessness continuum’. A continuum approach to service planning involved putting all the services and supports in place that address, reduce, and prevent homelessness including, emergency shelter, transitional housing, supportive and supported housing and affordable housing, as well as prevention programs such as outreach and case-management. In a city where service delivery was handled entirely by the voluntary sector this ‘system’ would be dependent upon community ‘buy-in’.

Several key informants described how the SCPI/HPI and CHPP funding streams were critical in moving the city’s response to homelessness towards a ‘system’ approach. The second round of SCPI funding (2003-2006) and the subsequent rounds of HPI funding (2007-present) established a number of case-management, outreach and supportive housing programs. In addition to being contingent on partnership and collaboration among third sector agencies this project-based funding was also conditional on the alignment of proposed projects with the SCPI and HPI community plans. For example, the HPI guidelines accompanying a call for proposals in 2008 required that proposals demonstrate how projects would fit within the service continuum. In this regard, the concept of ‘continuums’ functioned as an important ‘conceptual tool’ in the design of a local service system.

‘Continuum’ thinking was a common feature in key informant narratives and their more recent practices perhaps reflecting the degree to which this managerial rationality had penetrated not only the state but also voluntary sector agencies. For example, one key informant described a recent, SCPI-funded project as follows:

We have private rooms and we fill those with gentlemen. They are mainly on OW but our case-workers work with them again, on trying to work through them, that they can stay for a while and then eventually move on. So we try and move people on the continuum, move them up the continuum and try to get them out of here into a proper place to live with supports as well (Social Services Agency – 1).

The shift toward ‘systems’ and ‘continuums,’ however, was not embraced unanimously by everyone in the voluntary sector. Some service providers were uneasy about the prevailing focus on continuums. For example, one key informant stated:

They [the municipality] talked about a continuum, they talked about a person out there who was homeless moving along this continuum to a nirvana or something. So I think there is an appreciation now that people can be in different spots on that continuum and move in different ways (Advocacy Agency – 4).



Comments such as these reflected divergent perspectives on how the ‘system’ was understood. If ‘collaboration’ and ‘partnership’ represented one governance gap to be breached with voluntary agencies, getting agencies to buy into shared ‘service system’ strategies represented another, particularly so because ‘systemic’ approaches changed the way that services were to be funded. The municipality needed to find ways to run a more efficient system but had to ensure there was space for autonomy (and by extension diversity and innovation) among voluntary sector agencies. This represented a significant challenge for city managers. For example, one city official put it this way:

I think there’s a greater awareness of the need to look at a system of services rather than individual services or individual agencies, individual programs. There is still a lot of resistance to that because it does mean change. It could mean change in the way things are done. It could mean often there is a funding implication to changing the ‘silo’ approach or the program driven approach to a system of service and the impact could be significant for a particular agency (...) So there is that gap that still has to be breached I think in terms of how do we deal with sort of the autonomy and the local missions of local agencies that may or may not fit in with realignments of resources from a systems approach (Municipal Official – 1).

When it came to control and the loss of autonomy, one of the major issues for voluntary sector agencies was the perception that the municipality and the province sought to exert greater influence over the activities of agencies without adequate compensation. Underpinning the shift to ‘local service systems’ was the tension between simultaneously achieving cost savings from privatization *and* service integration. One key informant recognized this as a point of conflict:

I use a broad term, ‘They want their cake and eat it to.’ They recognize our services and they provide some funding for the services and that comes with a certain amount of control. At the same time they do not provide adequately for our services and especially for the hardware, the building and so forth and that presents a challenge. So on one hand they are saying, “Yes, we want you to do all this,” type of thing. My reaction to that is, “You want more control? If you want more control you have an option of either allowing us to operate in an autonomous way or if you want more control that comes with a price that you then pay our staff Provincial wages.” And of course they back off at that point (Social Services Agency – 9).



As the city moved towards a more integrated approach it was clear that some smaller, grassroots agencies had chosen to take up ‘strategic positions’ on the periphery of the ‘system’. Rather than sacrifice autonomy some chose to avoid the restrictive expectations and requirements that accompanied project-based grants. For example, one key informant stated:

And that’s actually why we’ve chosen not to apply for any grants, because along with that comes restrictions and things that you have to abide by and we wanted the freedom that if we felt that we needed to pray with someone or that sort of thing, that we had the freedom to do that, that we weren’t restricted (Social Services Agency – 16).

“Where’s the best place to invest?”

A second set of narratives emerging from key informant interviews described in more detail the implementation of new strategic management arrangements that were intended to move the city, and voluntary sector agencies towards an integrated ‘systems’ approach. Here the emphasis was on ‘strategic investment’: how to get ‘more bang for the buck’. These narratives touched on deeper issues relating to the autonomy of voluntary sector agencies and their cooptation by the local state. These issues took on a new dimension in light of the stronger managerial role the municipality had assumed, one in which strategic, cost-effective interventions were sought. One of the legacies of the SCPI and HPI programs was the CAB. This advisory group was tasked with making recommendations to the municipality, as the CE, regarding what proposals from the community should receive funding. Key informants from the municipality stressed that it was through mechanisms such as CAB and recent community plans for addressing homelessness that the efforts of local actors were being directed towards more strategic priorities. In these narratives, ‘strategic’ took on a greater meaning in the sense that investments were being directed to programs that had the most impact in addressing community priorities. One municipal official reflected on how this had become the prevailing rationality:

We are really drawing on this CAB model in terms of trying to be the benchmark and the filter for us investing our money. (...) We are actually going to use CAB as the filter for setting our priorities. So I think clearly we now have a vision of what our priorities are currently. We know the funding streams that we have. We are consciously – consciously – I mean, on this level, we are consciously trying to ensure that we are using our money to meet those priorities (Municipal Official – 2).

This rationality reframed social expenditures on homeless services as strategic investments. As a result, the way agencies were funded underwent a reappraisal. Rather than simply responding to people in crisis and meeting their immediate survival needs, a ‘systems approach’ was premised upon moving people out of

shelters into permanent stable housing while providing support to people who were at risk of losing their housing. The shift to this risk-adverse, future-orientated rationality necessitated a more coordinated approach to program delivery, one that expanded the level of coordination between agencies providing shelter services. Most recently, the system has moved towards reducing the size of the emergency shelter system and increasing investment in prevention and housing first solutions. As one municipal official explained further:

Funding agencies for folks in beds doesn't create an ability to move people out of the shelter system – which is where we want to get to right. And have the shelters focus exclusively on that sort of emergency response when it's needed as opposed to longer-term housing, right. (...) We want to, again, look at it from a system's perspective – say, where's the best place to invest (Municipal Official – 2)?

Optimizing investment required the adoption of mechanisms to monitor and measure changes in the system as well as an outcome-orientated funding model for new interventions. The SCPI program was particularly significant in this regard. A major initiative launched through SCPI was the Homelessness Individual and Family Information System (HIFIS). HIFIS was a database tool that was installed in shelters to generate data on individuals using shelter services. It permitted municipal managers to track shelter usage by facility and individual. This new analytical capacity revealed that approximately 90% of shelter users stay for less than 42 days. Approximately 10% stay for longer than 42 days. This smaller group consumes a greater amount of the shelters resources and thus represented a greater cost to the system. These proved to be powerful insights. By targeting these groups in ways that met their individual needs significant cost-savings could be had. In this sense, targeting specific homeless populations became one priority for the city. This rationality seemed to have penetrated some service providers. As one key informant explained:

If you look at what the city is doing, is putting more emphasis on homelessness, but trying to eradicate the chronic shelter user (...) again the city and [us] are doing this, taking that individual, working with them one on one, and supporting that person with everything that we can and getting that person off the street. Getting into an apartment as I said earlier or into a rooming house but not only that but helping them with the budget, with how they spend their money, with how they communicate almost on a daily basis, you know it's a one-on-one. You go to that person's apartment in the morning and say to them 'ok we need to do this today, do that today' to help them move along (Social Services Agency – 1).

To encourage the strategic approach of targeting specific sub-populations and moving them along the continuum, the funding regime was re-orientated in a way to encourage specific outcomes. Project-based funding began to incorporate requirements for demonstrating performance in metrics such as the number of individuals moved off the streets into shelters and out of shelters into permanent housing. This state managerial rationality also penetrated voluntary sector agencies but not without uneasiness and resistance. Several key informants were cynical about the meaningfulness of outcome measurement and the degree to which these new requirements actually captured the value of their agency and work. In many respects agencies felt that the value they added were often intangible. For example, one key informant commented:

You were down there 10 or 15 minutes, and I don't think it was terribly busy down there but you saw what was going on. I mean people coming in to use the phone, to check the listings, suddenly that stuff wasn't valued. (...) And we have to set a target saying that 90% of people would move from this point to this point. Suddenly all they wanted was one page with a couple of numbers on it (Advocacy Organization – 4).

The greater emphasis on outcomes imposed additional burdens on already resource strapped agencies that now had to invest more resources in not only proposal writing but also reporting. Moreover, agencies found it necessary to invest time and resources in shaping and managing the expectations (sometimes unrealistic) of state and community funders:

The other side is we've had to push back a little bit. Occasionally people want outcome measurement – like within 8 months for people that have chronically homeless for 20 years and like, "Okay, now come on here." What are the outcomes of this investment over 6 months. Well, you did this and this. "Oh how many people are still housed; how many people have jobs; how many people have done?" "Hold on, that's not something that's going to happen in 6 months or even a year." So I think the balance with the measurements is how you look at short, medium and long term measurements (Social Services Agency – 13).

Narratives also flagged an important issue around the apparent loss of the 'traditional' role of the voluntary sector. The sector has been traditionally valued for the way it has expanded the democratic process by giving a voice to groups who are outside of the political process. The sector has also been renowned for its ability to build social capital and promote social cohesion. Agencies were now expected to operate more as businesses and less as the social advocates that the voluntary sector was traditionally known for. For example, one key informant stated:

Instead of just going, “This is important we need to make this investment.” They want to go back with, “This is how this investment has made a difference and we need to continue these results with more funding.” (...) What they want is, through an investment in Youth Housing, we’ve been able to take x number of kids off the street with the supports that they receive they are able to find housing and they are 70% more likely to maintain that housing. They probably don’t care whether it’s 20 kids or 5,000 kids if they can show results. (...) Just show that what you’re doing is making that progress. Cut out the diatribe about you know all the social ills that are out there and just show the results and get some money there (Social Services Agency – 13).

Nonetheless, large agencies that had professionalized their organizations had few options other than to play the game and embrace the investment logic that was now guiding the distribution of state funding. In doing so, many had to take up ‘strategic positions’ (see Owen and Kearns 2006) around particular service niches and invested internally in building their own capacity to participate in local governance activities. One key informant remarked:

We’ve added leadership roles in the organization that are not delivery front line services as much but are helping to engage in those planning processes, so you know we now have more kind of leadership positions in the organization and part of their mandate is to be part of these processes so that we can both understand what’s happening and help inform what’s happening. I’m sure it’s had some very positive spin-offs in terms of where we fit within the investment portfolio for the City of [Bakersville] so we are approached to tackle some issues on behalf of the City and that’s good from an investment perspective (Social Services Agency – 13).

In summary, the ‘managerial’ turn represented a dramatic shift in the orientation of state and voluntary sector agencies. The path towards ‘systemic’ approaches steered the city toward a new way of coordinating and delivering services. This journey was not only motivated by the desire to ‘end’ homelessness but also to save money. Key informant narratives describing the shift towards a new service model revealed a number of underlying tensions and contradictions. With the managerial turn to a more coordinated, outcome-orientated approach to service delivery the role and expectations of voluntary sector agencies was refashioned, imposing new demands on resource strapped agencies.

### **Community-Based Managerialism: Local Empowerment or Institutional Fix?**

Under the guise of ‘Third Way’ politics, local state and non-state actors are increasingly being steered by new national and regional policy orientations that frame the general problem of poverty and more specific issues such as

homelessness as manifestations of a general process of social exclusion (Amin et al. 2002). These prescriptions propose, as remedies, targeted social investments that build social capital and promote social cohesion in local communities. It is believed that these elements strengthen the personal capacity and resiliency of the vulnerable and in so doing provide pathways towards social inclusion for excluded populations (Milligan and Conradson 2006). Implicit in these new approaches is a new ‘institutional architecture’ for coordinating voluntary action that has shifted the relationships between the state and the voluntary sector and has moved voluntary sector organizations towards new spaces of welfare provision (Milligan and Fyfe 2006).

In the case examined, organizational narratives were used to document the ‘actually-existing’ development (Brenner and Theodore 2002) of this new ‘institutional architecture,’ a form of governance termed here ‘community-based managerialism.’ This form of local governance was the product of ‘community’ and ‘managerial’ turns in public policy at levels of government beyond the local. These policy ‘turns’ shared a ‘script’: they both framed the ‘crisis of homelessness’ as the product of a fragmented social services sector. In response, the ‘community’ turn promoted community-based approaches to community planning and partnership-based approaches to service delivery. The ‘managerial’ turn promoted ‘system’ orientated approaches to community planning and outcome-orientated strategies to service delivery. When blended together these ‘turns’ guided the re-configuration of ‘hard’ institutional arrangements and the introduction of ‘soft’ institutional arrangements. In this way, ‘community-based managerialism’ functioned as a ‘steering’ context (Elwood 2004) by channeling the strategies of local state and non-state actors towards partnership-based, strategic interventions that ‘systematized’ the shelter system and targeted vulnerable ‘at-risk’ groups who were traditionally excluded from services.

This ‘renewal agenda’ (Milligan and Fyfe 2006) represented a convenient resolution for the local state that faced a growing homelessness problem alongside its own economic hardship. ‘Community-based managerialism’ was an expedient solution to an increasingly austere human and financial predicament (see MacMillan and Townsend 2006; May et al. 2005). In practice, this form of voluntarism was not without its tensions and contradictions. The local state had two ‘governance gaps’ to overcome; namely, the need for voluntary sector ‘buy-in’ with regard to both community partnership and managerial priorities. These ‘gaps,’ however, mark deeper issues. First, after years of funding cuts voluntary agencies had very little internal capacity to participate in community-based planning exercises and barely enough to fully comply with performance and accountability measures. Second, in some respects community and managerial imperatives were at odds with each other (see Phillips and Levasseur 2004). For example, the short timelines and outcome orientated rationalities of managerial approaches granted little flexibility and few resources to support the consensus-driven, relationship-based partnership approach. Moreover, the managed competition underlying the funding regime at times undermined the formation of



partnerships and collaboration. Finally, both approaches raised issues around the autonomy of voluntary sector agencies with regard to their ability to maintain fidelity to their missions and perform their traditional civic role in society (Evans and Shields 2001).

In light of these tensions not all agencies adapted in the same way. The different patterns of adaptation touched on in the case study echo many of the trends reported in other western countries and sectors (see Milligan and Fyfe 2006; Owen and Kearns 2006; Skinner and Rosenberg 2006). In this case in particular, there was evidence of varying degrees of ‘renewal’ among voluntary sector organizations (Milligan and Fyfe 2006). Some organizations were clearly moving into a more ‘integrated’ relationship with the local state and other voluntary organizations (Trudeau 2008a). In these cases, key informants saw their organization and its place in the ‘system’ through the lens of ‘social investment’ and the minimization of future social *and* economic risks (Jenson and Saint-Martin 2003). This form of ‘committed renewal’ was guided by the prioritization of ‘community’ needs ahead of agency priorities. In most cases, the philosophies of these agencies were such that they were ‘fit partners’ (see May et al. 2005) given their focus on the more marginalized of the homeless. In this sense they were pre-aligned with the state priority to address ‘chronic’ homelessness.

Other agencies had, as one key informant put it, ‘trouble playing in the sandbox.’ Generally speaking these agencies were ‘corporatist’ in nature and practiced a more traditional charitable approach. They accepted a ‘renewed’ relationship with the state (and other organizations) but not to the degree or with the same enthusiasm demonstrated by the organizations described above. This renewal was more reluctant. ‘Reluctant renewal’ was nonetheless necessary given that most agencies could not afford to completely withdraw from the state-funding regime given their high levels of institutional overhead. These agencies did, however, raise significant revenues through community charity drives or in other cases received significant transfers from their national branch. These granted them autonomy to negotiate this state influence and operate ‘at a distance.’

Finally, there were those smaller, grassroots agencies with strong attachments to faith-based missions and a traditional ‘charitable’ scope of service. Given the heavy managerial focus of the emerging ‘investment regime’ these agencies withdrew from fully participating in the ‘renewal’ agenda. To all of them this was unproblematic given how they understood their place in the service landscape. For them the restrictions accompanying funding precluded their ability to fulfill their particular missions. Ironically, many of these organizations were engaged in the most ‘authentic’ forms of civic activity, particularly when it came to fostering community at the ‘grassroots level.’

The scope and character of this ‘renewal agenda’ reflects elements of the ‘relational shadow state’ proposed by Trudeau (2008a), particularly with regard to multiple directionalities and scales of influence. In Bakersville it was clear that the four main shelter providers had shifted, to varying degrees, towards a state-



voluntary sector relationship characterized by extensive influence of the state, particularly when it came to mandates to monitor service performance, meet service standards, and define eligibility. Simultaneously, the ‘community turn’ had introduced new participatory spaces through community planning processes or community advisory boards for making decisions around the investment of provincial and federal funds. These represented new opportunity structures for voluntary sector organizations to affect policy and decision-making. Initially, the pursuit of “made in Bakersville” solutions was handcuffed by policy priorities at national and provincial scales (see Elwood 2004). But this ‘meta-governance’ relationship itself became the pretext for the local state to pursue legitimization strategies of its own, namely the development of a strategic plan for Bakersville that was community-driven rather than funding driven. These local state efforts created a space for community priorities regarding systemic issues such as income security and affordable housing to reemerge. This suggests that the process of ‘community-based, managerialism’ described here may have the capacity to function like the ‘partnering state,’ described by Larner and Butler, (2005, 2007) where partnership working and collaboration change the institutions and culture of the state.

Relational or partnering, the relations examined here still mirror those of the shadow state. In the case examined the state was penetrating deeper into the voluntary sector in an effort to better manage homelessness. In this way, ‘community-based managerialism’ can be read as a flanking mechanism that has helped contain and manage the dislocation and dispossession (i.e. homelessness) incurred by past rounds of economic and welfare state restructuring at the national, regional and local scale. Interpreted in this way, the hybrid institutional spaces examined here are embedded within a multi-scalar ‘roll-out’ neoliberal project that has functioned to sustain neoliberalization *write large*. Importantly, the experiences of voluntary sector organizations suggest how the ‘renewal agenda’ and the introduction of ‘soft’ institutional arrangements may be ‘deepening’ neoliberal forms of statecraft. If privatization is a hallmark of neoliberal forms of the welfare state then recent adjustments within the homelessness services sector have effectively ‘fine tuned’ this mode of service delivery. Not only does the state get services for cheaper, these services are more efficient and more tightly controlled. Moreover, critical questions must be raised regarding the extent to which these developments at the local level effectively normalize shelter provision within the social field of homelessness rather than contest the structural factors causing poverty and housing inaffordability. This case revealed that the momentum for advocacy was effectively absorbed and dissipated by ‘soft’ institutional arrangements. While the emergence of a ‘partnering state’ and the ‘communitization of government’ (Larner and Butler 2007) opens up spaces at the local level for the contestation of these issues, whether and how they can create a more just city where every citizen is housed remains to be seen.

## Conclusion

This paper has examined recent shifts in the relations between the local state and the voluntary sector amidst neoliberal restructuring in the specific context of homelessness. The paper found that the way that these local responses ‘incorporated’ the voluntary sector was in certain ways emblematic of recent writings on the evolving geographies of neoliberalization. In particular, ‘roll-out’ strategies for managing homelessness examined here were cause to rethink processes of co-optation as defined under the ‘shadow state’ concept. Further research is needed to tease out the subtle ways in which co-optation is occurring in the new era of institutionally-orchestrated partnership and collaboration. Following Trudeau’s (2008a) suggestions, this research will need to be attentive to policy processes occurring at multiple scales as well as place-effects on voluntary activity (Conradson and Milligan 2006). Moreover, to truly decipher whether voluntarism is deepening neoliberalism or providing a space of contestation, attention has to be turned to how the everyday practices of voluntary organizations are being altered and whether or not they espouse neoliberal rationalities or alternative ways of living (DeVerteuil et al. 2002; DeVerteuil 2003).

---

<sup>1</sup> The scope and trajectory of voluntarism in a given time and place is largely contingent on the state context and its approach to welfare provision (Milligan 2007). For example, in ‘liberal’ welfare regimes such as Canada the preference is for market and civil society solutions to welfare problems (Esping-Anderson 1990). In this national context, a mixed economy of welfare (or ‘welfare pluralism’) has evolved with a large role for the voluntary sector in the private provision of public services. In contrast, in ‘social democratic’ welfare regimes that privilege decommodified state delivery over the market, such as in Sweden and Denmark, there has traditionally been a much smaller role for private provision and thus a more limited scope of voluntary welfare activity (Milligan 2007).

<sup>2</sup> Morison (2000, p. 105) defines the ‘Third Way’ approach as one of “renewing civic culture by developing partnership between government and civil society, harnessing local initiative to promote social entrepreneurship in the social and material refurbishment of society”. ‘Third Way’ policies are generally presented by proponents as pragmatic and post-ideological in nature. They have generally been associated with the social policies of the Tony Blair government in Britain during the mid- to late-1990s and thinkers such as Anthony Giddens (1998).

<sup>3</sup> A pseudonym has been applied to the research site in order to protect the anonymity of research subjects who participated in related studies on small-scale service delivery settings in ‘Bakersville.’

<sup>4</sup> The origins of this cost-sharing arrangement can be traced back to the winter of 1983 when the Province of Ontario introduced the Emergency Winter Shelter and Assistance Program (ESAP). This ‘temporary’ program provided funds to

---

municipalities for emergency shelters on the condition that municipalities cover 20 percent of the cost (Laws 1992). The need for these temporary programs never went away and emergency shelters continued to be funded through ‘purchase-of-service’ contracts whereby the shelter provider received a per diem, set by the province, for each individual per night.

<sup>5</sup> This total does not include the 40 beds added by the ‘Out of the Cold’ program because this program received no government funds. The actual total in 2003 was 469.

**Chapter Two:**

Seeking Refuge, Placing Compassion: Exploring ‘Spaces of Exception’ in the City.

To be submitted to:

Health & Place

**Abstract**

This paper explores the nature of voluntary sector ‘organizational’ spaces. In particular, this paper is concerned with organizational spaces that have been established in response to urban homelessness. These include service environments such as emergency shelters, drop-in centers and soup kitchens. Recent work on these environments has explored their capacity to operate as inclusive ‘spaces of care’ by providing material resources and psycho-social support in an otherwise exclusive city. When examined more closely, however, these spaces have been shown to be rather uneven, fragile, and ambiguous. In an effort to further understand the complexity of these spaces of care an ethnographic study of a drop-in/emergency shelter facility serving homeless adults, many with serious mental illness and addictions, was completed. Narratives from service users, staff and observations taken within the service space generated a paradoxical impression of a compassionate, albeit power-laden space imbued with numerous contradictions. To theorize the origins of this ‘grey zone’ the paper draws upon the ideas of Giorgio Agamben. Using Agamben’s theoretical framework the paper interprets the ambiguity of such spaces in the way that they participate in the politicization of life itself. These spaces of care partake in boundary work by defining who is worthy of support, who is to count as a citizen and which lives matter. This interpretation has important implications for how we understand spaces of voluntary service provision, particularly around marginalized and vulnerable populations. Seen in this way, the service environment examined in this paper marked the outer boundaries of citizenship in real and symbolic ways, making it a critical political space in light of on-going political-economic transformations.

## Introduction

Over the past twenty years, social geography's engagement with the topic of homelessness has primarily focused on describing the fate of un-housed populations in an increasingly punitive and intolerant city (DeVerteuil et al. 2009). In this sense, homelessness has largely been interpreted through the frames of economic, social and cultural exclusion. For example, homelessness has been associated with widespread economic dispossession linked to changes in the political economy (Hopper et al. 1985; Wolch and Dear 1993); alienation, isolation and disenfranchisement of impoverished populations when it comes to social participation (Dear and Wolch 1987; Knowles 2000); and pervasive cultural stigma around the ascribed statuses of culpability, non-productivity and dangerousness (Takahashi 1996). This scholarship has made critical contributions to our understanding of homelessness in particular and urban politics more generally by demonstrating how responses to homelessness have encompassed complex geographies of exclusion that reflect a highly privileged vision of public space (Mitchell 2003).

More recent work on the geographies of urban homelessness has taken an important 'compassionate turn' by focusing attention on the caring role of the voluntary sector in creating geographies of inclusion in the midst of an increasingly 'punitive' city (Johnsen et al. 2005; Laurenson and Collins 2007; Murphy 2009; Parr 2008). This stream of research has recognized that while urban policy has indeed swung towards punitive approaches (i.e. anti-civility, anti-camping, and anti-panhandling laws) for dealing with homelessness, these measures are perhaps counterbalanced by the longstanding charitable urge to care for the poor (see DeVerteuil et al. 2009; DeVerteuil 2006). A small but growing body of geographical literature has explored the capacity of service delivery settings such as drop-in centres, emergency shelters, soup kitchens, sober living homes and supportive living facilities, most of which are operated by voluntary welfare agencies, to provide spaces of refuge and material resource in the city (Clove et al. 2007; Conradson 2003a, 2003b, 2008; Johnsen et al. 2005a, 2005b; Knowles 2000; May et al. 2005; Parr 2000; Wilton and DeVerteuil 2006). These have been proposed as a potential counterweight (DeVerteuil 2006) to economic dispossession, cultural stigmatization and social isolation in the city in the way they provide life sustaining material resources such as food and shelter (Crack et al. 2007; Johnsen et al. 2005a, 2005b) as well as psycho-social resources such as recognition, belonging and social support (Conradson 2003a; Parr 2000). In this regard, these voluntary welfare settings have been described as critical 'spaces of care' (Conradson 2003a; Johnsen 2005a, 2005b).

When examined more closely, however, the 'spaces of care' that make up the 'compassionate' city have been shown to be somewhat uneven, fragile, ambiguous and fleeting (Johnsen et al. 2005a, 2005b; Law 2001; Conradson 2003b). First, the provision of homeless services relies primarily on the voluntary sector, which is unevenly distributed across space (Clove et al. 2006; Milligan and Fyfe 2006). Moreover, the urban location of voluntary welfare service facilities is



highly dependent upon the receptiveness or exclusivity of neighborhoods (Lee et al. 1999). This has resulted in patterns of service rich and service poor neighborhoods (Joassart-Marcelli and Wolch 2003; Lee et al. 1999). Second, the quality and character of these spaces vary across organizations. The voluntary provision of homeless services is guided by a diverse array of ‘discourses of charity’ including faith-based and secular traditions (Cloke et al. 2005; Conradson 2008). The ways these discourses are blended together within voluntary organizations and performed in practice (Cloke et al. 2008) vary from organization to organization. Moreover, they impact upon who is deemed deserving of accommodation and what is expected of the homeless in terms of behavior. Third, when it comes to the experiential dimensions of ‘spaces of care’ they have been shown to be rather ambiguous and fragile spaces in light of external dynamics such as unstable funding and staffing arrangements and internal dynamics such as the everyday interaction of guests and staff (Johnsen et al. 2005a). These latter interactions have been shown to be of critical importance in that they have the potential to create positive spaces of support (Conradson 2003a, 2003b) and belonging (Parr 2000) or, on the other hand, more negative spaces of hostility, tension and fear (Johnsen et al 2005a). Finally, a wider swath of scholarship, inside and outside geography, has presented a rather instrumental view of homeless service settings as spaces of abeyance (Hopper 2003) and assimilation (Wright 1997) that seek to simply ‘warehouse’ the poor or normalize homeless individuals by changing their behaviors (see Knowles 2000; Lyon-Callo 2004). Cope (2001) has shown how voluntary organizations play a key role in the social regulation of the poor by enforcing certain welfare requirements (see also DeVerteuil et al. 2002). Compassionate responses in general and ‘spaces of care’ in particular may, in part, compliment the more punitive aims of containment and confinement by working in concert with displacement strategies that aim to make homeless people less visible (DeVerteuil 2006; Murphy 2009). Following this, the positionality of ‘spaces of care’ in the city has been questioned in light of arguments that suggest they are spaces of inclusion *and* exclusion (Parr 2000). This is echoed in Johnsen et al.’s (2005a) warning against romanticizing spaces of care and DeVerteuil et al. (2009) call for more consideration of how the proliferation of spaces of care can be reconciled with new forms of ‘poverty management.’

In an effort to further understand the complexity of the ‘compassionate’ city and its multifaceted ‘spaces of care,’ a study of the homeless service delivery system in a medium sized, de-industrializing Canadian city was undertaken. As this study unfolded, attention was drawn to those ‘spaces of care’ in the service system targeting the most marginalized and ‘hardest-to-serve.’ One site in particular, a ‘low-barrier’ drop-in/emergency shelter serving homeless adults, many with serious mental illness and addictions, emerged as particularly important in this regard. This site represents a ‘place of last resort’ that aims to, in a sense, ‘reach the unreachable’. It is located, figuratively speaking, on the outermost margins of the service delivery system. Given its role in the system this

site is shaped in complex ways by impulses of care and control. As such, it is an especially relevant space for engaging with the inclusive and exclusive nature of the ‘compassionate city.’

To explore in more depth the experiential texture of the drop-in/emergency shelter (see Conradson 2003b) an ethnographic case study was undertaken. Not surprisingly, narratives from service users and observations taken within the service space generated a paradoxical impression of a compassionate, albeit power-laden environment imbued with numerous contradictions. The site was simultaneously inclusive and exclusive: a space of openness and containment; a space of enablement and recovery; a space of community and shame; a space of safety and hostility. These findings raised subsequent analytical questions: why does this space appear so ambiguous and indistinct? What is the role of these ambiguous spaces in the city?

In what follows I explore the experiential dimensions of this ‘low-barrier’ shelter in greater depth. To do so, the paper draws on the philosophical ideas of Giorgio Agamben (1998, 2002, 2005) to establish an interpretive framework for engaging with the ambiguous and contradictory nature of the shelter space. Agamben’s framework locates the origins of this ambiguity in the ‘hidden’ biopolitical dimensions of homelessness. Biopolitics is generally attributed to Foucault (1990) and is understood as the entry of biological life into political calculation. Getting at the more fundamental ‘biopolitical horizons’ holds the key, I argue, to understanding some of the ambiguous experiential dimensions of these homeless spaces. In this regard, the paper advances the argument that framing ‘spaces of care’ as counterweights to economic, cultural and social exclusion, while useful, deflects attention from the more fundamental *political* exclusions that constitute the ‘biopolitical’ horizon of both the ‘punitive’ and ‘compassionate’ sides of the city (Feldman 2004).

This argument is rooted in Agamben’s philosophical ideas on the relationship between sovereign (state) authority and life in western politics. Agamben suggests a link between state power over life (i.e. biopolitical sovereignty) and the production of citizenship. Agamben argues, paradoxically, that the fundamental relation sustaining citizenship is not inclusion but rather a concealed type of state abandonment. Technologies of abandonment include those overt and covert suspensions, absences, lapses, and blind spots in state protection over life (Pratt 2005).

This notion of abandonment offers an important analytical lens for approaching homelessness as a form of political exclusion. For instance, one can read the state neglect of impoverishment and housing inaffordability as a form of social abandonment where segments of the population (i.e. mentally ill, disabled) are left exposed to dehumanizing living conditions and in some cases death. Moreover, for the street dwelling poor, anti-homeless laws represent an additional level of legal abandonment that suspends the right to public space, withdrawing a critical resource needed by the homeless for survival, turning them into outlaws (Feldman 2004). What is suspended, in these cases, is the social and in some

cases civil rights, of poor people creating an internal population of ‘second class citizens.’

From this vantage point, voluntary welfare organizations that provide ‘spaces of care’ take on a new meaning. At first glance, charitable practices appear as gestures that seek to pull people back from these zones of abandonment and restore them to full social citizenship. These gestures of care, however, may conceal as much as they reveal. Voluntary welfare organizations, as part of a wider ‘shadow state,’ (Wolch 1990) are themselves penetrated by the sovereign power of the state. In these ‘shadow state’ spaces organizational authority is contingent upon the sovereign power, delegated from the state, to expel, ban and disqualify (Dean 2002). This power of ‘institutional abandonment’ operates through rules of eligibility, codes of conduct and behavioral outcomes. In Lake and Newman’s (2002) analysis, the unevenness in how these rules and codes are applied creates differential access to citizenship in the ‘shadow state.’ Hence, even ‘spaces of care’ may share a ‘secret solidarity’ with exclusive anti-homeless laws (Feldman 2004).

In extreme cases, these levels of abandonment expose some people to a form of existence with no political value, what Agamben calls ‘bare life’. Agamben’s notion of ‘bare life’ (or ‘naked life’) emerges out of the ancient Greek distinction between ‘zoe’ (mere physical existence common to all living things) and ‘bios’ (the good and qualified life of the citizen, political existence). As Mills (2008, p. 107) states:

bare life is suspended between the natural and the political, or natural life included in politics through its exclusion and, as such, infinitely abandoned to sovereign violence.

The ‘homeless’ inhabit this bare life category and, as such, function as ‘limit figures’ that help to make ‘active’ forms of citizenship recognizable (Feldman 2004). The techniques of abandonment involved in the production of bare life have a geography that this paper seeks to better understand (see Elk 2006; Minca 2006, 2007). By doing so, geographies of homelessness and the ambiguity and fragility of ‘spaces of care’ can be better understood. In this regard, this paper draws on Geraldine Pratt’s (2005) application of Agamben’s ideas to explore how biopower works to target and manage certain groups in the city. In her study of abandoned women in Vancouver’s downtown east side, Pratt (2005) demonstrates how the production of space does more than contain bare life, it is constitutive of the way in which bare life is produced.

The paper is organized into the following four sections. The first section rehearses some of Agamben’s main arguments and further defines some of his concepts such as the sovereign ban, bare life, and the camp. This section also seeks to tie his ideas to the empirical focus of this paper, namely homelessness and ‘spaces of care.’ The second section discusses the methodological approach taken to investigate the experiential dimensions of a ‘low-barrier’ shelter serving

a ‘hard-to-reach’ and ‘difficult-to-serve’ homeless population. The third section introduces the research setting and the population it serves through a series of biographical narratives. It delves into the experiential dimensions of the facility by exploring a set of opposing themes drawn from interviews and personal observations. The final section presents a summary discussion of this ‘space of care’ using Agamben’s theoretical lens.

### **Agamben’s ‘Exceptional Politics’**

Giorgio Agamben (1942- ) is an Italian philosopher who, in a series of broad and complex writings, has explored the metaphysics of aesthetics, politics and ethics (de la Durantaye 2009; Mills 2008). This paper draws upon Agamben’s (1998, 2002, 2005) radical rethinking of the metaphysical dimensions of Western politics to re-conceptualize the biopolitical dimensions of homelessness and by extension reinterpret the positionality of ‘spaces of care’ in the homeless city (see Arnold 2004; Feldman 2004). In this regard, Agamben’s corpus is significant because he offers an important ‘revision’ to Foucault’s (1980) notion of biopolitics that permits us to see the exclusive aspects of care (see Mills 2007; Patton 2007). Foucault theorized that modernity was marked by the entry of natural life into politics. Beginning in the 17<sup>th</sup> century, according to Foucault (1990), the state’s reason for being became the administration of life. Agamben, on the other hand, argues that natural life has always been ‘included’ in politics going back as far as Aristotle, but, paradoxically, the inclusion of natural life in the political sphere has been accomplished through a unique type of exclusion that Agamben associates with abandonment. One of Agamben’s main contributions to our understanding of western politics is his philosophical articulation of the relationship between sovereign power and life, a relationship that turns on the authority to determine who is to be denied a political existence through processes of abandonment (Calarco and DeCaroli 2007). In this regard, as Gregory (2004, p. 804) puts it, “Agamben directs our attention not merely to those who are on the margin but to those who are placed beyond the margin, in a ‘zone of indistinction’ from which the protections of the law have been withdrawn.” Agamben’s (1998) main thesis concerning the ‘exceptional basis’ of Western politics proceeds in three parts.

First is what he refers to as ‘The Paradoxical Logic of Sovereign Power’. Here Agamben argues that the essence of sovereign power lies not in the monopoly of violence nor in the recognition of a state by another state; instead, it is the authority to suspend the law in a time of crisis (for example, the authority of the state to declare a ‘state of emergency’ and suspend civil law). The premise here is that legitimate authority presupposes a normal situation; authority depends upon the existence of some base level of normality to function. Normality, however, is only comprehensible in relation to what is abnormal or ‘exceptional.’ The definition of what is abnormal and the neutralization of this ‘excess’ is necessary for the maintenance of the very space that authority needs to have

validity. The authority to define this normal situation and what transgresses it is sovereign power.

Agamben goes further to suggest that the maintenance of the normal frame of life depends upon the neutralization of this excess or exception and that this occurs not through the application of the law but ultimately through the suspension of the law. This results in a very specific type of relationship between the sovereign and what cannot be included in the normal order; a 'state of exception' that Agamben equates to a ban. The 'excess' of the 'normal' order is *abandoned*, but in its abandonment it is still maintained in relation to the normal order. In this sense, Agamben's understanding of abandonment strays from taken-for-granted understandings of exclusion as complete separation. The absence of the law's protection places the abandoned in an active, on-going relationship to the sovereign. The condition of abandonment is a paradoxical state of inclusive-exclusion. This state of exception, according to Agamben (1998, p.181), is the "original political relation" that sustains Western politics because it is through the process of abandonment (or threat of abandonment) that the normal order is maintained.

Second, Agamben applies this 'logic of sovereignty' to deconstruct the politicization of biological life or *zoé*. Agamben (1998, p. 181) argues that it is through the above logic of sovereignty and the original political relation – the ban – that biological life (*zoé*) is maintained in an inclusive-exclusion within the realm of sovereign power. Agamben (1998) argues that where the rule of law is withdrawn from an individual or group and they are abandoned they are thereby reduced to a status like that of 'homo sacer.' Homo sacer is an important subject position for Agamben. It is the ancient Roman status that was created through the withdrawal of Roman and religious law from a person who henceforth had no political or religious status and whose murder therefore qualified as neither murder nor sacrifice. By withdrawing the rule of law, the sovereign abandons subjects to a 'naked' condition of no political rights – to 'bare life.' It is through the process of abandonment that lives resembling nothing more than mere biological existence (i.e. *zoé*), symbolized by homo sacer, are separated from social and political existence (i.e. *bios*). The fundamental activity of sovereign power, through the logic of the ban, becomes the production of 'bare life.'

Third, Agamben (1998) expands on the notion of the sovereign ban and the production of bare life to map this 'original political relation' as a biopolitical space he calls the 'camp.' He argues that the 'camp', the exceptional space that emerges through the suspension of the law and which manifested so horrifically as the concentration camp in Nazi Germany, is not an anomaly but in fact the 'hidden' structure of Western politics in the modern era (Mills 2008). According to Agamben (1998), the camp was not born out of ordinary law but out of a state of exception or state of emergency that became the norm or rule. Camps occur when the 'exception' is given a permanent space that nonetheless remains outside of the normal order. Any banal, innocuous space can be turned into a camp when the required political structures (i.e. martial law) are put into effect (Mills 2008).



Agamben goes further to generalize the significance of the camp. Like Foucault (1979) who asserted that the logic of the panopticon has become dispersed, Agamben (1998) asserts that the logic of the camp has become generalized and represents the biopolitical paradigm of modern government.

Agamben's thesis above gives rise to an understanding of biopolitics as 'exceptional politics.' 'Exceptional politics' flags the notion that sovereign power (the ultimate authority over a space or population) rests in the paradoxical logic of sovereignty (the suspension of the law that establishes the ban) and the production of 'bare life.' One implication is that we live in a political community that is founded upon a negative relation, the act of abandonment (Pratt 2005). Describing Agamben's thesis, Biehl (2001, p.142) states that every society:

sets the limits, decides who its homo sacer – the new living dead – will be; extratemporal and extraterritorial thresholds are created in which the human body is separated from its normal political status and abandoned, in a state of exception, to the most extreme misfortunes.

In 'exceptional politics,' the sovereign power of the state is rooted in its ultimate authority to suspend the law's protection rather than its right to apply it (Mills 2008). By suspending the law, protection is withdrawn from groups that threaten the normal order and a boundary or threshold is created between these non-citizens (bare life) and citizens (lives with political value). The fundamental activity of politics today encompasses this process: the inscription of life through the definition of the exception, the production of bare life, and the materialization of zones of abandonment in the form of the 'camp.'

Viewing social problems like homelessness through the lens of 'exceptional politics' has important implications for how we understand responses to the homeless like 'spaces of care.' When it comes to homelessness it is possible to identify embedded levels of abandonment. On one level, homelessness can itself be approached as a 'state of exception' created by the suspension of social rights (i.e. health care, housing, income) through the neoliberally-inspired dismantlement of key elements of the welfare state. Social abandonment is sewn into the very fabric of the neoliberal welfare system. Meant to provide security and maintain a minimum standard of life, neoliberal welfare provides only the bare minimum of assistance, enough to sustain life but discourage dependency. In addition, neoliberal welfare is full of coercive powers such as paternalistic 'workfare' measures that threaten to remove the sustenance of life in an effort to compel recipients to live up to their obligations (Dean 2002). This abandonment has exposed some groups in society to forms of life that are outside the normal order and perceived by many as having little political value. Through processes of abandonment the homeless, in extreme cases, occupy the status of 'homo sacer' and the condition of 'bare life'.<sup>1</sup> On this level, all those spaces in the city – shelters, drop-in centers, hostels, soup kitchens and encampments – can be



considered as ‘spaces of exception.’ These ‘spaces’ form around those exceptional subjects that function as the limit figure for full social citizenship.

These ‘spaces of exception’ are biopolitical spaces in the sense that lives are ‘held’ through these sites in a state of ‘inclusive-exclusion’ within society. It is through their status as ‘homeless people’ that individuals are recognized by the state and given the basic resources (shelter and food) to sustain life (Feldman 2004). This recognition has largely taken the form of an emergency shelter system. When examined more closely, however, this emergency shelter system is itself animated by relations of authority that are constituted by internal processes of ‘institutional abandonment.’ The sovereign authority that circulates through homeless shelters and drop-in centers hinges on the power to disqualify or banish ‘non-compliant’ individuals. On this level, the ‘non-compliant’ condition can be approached as a ‘state of exception’ created by the suspension of shelter rights through barring or removal policies. This relation of institutional abandonment exposes the most marginal of the homeless to extreme misfortune and in some cases death as they are positioned outside the service delivery system.

It is on these levels – social abandonment and institutional abandonment – that we can approach the ‘low-barrier’ emergency shelter that is the focus of this paper. If the homeless shelter system is societies ‘space of exception’ than this particular site is perhaps the homeless shelter system’s ‘space of exception’. By eliminating rules around substance use and behavior this site has been established as a space for the most ‘exceptional’ of the homeless population. Considering this ‘space of care’ through the lens offered by Agamben raises a series of complicated questions. What kinds of inclusions and exclusions do these caring spaces establish? What role do these spaces of exception play in the city? To what degree do these spaces approximate or depart from the paradigm that Agamben calls the camp? Given their sensitivity to processes of political exclusion, addressing these challenging questions may deepen our understanding of the ambivalent geographies of homelessness.

## Methods

This paper is drawn from an ethnographic study of a drop-in/emergency shelter facility serving vulnerable groups in the downtown core called Safe Harbor. The study involved in-depth interviews with facility users, volunteers and police, as well as participant observation as a volunteer in the facility’s meal program. The aim of in-depth interviews with facility users was two-fold: first, interviews sought to chronicle the housing careers of users through a narrative-based, biographical approach (see May 2000b); second, interviews sought to construct an understanding of the personal role of the facility in user’s everyday lives. Additional contextual data was gathered through interviews with the organization’s director, community volunteers, police and on-going casual conversations with shelter staff. The aim of the participant observation component was two-fold: first, volunteer work in a key program at the facility was used to gather first-hand experience of the ethical dimensions of volunteer work in spaces

of care (see Johnsen et al. 2008); second, this volunteer role was used to observe and participate in (to a limited extent) the experiential texture of the facility's environment (see Conradson 2003b). In total, 33 facility users were interviewed including 13 women and 20 men. Three interviews involved couples. A purposive, maximum variation sample was desired. Over the course of my time volunteering at the facility I came to know several of the regular users. To construct this sample, I approached users who I knew to request interviews. I also placed a poster in the facility's foyer inviting users to participate in a research interview. Upon doing so the response was overwhelming. In light of the response I was able to selectively choose participants from a variety of backgrounds and representing a range of experiences with regard to homelessness. Interviews were held in a private room at the facility during the day. These interviews were tape-recorded and later transcribed. With regard to the participant observation, I worked as a volunteer in the facility's kitchen preparing afternoon and evening meals, serving these meals, and then washing dishes. In this role I was granted a unique 'backstage' perspective (Goffman 1971) to the operation of the facility. I was also granted a direct view on the dining area where users congregated for meals and coffee or to simply hang out during the day. Observations and experiences were recorded as field notes following volunteer shifts. I volunteered in this role for approximately 18 months. I also spent time in other parts of the facility (i.e. around the front desk, outside the front entrance) observing activities.

The following section explores the case study in more depth and detail. It describes Safe Harbor's ethos of care and institutional practices as well as who uses Safe Harbor and how they experience the built and social environment.

### **Safe Harbor: A Case Study**

The setting for this research was the 'Safe Harbor Centre'<sup>2</sup> a 'low-barrier' drop-in/shelter operated by a non-profit, faith-based social service agency. Safe Harbor is part of a 'service-dependent ghetto' (Dear and Wolch 1987) made up of drop-in centers, soup kitchens, emergency shelters and special care facilities all located within a short walking distance from each other on the outskirts of the downtown core. The surrounding neighborhood is a mix of inexpensive, turn of the century housing. Some of these homes have been converted into privately operated, multi-unit rooming houses that cater to single, low-income men and women (see Wilton and Mifflin 2005). Within throwing distance is the municipal jail, a few blocks away is a large hospital. The city centre is a short walk away.

From the outside, Safe Harbor is inconspicuous. It operates from the ground floor and a portion of the second floor of a multi-story, non-profit housing complex. If it were not for the constant activity around the front entrance it might appear like any other apartment complex. The ground floor consists of three functional spaces: (1) a small foyer with a staff desk where guests can leave messages, use the telephone or get hygiene products. Small lockers for guests line one wall of the foyer across from the desk. Adjacent to the staff desk is a drop-in office where guests can exchange used needles for clean needles; (2) the men's

and women's washrooms, showers and the laundry room which are accessible from the main foyer; (3) a large servery equipped with tables and chairs and an adjoining kitchen where meals are prepared. When it comes to overnight accommodations, Safe Harbor departs from the interior design of most other shelters in the city that offer separate semi-private rooms. The sleeping quarters at Safe Harbor consist of two 'congregant' rooms. These are created at night by two sliding steel doors that divide one half of the dining area into separate sleeping quarters for men and women. In the evening men and women pull out green mats to sleep on which are then piled in the corner of the room the next morning. On the second floor are specialized programs such as a primary health clinic, an employment assistance program, and case management services. A chapel is also located on the second floor where regular Sunday services are held as well as memorials for guests who pass away. Together these interior spaces and their practices play an active role in the everyday experiences of guests.

Numerous pockets of sociability established outside the facility's walls also play an important role. Safe Harbor's entrance opens onto a large sidewalk which functions as a vibrant exterior social space. The main entrance is covered with a portico that provides smokers shelter from the rain or sun. People regularly spill out onto this paved frontage area to meet friends, share a smoke, or 'hustle.' When the weather is nice some lay blankets on the lawn across the road and hang out in small groups during the day. Typically, men and women who have been 'barred' camp overnight on this lawn. These 'barred' men and woman rely on friends using Safe Harbor for resources such as food or other necessities. Safe Harbor's influence thus extends beyond its physical structure to these 'proximal spaces'.

### *Pushing the Envelope*

When it comes to voluntary spaces of care such as Safe Harbor the overarching ethical frames guiding charitable activity – or 'ethos of care' – have been shown to be an important field of meaning (Cloke et al. 2005; Johnsen et al. 2005a). These care ethos vary across organizations, often mixing faith-based and secular values in unique ways. As a result organizational spaces of care can themselves vary from one place to the next.

Safe Harbor was the outgrowth of a spiritual calling among a group of churchgoers to care for the inner city poor. In the 1950s, a downtown church initiated outreach programs in response to the basic needs of impoverished area residents. Throughout the 1960s and 1970s, volunteers operated drop-in meal programs out of the church basement. As the activities of the church diversified and expanded they eventually formalized their operations in the late 1970s as a faith-based nonprofit social service agency. Over time, the agency expanded its mission from traditional charitable activities such as feeding and sheltering to more professionalized interventions such as primary health care and employment assistance programs. As funding regimes evolved the agency became more bureaucratically complex and hired more professional staff. While somewhat

mented the organization has retained its Christian faith tradition. Traditional charitable principles such as compassion and generosity as well as faith-based principles such as the duty to care for the poor continue to guide the agency. “I think it creates a strength behind organizations,” said a manager at the organization in reference to Christian faith, “but you can’t see it when you walk through the door.” He explained further how in the midst of more secular care strategies faith was still an important dimension in the agency’s work:

no one has to come in and make the right sign or recite the right prayer in order to access service but there is a little bit of a sense of purpose that comes from a faith based organization – it’s not to suggest you can’t have it without a faith base but I think the purpose of why you do this is much deeper – there’s a much deeper call to it.

In talking with agency managers and staff there was a collective sense that the agency’s ethos made it unique in its approach to homelessness. “We’re not called to get into the safe stuff that somebody else told us about or the stuff that has money attached to it,” said a manager, “our history has been about pushing that envelope.” The agencies mission emphasizes goals such as decreasing barriers and increasing opportunities. In 2000, the agency officially opened Safe Harbor as a response to the growing number of men and woman who were excluded from traditional service spaces because of their problematic behaviors. Safe Harbor embodied the agency’s ethos by enacting a type of responsiveness that went beyond the ‘normal’ ways of offering services. Namely, Safe Harbor was predicated upon a nonjudgmental approach to reaching the ‘unreachable’, one that sought to reduce barriers and maximize contact with marginalized populations.

### *Reducing Barriers*

An organization’s ‘ethos of care’ is given a sense of order through institutional practices. Institutional practices are “those procedures, routines and strategies that sustain and ensure everyday institutional operation and survival” (DeVerteuil 2003, 529-530). While ethos of care provide a sense of purpose for charitable activities such as feeding, clothing and sheltering the poor, each of these practices is embedded within institutional frameworks such as rule regimes, operating procedures, professional codes of conduct and timetables<sup>3</sup>. In the case of voluntary spaces of care these institutional frameworks are no doubt a reflection of various ethical motivations. But they also reflect wider state practices as well as broader social, cultural and economic forces (DeVerteuil 2003).

In agency materials Safe Harbor is described as a place that offers ‘hospitality’ and ‘sanctuary’ to guests. In an ideal sense, hospitality is understood as the warm and generous disposition towards guests. Sanctuary can be understood as a sacred place or as a place of refuge and asylum. These two values function as important ethical orientations, what Cloke et al. (2005) call ‘moral way-markers,’ for guiding institutional practices at Safe Harbor. This notion of

‘pushing the envelope’ and embracing nonjudgmental approaches for reaching the most marginalized was perhaps best reflected in the institutional commitment to ‘harm reduction’ at Safe Harbor. Harm reduction is generally understood to involve strategies that aim to ameliorate the negative individual, community and societal impacts associated with the misuse of psychoactive substances without requiring users to stop or reduce their consumption (Einstein 2007). Safe Harbor’s adoption of a harm reduction approach made it a ‘space of exception’ in relation to the city’s broader service landscape. In ‘mainstream’ service environments care is conditional upon behavior, particularly when it comes to abstaining from drugs and alcohol (Cloke et al. 2005). The use of drugs or alcohol or any associated ‘disruptive’ behavior is grounds for disqualification. Safe Harbor suspends, to a degree, these rules making it an exception to the norms shaping other homeless shelter spaces.

This makes Safe Harbor distinct from other shelter spaces in a number of important ways. First, it is the city’s only facility offering services 24-hours a day, 7 days a week. All other shelters close their doors during the day. Some only operate on certain days of the week. Safe Harbor’s hours of operation are designed in a flexible way in response to the needs of guests. The drop-in operates during the day (7:00 am – 10:00 pm) and the shelter overnight (10:00 pm – 7:00 am). In the evening people can enter and leave the building as they please, but if they leave after 12:00 am they cannot return until 7:00 am. Because the overnight shelter transitions into a drop-in, day centre in the morning guests are not required to leave. During the day people can come and go as they please. This departs from other service environments that force clients out in the morning in an effort to encourage job seeking. Second, the rule regime at Safe Harbor is very basic (see Figure 1). It is a ‘low barrier’ facility meaning it is the only site that allows individuals who are intoxicated to access drop-in and overnight shelter services. As a result, men and woman who are visibly intoxicated can access meals, overnight shelter, and any of the other programs. This requires a greater degree of tolerance for disruptive ‘mad’ behaviors than would be found elsewhere in the service system (Parr 1997, 1999). It is therefore a ‘place of last resort’ for individuals who cannot be accommodated at other shelters. Finally, Safe Harbor incorporates more explicit harm reduction strategies such as needle exchange programs. These programs invite guests to drop off dirty needles in receptacles located in washrooms and outside. Guests can also exchange dirty needles with a harm reduction worker for clean needles. In 2007, the agency was giving out over 3,000 needles every month and was receiving almost one and half times as many back. These programs aim to reduce the risk of injection drug use and the negative impact of used needles being improperly disposed of in the community. Safe Harbor is thus uniquely positioned in the city’s service network and represents a critical space of refuge for groups (i.e. people with serious mental illness) deemed too ‘difficult’ or ‘disruptive’ to be served elsewhere. The shelter is also positioned on the ‘edge’ of the service system, as a ‘place of last resort,’



where the suspension of certain rules and the tolerance of ‘unusual norms’ provides a degree of ‘inclusion’.<sup>4</sup>

**We need your cooperation to keep the Drop-In/Shelter Safe and Clean.**

Drugs/Alcohol are not permitted at Safe Harbor.

Violence/Threatening of clients and/or staff will not be tolerated.

Racism, Sexism, Harassment, Bullying of clients and/or staff will not be tolerated.

Weapons are not allowed at Safe Harbor.

Wesley staff is not responsible for lost or stolen belongings.

Everyone must be fully clothed at all times.

Food and Beverage must remain in the servery.

Phone calls limited to 5 minutes.

Be Merciful!

**Figure 1: Safe Harbor Rules**

In light of these institutional practices, Safe Harbor is a uniquely patterned environment. The coming and going of guests, volunteers and staff make for a tangible rhythm of activity. This ‘service rhythm’ is an outcome of the choices and behaviors of guests, as well as the temporalities of various institutional practices. On one hand, the flow of guests in, out and around the facility varies over the course of the day according to the schedule of services such as the meal program, the overnight shelter and the primary health clinic. Meals are served regularly, a breakfast in the morning, a large hot lunch in the afternoon and soup and a sandwich in the evening. Others come for appointments at the primary health clinic or the employment assistance office.

On the other hand, the volume of guests at Safe Harbor varies over the course of the month. This reflects the monthly dispersal of welfare cheques. These are given out the last Thursday of each month. Guests who are staying at Safe Harbor and who have no housing or income receive a ‘basic needs allowance’ of \$211. Following the dispersal of cheques the number of guests accessing Safe Harbor typically drops. For most recipients the money is used for food and other basic necessities. Some pool their money and buy drugs, disappearing for the next week or two into one of the many rooming houses in the surrounding neighborhood. These funds are very low and are generally insufficient to last the month. In a few weeks time, men and women begin drifting back to Safe Harbor to have a meal or sleep overnight. As the month wears on numbers grow. Towards the end of the month a small contingent of people, some totally broke, others suffering the effects of withdrawal live at Safe Harbor. At times this mix of desperation and physical stress produces a tense and volatile social environment. Finally, seasonal weather patterns impact upon the usage of Safe Harbor. Damp,



cold weather in the winter discourages many from camping outside. Hot, humid days in the summer encourage many to seek relief inside Safe Harbor's air conditioned servery. In either case, when the weather is extreme the city issues a cold or heat alert requiring city shelters like Safe Harbor to provide unconditional shelter.

Given its open and tolerant approach Safe Harbor attracts a diverse group of people with unique needs. The mixing of different people at Safe Harbor sometimes resulted in conflict (see Johnsen et al. 2005). Maintaining order at Safe Harbor is a difficult task for overburdened frontline staff. When examined more closely social control at Safe Harbor appeared to be entangled with the institutional practices of city police. The police routinely patrol through the surrounding neighborhood and often drop in to walk through Safe Harbor. In an interview, a police officer described their relationship to Safe Harbor as follows:

Two reasons we drop into Safe Harbor is to walk in and say, 'Is anybody been giving you a problem lately? Is anybody out of control? Do we need to speak to anybody?' But the biggest reason we stop by there is because of the amount of warrants we execute. Because the people that are wanted that are homeless tend to, of course, go to these shelters and facilities and that's where we arrest a lot of people.

From the officer's point of view, Safe Harbor seemed to be one station in a larger network of 'holding environments.' Homeless people were not the target of policing efforts per se; rather, illegal activities such as the drug trade were the focus of police resources. Safe Harbor, however, was positioned at the centre of the 'drug scene'. In this regard, the community anchored at Safe Harbor was viewed by one police officer interviewed as a valuable resource:

It's in our best interest not to piss them off because these people can really be our best allies. They really, really can be. They know a hell of a lot more about the on goings of the street, and the drug problems, and who is moving drugs. Why? Because they open their eyes and they are on the street. They close them at night to have a nap. They are the street. They live it, sleep it, breathe it. And what better ally than to have all these eyes and ears out there working with us.

The officer also spoke about Safe Harbor as an important recourse when it comes to managing the problems associated with public intoxication. "Safe Harbor is always the go-to because Safe Harbor will take everybody," a police officer stated in an interview. As the officer explained, the police do not have the resources or the facilities to hold every public inebriate:

we just don't have the facilities to be able to house these people. I mean, there are many intoxicated people and then when we get somebody in that

has committed a serious crime where do we put him because our cells are full of drunk people?

The substitution of Safe Harbor for the police ‘drunk tank’ or detox center was in no way official police policy, but when it came to ensuring the safety of intoxicated individuals Safe Harbor was one place that provided a safe place to sleep overnight.

*Seeking Refuge: 5 Pathways to Safe Harbor*

Who uses Safe Harbor? For some Safe Harbor is a temporary transit point between permanent accommodations. For others who have marginal housing it is a place that ‘helps to make ends meet.’ For a smaller contingent it is a more permanent station. All these individuals have one thing in common – extreme poverty. May (2000) has shown how one of the common characteristics of the homeless is their multiple structural disadvantage when it comes to housing, employment, and education. Table 2 summarizes socio-demographic data for the interview sample. The common thread for many respondents was low education, disability and unemployment.

**Table 2: Sample Profile**

		N	%
Age			
	23-34	8	24.2
	35-44	6	18.2
	45-54	13	39.4
	55-60	6	18.2
Sex			
	Male	20	60.6
	Female	13	39.4
Relationship Status			
	Dating	3	9.1
	Married/Common Law	8	24.2
	Single - Divorced	6	18.2
	Single - Widowed	3	9.1
	Single	10	30.3
	Unknown	3	9.1

Table 2: Sample Profile (Continued)

Education			
	No High School Diploma	14	42.4
	High School Diploma	9	27.3
	College Certificate	7	21.2
	University Degree	3	9.1
Income Source			
	OW	13	39.4
	OW & Informal Labor	3	9.1
	Informal Labor	4	12.1
	ODSP	10	30.3
	No Income	1	3.0
	Unknown	2	6.1
Accommodation			
	Shelter	19	57.6
	Rooming House	10	30.3
	Family/Friend	3	9.1
	Residential Care Facility	1	3.0

After analyzing the interview data respondents seemed to cluster into 5 more specific groups based on their personal histories and how Safe Harbor fit into their day-to-day lives. The following biographical vignettes were chosen to provide a richer account of the pathways that trace their way to and from Safe Harbor.

The first group consisted of the mentally unwell who were shelter dependent (n=4). For this group Safe Harbor was one point in a more complex ‘deinstitutionalized’ geography (Parr 1997, 1999). Phil, for example, was in his late 40s, he was single, and had just recently embarked upon his “second journey on the streets,” as he put it to me. The first journey began 14 years ago after he was diagnosed with Schizophrenia and Bi-Polar Disorder. For two years he did the shelter circuit moving from shelter to shelter. He then settled into a rooming house and then an apartment and then another rooming house for what he described as a 12-year period of isolation, depression and loneliness. Two months ago he gave up his room for the streets and has been sleeping at the shelter for a month and a half. He came to the drop-in to, in his own words, “be around people that I think that I fit in with basically. That’s basically why I come here and to eat and to sleep and all that but basically to be around people that I feel – you know to get that sense of belonging to some kind of group.”

The second group consisted of men with serious substance use problems and who were shelter dependent (n=8). For this group, Safe Harbor was one place in a more complex personal geography of intoxication, recovery and relapse. Matt

was a typical example. He was single, in his late 20s, and well educated. After graduating from university he landed a corporate job in Toronto, purchased a condo and a car. In his words, “Everything was going good. Then I started getting into the wrong crowd and started partying too much...then I got into crack [...] I touched the drug I shouldn’t have ever touched.” He lost the job, then the condo, then the car. He completed drug rehab and then moved to Bakersville and took a job downtown. He stayed sober for 6 months before relapsing. In the two years since he has not been able to hold down a job for more than 2 months. In this period he has stayed with friends, with family and occasionally at shelters. In the month leading up to our interview he had spent roughly two weeks at the shelter and more than \$2000 on crack. “It’s when I need some downtime I can come here” he told me.

The third group consisted of women with serious substance use problems who were also shelter dependent (n=5). For these women, Safe Harbor was also part of a personal geography of intoxication and recovery. For several women who worked as sex workers it was also a node in a larger informal economy. Debra, for example, was single and in her mid-40s. Debra’s homeless biography began with a traumatic experience with an abusive ex. She has used drugs in the past and has worked periodically as a sex worker. She said she had been coming to Safe Harbor, off and on, for about 10 years. Over the past year, she has not stayed for longer than a week. In her words, “Because I was working – because I was involved in drugs...I would go out and abuse and then I would get a motel room and then when I’m done and the money would run out, I would come and stay here for a day or two and then get back up to work and get my money again and back to the motel [...] I get here and I get up and I get on my feet because I can” At the time of the interview Debra was in-between apartments. “I am in transition” she said, “My place was finished at the end of last month and I am not getting my next place until the beginning of next month.”

The fourth group consisted of the newly homeless for whom Safe Harbor was their first experience with the shelter system (n=4). For these individuals Safe Harbor was part of a personal geography of temporary dislocation and disruption. Take Jake for example. In his late 20s, he was single and unemployed. Jake had a college diploma and a long resume. At the time of our interview he was actively looking for a job. Until very recently he had been running a small business with a friend, with whom he lived. After an argument with his friend he found himself without a place to live or money: “we were working and living together so too much time with each other, it just boiled over. We got in an argument and ended up down here. And I thought he was going to come pick me up but I’ve been here 23 days.” This was Jake’s first experience staying at a homeless shelter. Jake had a big family and 500 friends on Facebook but was reluctant to ask for help, saying, “They don’t need to know. I’ll just get back on my feet myself instead of always turning to ask for them every few years.” Jake was staying at the shelter because he had heard if you stay there for 42 days you get placed into social housing.

The final group consisted of individuals who were ‘housed’ but were living in extreme poverty (n=12). For them, Safe Harbor was part of a personal geography of precariousness. Several individuals in this group had previous experiences of substance abuse and chronic homelessness. Juan, for example, was in his late 40s and was divorced with two kids. He was born in Central America and came to Canada from a refugee camp after a civil war forced him to flee his home country. After arriving in Canada he worked hard, married, had kids, but was struggling with post-traumatic stress from his experiences during the war. “I wanted to work for myself and that wasn’t working out. I just got frustrated and I just went 100% to the booze. I spent all my savings, moved out of the house and lived on my own because I wanted to drink. Somebody told me about Safe Harbor – you get food and you get treatment and you get help. And I needed help. That’s how I got here.” Even when drinking heavily, Juan always worked and always managed to maintain his own housing. Three years ago, after serving a week in jail for assault and detoxing in the process Juan began to attend A.A. through Safe Harbor and work towards sobriety. For others like Juan, Safe Harbor played a formative role in their ‘recovery.’ At the time of the interview Juan was two and half years sober. He was living in a rooming house and used Safe Harbor for food and laundry services.

As the above vignettes indicate, this population is a diverse group of marginalized and vulnerable individuals. To a great degree, the experiential texture of spaces of care like Safe Harbor is a product of the everyday, embodied encounters that occur between guests and staff within the service setting (Conradson 2003a, 2003b; Johnsen et al. 2005a; May et al. 2008). Here immaterial affective spaces unfold as guests<sup>5</sup> and staff persons interact and negotiate routines, procedures and strategies. How these dimensions – organizational ethos, institutional practices, and affective spaces – come together is explored below.

### *Living in a ‘Grey Zone’*

As a low-barrier setting that suspends many rules commonly found elsewhere in the service delivery system, Safe Harbor is a unique ‘space of exception.’ Observations taken at Safe Harbor and interviews with guests provide further insights into the experiential dimensions of such a locale. Based on my own experiences as a volunteer and narratives gathered from guests, Safe Harbor is a complex, conflict-ridden emotional milieu. Affective spaces, both positive and negative, are blurred together at Safe Harbor. These blurred states imbue this particular place with a type of ‘greyness’. Through a process of analysis I came to understand Safe Harbor as a type of ‘grey zone’ in the city. This greyness, I will argue, reflects the original political relation – the inclusive-exclusion – that characterizes ‘spaces of exception.’ In the case of Safe Harbor, this inclusive-exclusion results in the co-location and interlacing of positive and negative emotive states: enjoyment, relaxation, calmness, stress, annoyance, fear, and anger. These affective dimensions are explored in more detail below.

### Freedom-Openness and Control-Containment

The first set of opposed affects pertain to the way that Safe Harbor is operated as an open environment that grants freedom to guests but in a way that was not immune to processes of control and containment. Safe Harbor has very few restrictions with regard to entering and leaving the premises. It has a very basic intake process for those who wish to stay overnight. Safe Harbor also allows people who are visibly intoxicated or acting ‘out of sorts’ to remain within the building: “A lot of people come in and out, in and out, in and out, here it is more open” said Ray, a regular guest at Safe Harbor.

Together this openness granted some respondents a degree of freedom and inclusion that was unavailable in other service spaces. For drug users and sex workers the open, flexible schedule at Safe Harbor accommodated their drug taking and work demands. For example, Carla was in her thirties and was living in a subsidized apartment. She was participating in a methadone program a few blocks from Safe Harbor. Prior to getting her apartment she was homeless for 4 years and stayed regularly at Safe Harbor. Carla described Safe Harbor as follows:

Because it’s a more relaxed shelter and when you are doing drugs you can’t have a curfew and they don’t have a curfew. I worked the street to which at the time having a curfew – it just don’t work. The good thing for females is that the shelter is open all day. You can be in there all day but you have to be in the place by a certain hour. Where with the guy shelters, you are out all day. [...] you don’t have to have any specifics to be here.

George expressed a similar sentiment. George was in his late fifties and had been without housing for seven years. At the time of the interview he was using crack regularly. George stated:

It’s free all day, they don’t kick you out in the morning [...] For people that doing the drug and people that love the edge and on the street and people don’t like to be restricted, this is the open environment right here [...] the Safe Harbor is where, how you can hide.

The openness of Safe Harbor surely reduced barriers to services such as meal programs and health care. It also provided a degree of anonymity and discretion for deviant behaviors such as drug use. Despite granting a sense of freedom, some of the very same respondents described Safe Harbor as simultaneously being a space of control and containment. This in part reflected the fact that some guests spent considerable time at Safe Harbor: “This is not a drop-in, it’s a hang out” said one guest in an interview. Guests regularly cited control and containment in their descriptions of the wider role Safe Harbor played in the city. While Safe Harbor had fewer rules (see Figure 1 above) and regulations than other settings



control was still a pervasive dimension of Safe Harbor. For example, Safe Harbor is equipped with several closed circuit surveillance cameras that are monitored by staff. Frontline staff persons regularly ban guests caught violating rules (some bans are up to three months such as in the case of doing or selling drugs on the premises). In addition, the police are a regular presence. The congregant setting at Safe Harbor allows the police to easily move in and through the public spaces of the building such as the foyer, sleeping rooms and the serverly. “Police can come here and just generally arrest anybody they want,” said Bobby, a rooming house tenant in his late forties, “because that’s what they do...that’s what this place is.”

For guests like Bobby, the constant presence of the police made Safe Harbor function as a social control or ‘abeyance’ mechanism (Hopper 2003). Brent, for example, was in his early twenties and had grown up on the street during his teens. He saw Safe Harbor as a tool for managing socially disruptive populations by keeping them away from ‘mainstream’ spaces. Brent stated:

Okay what it does is it congregates – it gets all the people that society deems undesirable – we’re the undesirables and what it does is that it keeps them from standing on the side of the street panhandling or loitering and it saves the Police time.

I observed several instances when the police picked guests up on warrants. The following example is drawn from field notes taken at Safe Harbor:

The police came into the dining area to do a walk through. They stopped at the kitchen to chat with the staff person on duty. The staff asked if they were here to serve a warrant. They replied no. The staff person said, “there is one for Robbie.” Robbie was sitting in the middle of the room eating his soup and sandwich. “I’ll check that out,” the cop replied. He left the shelter and went to his car to run the name. In a few minutes they returned. They walked over to Robbie but I could not hear what they were saying. Robbie looked dumfounded. After a few minutes of standing over him, the officers took out a pair of handcuffs. Robbie did not resist. He was handcuffed and then walked out of the shelter. As the officers left I observed other guests snickering, making gestures and mouthing insults towards the officers. – February 5, 2009

In several other interviews guests compared Safe Harbor to a jail or prison. Ann, who was new to the shelter system, saw Safe Harbor in starkly negative terms stating:

This is a big old pigpen. Everything just comes in and they shut the door on both ends so nobody can come out and don’t drift too far.

Instances such as these problematized notions of sanctuary and hospitality that in principle guided Safe Harbor's operation. They also conflicted with the sense of freedom and openness that was achieved by some within and around Safe Harbor.

#### Recuperation-Recovery and Intoxication-Enablement

The second set of opposed distinctions pertained to the therapeutic and risky dimensions of Safe Harbor. In some interviews Safe Harbor was presented as a place to get help, treatment, or to recuperate after drug taking binges. Safe Harbor's rules aimed to maintain a relatively 'clean' space inside the facility. Safe Harbor also provided information and referrals for treatment programs as well as a room for weekly Alcoholics Anonymous and Narcotics Anonymous meetings. For several guests this provided the space, time and resources to work towards, or at least pause and think about, rehab or sobriety. Marcie and Carla were typical in this regard. Marcie had been clean for five years before relapsing. She had been using drugs and staying on and off at Safe Harbor for the last six months. "This is not a drug place for me," she explained, "this is a place I come when I have done too many drugs on the outside." Carla had a similar experience to Marcie. She had managed to stay clean for several months. For her Safe Harbor factored into her recovery and sobriety by providing a supervised, clean setting for social support. She explained:

It's been a very good role for social activities. This is where I socialize. I don't have any real true friends in the city anymore because of my drug addiction so the only socialization I get is coming down here for lunch and hanging out with people that I know even though they still use dope, at least in this environment it is controlled enough that they are not doing it in my face. Therefore, they are not a trigger.

Guests like Carla walked a fine line. While the interior spaces seemed to provide a temporary reprieve drugs and alcohol were nonetheless a ubiquitous feature of Safe Harbor. Ray and Jake repeatedly noted the easy availability of drugs in and around Safe Harbor.

Whenever you're looking for something, I guess this is the place to look for it.

It's everywhere. You can get anything you want in seconds. It's all over the place.

Because of this some guests described Safe Harbor as 'one big crack house' and as a 'controlled drug environment'. Safe Harbor was a station in several guests' personal geographies of intoxication (Wilton and DeVerteuil 2008). This geography included sites where drugs were purchased and used as well as other sites that provided spaces to recuperate and detoxify. During the time I was doing

my field work several guests informed me that there was a supply of relatively cheap crack cocaine in the city. The downtown neighborhood was a prime market for dealers. For guests who were abusing substances Safe Harbor was an enabling space in the sense that many of these dealers and users gathered there. It functioned for some as a convenient meeting place to connect with others and pool money to purchase small quantities of drugs or alcohol. Lee was struggling with a crack addiction and was trying to stay away from Safe Harbor. Lee described the environment as follows:

The wintertime is a lot more worse than the summertime. The wintertime, they all do their drugs in the bathroom or on windy day, they do their crack in the bathroom or whatever right. In the summertime, they're all out in this part here [across the street from Safe Harbor]. The only thing I really do now is only smoke a bit of marijuana. As you stay here, you'll see as the summer heats up, you'll see more and more across the street. Blankets – cops will try to clean it up; can't really do anything. They get on it for a while but they'll just go over to the next side or wait until they go and they go back.

#### Belonging-Community and Stigma-Shame

A third set of opposed distinctions were reflected in the way in which guests talked about Safe Harbor as a source of belonging and stigma. When it came to community, several different sub-cultures were 'anchored' at Safe Harbor. These included cliques that formed around patterns of substance use, be it crack, prescription drugs, alcohol or weed. Other cliques included people with mental illness, people of Aboriginal heritage, and romantic couples. For the long-term users, Safe Harbor appeared as an important site of belonging and camaraderie. For many of these guests, Safe Harbor was itself synonymous with friendship and family. Two couples interviewed were married at Safe Harbor in a ceremony in the chapel. On a typical day people can be found in the dining area having a coffee and chatting. Men meet daily to play cards. For many guests the social interaction available at Safe Harbor is the only break from complete social isolation. For others with severe mental illness Safe Harbor's nonjudgmental and tolerant ethos grants them a space of inclusion and license where mad behaviors were not grounds for exclusion or removal (Parr 1997, 2000). Guests such as Phil (introduced above) who left the loneliness of his rooming house for the company of friends at Safe Harbor spoke strongly about the need for friends. Gloria was in her early forties and had been coming to Safe Harbor on and off for 4 years. She similarly spoke about the social support she obtained from friends and staff at Safe Harbor. Here the social environment seemed to provide a form of harm reduction. More specifically, the personal relationships she had with staff provided protection from herself:

Well, the other ones are always too far and it's not close to my friends and my family so here I'm close. There's a phone I can call them and I go see them, you know. [...] The Staff knows me, so they know my temper and if I go out crazy if I blow up – where I'm going out on the street again or something so I'd rather just – cause the Staff here, they know how to calm me down. That's what I like about it.

For guests who were hoping to change their lifestyle, particularly around drug use, the social support of friends and staff at Safe Harbor was identified as particularly important. Brent's experience was particularly interesting. Brent found that the social interaction inside Safe Harbor helped him manage cravings. "I find that with myself I got to keep myself occupied," he stated. Brent said that when he had nothing to do he began to crave drugs. Brent explained further:

Like they say idle hands are the devils' tools so you keep yourself occupied. That's why I come to this drop in because I have friends here you know and we play cards, you know and I'm trying to surround myself – I know it's hard here, but I'm trying to distance myself from my friends that they use and the friends that don't use and a lot of my friends that don't use, you know like that's who I play cards with you know. A lot of those guys they don't use – they just smoke their pot and drink you know so this place – the draw is cause it's a nice – sometimes it's a nice safe quiet place to come to and just you know sometimes there's drama here you know but like once again you get used to that you know.

The longer guests spent at Safe Harbor the greater their attachment to the place and the people. For many long-term guests Safe Harbor was a place of belonging. When asked why he came, Alex pointed to the role of community at Safe Harbor. "A place to belong," He said. Alex explained further:

I needed a place where I belong. And since I didn't have no establishment – no apartment, no nothing I come here and I know everybody here. They know my table. They know who hangs out with me. It's usually Natives.

For guests like Alex and Gloria the recognition they received at Safe Harbor by staff and friends was a source of dignity that was otherwise hard to come by given their personal circumstances.

While Safe Harbor seemed to function as a beacon of sociability and social support it was still a homeless shelter and was therefore a tainted space by virtue of its negative association with homelessness and poverty (Takahashi 1996). This stigma and shame was more pronounced among the newly homeless. Jake, for example, refused to tell any of his friends or family he was at Safe Harbor. Guests like Jake tended to distance themselves from other guests and street life. Several guests found the institutional practices – the way in which

meals were served for example – at Safe Harbor demeaning and an assault on their dignity. One point of consternation for many guests was that at supper guests were limited to one sandwich. A small paper sign reminded me and the other volunteers who handed out the sandwiches of this rule (Figure 2). This rationing of food angered many hungry people. Juan was three years sober and was living in an apartment. He found the dinner routine particularly troublesome:

See, I have made them understand that a sandwich is not going to make me survive. If I don't have that sandwich I am not going to starve. I have made my point to let them know that hey, you know what? A sandwich is not worth the treatment. I don't have to come here. I mean, it's good and they hand you a nice meal...but there is no need to be treated like a rat.



**Figure 2: Note to Volunteers at Safe Harbor**

Others, like Cassandra who had been living there for 2 years, found the conditions unbearable: “The atmosphere is torture, this is a torture chamber,” she said in an interview, “They won’t let me do ANYTHING! So they have full control but yet none of it.” While conditions were crowded and sometimes dirty, others found that the longer they spent in places like Safe Harbor the more comfortable they



became. Claire, for example, had been staying on and off at Safe Harbor for 9 years. She stated:

To me it's just – it's actually self perpetuating – it's just when you first start coming here, it's like you feel ashamed and then after a while you get used to it, so.

#### Safety-Security and Violence-Hostility

A fourth set of opposed distinctions reflected the way guests talked about Safe Harbor as safe and dangerous place. Safe Harbor was undoubtedly a space of refuge for many guests. For those without any permanent housing Safe Harbor provided a supervised setting that offered protection from the dangers of 'sleeping rough' in public spaces. This included the dangers of assault and theft as well as the dangers of inclement weather in the winter and summer seasons. "Without these places it would be ninety people walking the streets," said Clive. Jake echoed these comments saying, "Some people need this place, they need this place, or they won't survive." In this sense, Safe Harbor is a life support operation. In its absence many would succumb to death due to exposure in the cold temperatures of the winter. Brent explained that Safe Harbor provided more than protection from the natural elements, it also provided a level of protection from the dangerous elements on the street. Brent explained:

It also gives people safe places you know. A safe place to sit, chill, drink coffee, play cards, come together you know and build friendships you know because on the street – you can't be when you're homeless it's better to have friends cause you know friends sometimes look after you. Something happens to you or you need help and it is dangerous being homeless in any major City it is dangerous. There is a fact of danger being on the streets – cause we're – cause you're surrounded with the most dangerous people in the City – well, maybe not all because there are some that – dangerous people that aren't homeless that don't come down here but the majority of the crime comes from people that – you know.

While Safe Harbor provided safety from the dangers of street living it was nonetheless embedded in street culture. Like the blurred distinctions above, safety and security were offset by violence, hostility and mistrust. "It's a safe place to come but in a sense it's not" as Claire put it. The atmosphere at Safe Harbor changed depending upon who was there and how much money was around. "It escalates up and then it goes down and it gets to be a boring place and then an exciting place," Claire explained, "it's a strange place. You never know what's going to come out...you never know what's going to happen, you know." Hostility and outbursts of violence at Safe Harbor seemed to intensify as money ran out towards the end of the month. Maureen explained: "everybody is rich two, three days of the month and then they have to wait until the end of the month to



be rich again.” As Jake and Ann explained, this contributed to a tense and hostile atmosphere characterized by fights and attempts to manipulate and steal:

Every day at breakfast there’s a fight. Cops every day. Either looking for prostitutes, or looking for people with warrants, or just fights.

Everyone one of them is looking for a way to get something. They will lie to you. They will cheat. Everyone one of them lie, cheat and steal.

To cope in this difficult social environment several guests pointed to specific strategies for shielding themselves from these threats. As the following quotes from three guests show, a common strategy involved ‘putting the blinders on’:

A lot of people here, they put the blinders on and they just exist

Some days it can be really troublesome, I learned to put up my blinders you know.

They leave me alone. I leave them alone. They mind their business. I mind mine.

### Summary

Openness, freedom, recuperation, recovery, belonging, community, safety and security were all identified as experiential dimensions of Safe Harbor. While volunteering at Safe Harbor I regularly witnessed and experienced moments of calmness, laughter, generosity and relaxation. These dimensions and affective states are generally connected to the caring orientation of Safe Harbor and imbued it with the idealized texture commonly associated with the ‘spaces of care’ concept (Conradson 2003a, 2003b). Containment, stigma, violence and hostility were also identified as experiential dimensions of Safe Harbor. Affective states such as stress, fear, hopelessness and anger colored daily life within and outside its walls. In my time there as a volunteer I could sense the intensity of these affective states. In the context of people’s everyday experiences these affective spaces blended together over the course of days, months and years to create a rather indistinct ‘grey zone’.

### Discussion and Conclusion

This paper has tried to better understand the role of voluntary ‘spaces of care’ in the context of crisis-orientated responses to urban homelessness (Johnsen et al. 2005a, 2005b). The paper’s analysis focused upon the felt and lived dimensions of one service delivery setting as well as its wider role in the city. On one hand, Safe Harbor functioned as a critical space of material resource and psycho-social support (Johnsen et al. 2005a; Conradson 2003a). Safe Harbor helped to alleviate the embodied effects of the socio-economic exclusion from adequate income and

safe, affordable housing; namely, emotional distress, physical hardship and in some cases death (Bourgois 2001). This is an important reading of this site and others like it. On the other hand, however, Safe Harbor did more than insulate vulnerable people from ‘structural violence’ (Farmer 2003). Guest narratives and research observations suggest that the space also functioned as a type of ‘abeyance mechanism’ (Hopper 2003) that held social groups labeled as ‘deviant’ and ‘dangerous’ by mainstream society.

These two functions can be reconciled by examining Safe Harbor’s *political* location using the ideas of Agamben. ‘Spaces of care,’ like Safe Harbor, can be read as part of wider ‘geographies of exception’ that provide a foundation for biopolitical sovereignty, one cornerstone of modern systems of rule (see Foucault 1991)<sup>6</sup>. ‘Geographies of exception’ are those spaces where the suspension of the normal order has become the norm. In this sense, sites such as Safe Harbor are ‘biopolitical spaces’ where bare life enters politics, and as such becomes caught within complex entanglements of care and control. By considering ‘spaces of care’ in relation to biopolitical sovereignty a unique understanding of their ambiguous, fragile and sometimes paradoxical dimensions is possible.

Following the ideas of Giorgio Agamben (1998, 2004), voluntary gestures of care, such as Safe Harbor, respond to social needs that are rooted in a deep, fundamental *political* exclusion – that of abandonment. Abandonment, one should be reminded, is a state of inclusive-exclusion within which ‘bare life’ is produced and held. It is in these moments and spaces that life enters politics in a quite fundamental way. While spaces such as Safe Harbor originated in civil society as compassionate responses to state neglect (abandonment) they have since been turned into entitlements under state-directed programs. These gestures of care, as delegated extensions of the sovereign power of the state, are involved in, and must continually negotiate, the production of ‘bare life’ in the political sphere. The authority of service providers is founded on the sovereign ban (or the threat of the ban). In doing so, these service providers negotiate a political threshold defining who is worthy of support, who is to count as a citizen and which lives matter. This biopolitical paradigm provides an analytical horizon for developing an alternative interpretation of spaces of homelessness such as drop-ins and emergency shelters. These gestures of care are political devices in relation to biopolitical sovereignty. They are one cog in a larger ‘biopolitical machine’ (Agamben 2005).

It is from this perspective that the ambiguous and contradictory experiential dimensions of Safe Harbor – its ‘grey zones’ – can be approached. Within a biopolitical paradigm Safe Harbor can be thought of as a ‘space of exception’. It is part of a ‘space of exception’ in society (i.e. the homeless shelter system) in the sense that it is an enclosure formed around a way of living that deviates from the norms of domesticity and civility (Veness 1992). On another level, it is a ‘space of exception’ in the homeless shelter system (i.e. ‘low barrier shelter’) in the sense that it is an enclosure formed around non-compliance with

the rules and norms of the homeless shelter system. This space is founded upon harm reduction strategies that suspend judgment and rules around activities and behaviors associated with illegal drug use. Considering the exceptionalism of this 'political location,' Safe Harbor can be seen to operate on the threshold where compassion and a form of un-regulation meet.

This threshold is a complex space whose experiential texture is best captured in the term 'grey zone' (see Lanoix 2005). Within this topological space Safe Harbor is neither completely inclusive nor is it absolutely exclusive, it is both. In the 'grey zone' of Safe Harbor guests are 'included through their exclusion.' Living lives (bios) labeled by mainstream society as 'homeless' or 'addicted' men and women at Safe Harbor live on the threshold of 'bare life.' The gesture of care offered at the shelter is premised upon their exclusion within society and, for some individuals, the shelter system. It is within Safe Harbor, however, that many guests found inclusion in the associations of belonging, family and community available there. In this sense, guests occupied a paradoxical space of 'inclusive-exclusion'. Guests were granted open access to services and spaces but not without feeling the sting of containment and control. Guests were offered treatment and a space to recuperate in the midst of what some characterized as an open air drug market. Finally, guests were provided a space of safety and security that was regularly punctuated by outbursts of violence and coercion. The sense of contradiction that resulted was a troublesome and problematic experience because while help and support was available at Safe Harbor it was still a place that was irrevocably associated with the stigma, violence and exclusion.

In considering this dizzying state of 'inclusive-exclusion' it is important to recognize that guests of Safe Harbor were positioned differently within this topological space. As was shown earlier in the paper there existed several pathways of abandonment leading to and from Safe Harbor. Depending upon their circumstances, guests were positioned differently along what can be imagined as a 'bare life' continuum. This was partly due to aspects of gender, race, education and mental/physical ability. It was also related to issues of substance use and time on the street. These embodied aspects of the self interacted in important ways with the spaces in and around Safe Harbor and these interactions played an active role in reproducing and mitigating the production of 'bare life.' For example, the 'intoxicated' geographies of some guests positioned them on the margins of the shelter. Guests were barred from Safe Harbor, beyond which existed little to no assistance. Many of them camped on the sidewalk across the street from the shelter. These proximal sites are perhaps Safe Harbor's own 'space of exception,' the closest to the edge of the threshold defining bare life. These guests represented one pole on the continuum, occupying a space on the 'margins beyond the margins' (Gregory 2004). Others were positioned differently in the sense that they were housed and employed yet still precarious. These guests represented an opposite pole closer to second class citizenship.

These ‘grey zones’ are also significant in relation to understanding biopolitics in the city more broadly. Every city has its own ‘spaces of exception’ be they ghettos, skid rows or slums (Huey and Kemple 2007). The urban system is filled with spaces of abandonment, exile and exclusion (Herbert 2008). These ‘zones of discard’ often operate as ‘spaces of license’ (i.e. red light districts) created by authorities who seek to include, in their realm of control, the un-includable. These are ‘exceptional spaces’ in the sense that they allow the city to internalize those ‘exceptional’ individuals who are positioned outside the social order and have come to symbolize disorder.<sup>7</sup>

This idea of including the un-includable seems to be at play in ‘low-barrier’ shelters like Safe Harbor. Interestingly, Safe Harbor exemplifies one of the city’s more recent ‘Guiding Principles’ when it comes to the homeless: abandon no one. The emergency shelter system has struggled to manage so-called ‘hard to reach’ and ‘difficult to serve’ individuals who are thought to ‘refuse’ to be included and as such labeled ‘shelter resistant’ (Scanlon and Adlam 2009). It is these ‘target’ populations Safe Harbor is designed to serve. But hospitality at Safe Harbor is not unconditional. Safe Harbor itself requires authority to operate, and the source of this authority is concealed in the ban.

When it comes to the spatial constitution of abandonment and bare life Agamben proposes the ‘camp’ as the ultimate biopolitical paradigm. Agamben (1998, 169) states: “In the camp, the state of exception, which was essentially a temporary suspension of the rule of law on the basis of a factual state of danger, is now given a permanent spatial arrangement, which as such nevertheless remains outside the normal order.” The essence of the camp, therefore, “consists in the materialization of the state of exception and in the subsequent creation of a space in which bare life and the juridical rule enter into a threshold of indistinction” (Agamben 1998, p. 174). On a very basic level it assumes a camp-like quality, purely in the sense that it grants individuals with no place to go in the system (due to their behaviors) a permanent place to dwell without requiring them to change their behaviors. In addition, the logic of the camp may operate at Safe Harbor in the sense that guests were granted entry under the terms of conditional hospitality. There was a sense among some guests that they were at the mercy of the staff and that police could arrest and detain at will whomever they chose. In this sense ‘bare life’ and ‘juridical rule’ came into direct contact. Finally, one of the defining features of Safe Harbor was its ‘publicness.’ Aside from a bathroom stall there were no private spaces at Safe Harbor. As a result, guests were constantly in ‘public’ and, as reflected in the comments of the police, came to be seen as public, as ‘embodying the street.’

In summary, viewing voluntary ‘spaces of care’ through the lens of Agamben’s ‘exceptional politics’ has the effect of shifting our thinking about their ‘political locations’ in a metaphysical sense. First, ‘spaces of care’ such as emergency shelters and drop-ins represent the ‘politicization’ of bare life because they have emerged around those individuals who have been abandoned. Second, these ‘spaces of care’ operate on the threshold of bare life and these sites are

themselves not immune from the bare life predicament because their own ‘delegated’ sovereignty rests upon the sovereign ban. They are caught within a biopolitical machine. There is no clearer example of this political relation than removal or barring policies. The production of bare life in the homeless service system is visible in the distinctions made between the ‘good’ and ‘bad’ homeless, the deserving and the undeserving, the submissive and the difficult to serve. Third, here in these ‘spaces of exception’ the homeless find themselves in the paradoxical situation of being ‘included through their exclusion.’ Here we can begin to understand this ‘space of care’ through the ‘greyness’ of Safe Harbor. In a general sense, guests seek inclusion within a space that is stigmatized and tainted in mainstream culture. With regard to Safe Harbor, guests who are excluded from other homeless services find a place of refuge and sanctuary.

Thinking about these ‘spaces of care’ as the politicization of ‘bare life’ has several implications. First, this interpretation has important implications for how we understand the role of ‘shadow state’ spaces, particularly around marginalized and vulnerable populations (Trudeau 2008). The state penetration of voluntary organizations often involves imposing definitions of eligibility. These, in effect, enforce political boundaries around who is worthy of support, who is to count as a citizen and whose life matters. Nonetheless there is perhaps room for resistance. A second implication is that places such as Safe Harbor may resist prevailing constructions of neoliberal subjectivity by accepting individuals who do not model the independent, responsible self who acts in prudent ways. In this way they have the potential to function as important spaces of resistance that widen the boundaries of social citizenship. Whether or not they achieve this potential is another question that requires further investigation.

---

<sup>1</sup> In Canada, freezing deaths and assaults on homeless people are common.

<sup>2</sup> The name of the research setting has been replaced with a pseudonym to help protect the anonymity of research participants.

<sup>3</sup> On a strategic level these institutional practices can be interpreted as disciplinary technologies (Foucault 1979) that aim to enhance the productivity and effectiveness of the care operations at places like Safe Harbor. On a more practical level, institutional practices such as rule regimes and codes of conduct exist to maintain a sense of security, safety and normalcy, a necessary precondition for any meaningful application of generosity, hospitality and compassion.

<sup>4</sup> Safe Harbor is associated with ‘exceptional circumstances’ in the sense that it is widely seen as a refuge for hard-to-serve populations that would otherwise not be served. As such, its congregant setting and sleeping arrangements are more or less tolerated, out of necessity, by City officials. For example, in a recent city report a justification was provided for Safe Harbor stating that although there is concern about the conditions at the shelter, it was acknowledged that Safe Harbor played a



---

critical role in serving a segment of the population that cannot be served by others shelters and therefore should continue to operate.

<sup>5</sup> ‘Guest’ is the term Safe Harbor uses to refer to people using its services.

<sup>6</sup> According to Foucault (1991), sovereignty marked one corner of a triangle of governmentality. The other corners consisted of discipline and government.

<sup>7</sup> It may be more accurate, therefore, to conceptualize voluntary organizations such as the one operating Safe Harbor as inhabiting spaces of abandonment in the city and applying practices of care within pre-existing ‘grey zones.’ This raises the issue around the scalar constitution of the processes of abandonment that Agamben discusses.



**Chapter Three:**

Supportive Measures, Enabling Constraints: New Spaces of Homelessness, Care  
and Control

To be submitted to:

Environment and Planning D: Society and Space

**Abstract**

This paper examines the regulation of homelessness in the contemporary city. Existing models of homeless regulation posit that in the prevailing urban order the homeless are subjected to a host of regulatory mechanisms implemented by authorities who seek to control their place in the city. While punitive measures such as anti-homeless laws have drawn the most attention in this regard, organizational spaces such as emergency shelters and drop-in centers have also been labeled as containment mechanisms. This paper seeks to better understand this homeless regulation by applying a Foucauldian framework to re-conceptualize how power operates in these specific instances. Rather than view power as a form of domination over the agency of the homeless, a Foucauldian framework directs attention to how power operates through the agency of the homeless. Working with this framework, this paper examines an innovative program that was designed to provide care to chronically homeless ‘public inebriates’ in a specialized harm reduction facility. The paper explores processes of subject-formation among a group of men who moved off the streets into the facility. Through the lens of Foucault, this particular setting emerged as a biopolitical ‘space of empowerment’ that, in effect, aligned the conduct of individuals with the ‘social good.’ The location of this particular setting was also significant in the sense that it departed from the spatial logic that has ordered homeless geographies in the recent past. The paper suggests we need to update existing models of homelessness by recognizing how the agency of homeless people and the regulation of homelessness are becoming intertwined within new therapeutic spaces and how these spaces contrast with our understanding of deinstitutionalized geographies.

## Introduction

Power and resistance have featured prominently in recent scholarship on the geographies of homelessness (DeVerteuil et al. 2009). This scholarship can be divided into opposing camps: those that focus attention on power, as a form of domination *over* the homeless, and those that focus attention on agency, in the form of personal adaptations and resistance strategies enacted *by* the homeless (Cloke et al. 2008). The former camp has mapped out the various ways the homeless have been controlled by elites through the strategic regulation of space (Davis 1992; Dear and Wolch 1987; Mitchell 2003). The latter camp has mapped out the multifaceted spatial tactics homeless individuals employ to cope and survive (Rowe and Wolch 1990; Ruddick 1996; Veness 1993; Wright 1997). Together these two perspectives have provided a window onto the ‘homeless city’:

In this sense, the ‘homeless city’ can be viewed in terms of a time-space diagram of regulatory staging, punctuated by nodal service spaces such as hostels and drop-ins, but also by less formal but still regulated places such as parks. We also know that homeless people negotiate these regulatory processes often in creative ways, developing a range of tactics that rework the spaces of the homeless city in new ways (Cloke et al. 2008, 242).

This bi-polar perspective on homelessness has granted valuable insight into the ways that homeless people experience the contemporary city (i.e. the ‘homeless city’) but it has also brought with it a number of gaps and absences (Ruddick 1996; Wright 1997). Cloke et al. (2008), for example, criticize this dichotomous thought-space because it presupposes, in their view, a ‘rationalist’ view of homeless regulation and homeless agency. By ‘rationalist’ they are referring to models where homeless individuals make ‘rational’ decisions (i.e. conscious, intentional) regarding survival in relation to the opportunities and constraints afforded within the ‘rationalities’ of homeless regulation (i.e. displacement strategies). What are missed in these accounts, Cloke et al. (2008) argue, are the embodied and emotional interactions between homeless people and their physical and social environments that are ‘performed’ in unplanned and unexpected ways<sup>1</sup>. These performances range from the ‘impression-management’ (i.e. joking, flirting, intimidation) homeless people engage in to secure resources to the emotional attachments that are established with certain places in the city. Cloke et al. (2008) argue that directing attention to these performances and their affective and emotional intensities helps to illuminate the less visible re-inscriptions of space enacted by homeless individuals and the more impermanent and transient traces of homelessness in the city that result.

This paper is similarly interested in advancing our understanding of the ‘homeless city’ and it takes the above argument put forward by Cloke et al. (2008) as the impetus to further rethink ‘rationalist’ models of homelessness. Rather than move past the ‘rationalist’ model and propose another one, this paper

revisits the model and modifies it by rethinking how power operates within regulatory environments such as shelters and treatment facilities, as well as within the everyday lives of homeless people. Rather than see shelters and treatment facilities as simply regulatory environments that subordinate the homeless and control their place in the city this paper sees them as spaces that are designed to act on the capacities of individuals to work on their own behalf in ways that are aligned with the social good. These settings can be understood as biopolitical spaces of ‘empowerment’ (see Cruikshank 1999) rather than hegemonic spaces of domination. This involves introducing an alternative reading of power, space, and subjectivity in the city. It also complicates how we think about resistance. To do so I explore the idea that a very specific form of power is invested in the discourse, practices and experiences of homelessness, what Foucault (1990) called ‘biopower.’

Biopower is a term coined by Foucault (1990) to describe a regime of state power that emerged in the 17<sup>th</sup> century – a power over life – which came to understand its basis of rule as the administration and promotion of life rather than simply the authority to commit subjects to death (see also Brown 2009; Rabinow and Rose 2006). This was described by Foucault (1990) as a shift in the orientation of rule, from the logic ‘make die and let live’ to ‘make live and let die.’ In Foucault’s view, modern rule became characterized over time by the blending of biological existence and political existence where the vital processes of human life entered into political calculation. In this regard, governing became organized around two poles of life: the behaviors, aspirations, feelings and choices of individuals (i.e. anatomo-politics) and the well-being, vitality and dynamism of the population (i.e. biopolitics). What this paper takes from Foucault’s writings on biopower is that in the modern state, political authority is invested in collective strategies for ensuring the security and general welfare of the population as well as in the ways in which individuals are invited, guided and instructed to take care of their health and happiness.

When framing homelessness through the analytic of biopower spaces such as the homeless shelter are recast as attempts to secure, monitor, administer and foster the life of the un-housed poor through securing the conditions of their existence (i.e. shelter, food, clothing) while also acting upon their desires, aspirations and behaviors in an effort to ‘normalize’ them (i.e. bring them in line with ‘regular’ ways of living). In this case, biopower is embedded in academic discourses on homelessness, the proliferation of helping practices such as emergency shelters, food programs, and rehabilitation centers, and importantly the goals, decisions and emotions of the homeless themselves (see Lyon-Callos 2004).

Biopower is also seen to take a particular ‘liberal’ form in contemporary society (Barry et al. 1996; Dean 1999). In what Nikolas Rose (1999) calls ‘advanced liberal’ societies, freedom is a key rationality within which certain societal problems and their solutions appear (Rose 1999; Dean 1999). Freedom is not, however, opposed to power rather it is one of the key mediums for its operation. Under ‘advanced liberal’ conditions, biopower instrumentalizes

individuals through an assortment of ‘empowerment’ strategies, many of which operate through the manipulation of subjective registers and the incitement of self-government. These seek to equip individuals with the capacity to self-govern. Under these conditions the ‘homeless’ are seen not as passive ‘objects of charity’ but rather active ‘instruments of change’ who are encouraged to practice their ‘freedom’ in particular ways (Cruikshank 1999). These ‘self-help’ projects are far from perfect in reality and are full of unintended outcomes (Barnett et al. 2008).

By introducing this alternative way of framing power this paper seeks to update ‘rationalist’ models of homelessness in three ways. First, the paper tries to move past the tendency to think about the regulation of homelessness as power *over* the homeless and homeless resistance as anything that transgresses regulatory spaces. This approach reifies ‘dominant systems’ and undervalues the creative role of agency (see Rose 2002). Second, the paper tries to move past the tendency to, on one hand, assume conscious intentions among those who are said to dominate and, on the other hand, assume that regulatory approaches always achieve their desired effects. This paper tries to acknowledge the imperfect and impartial nature of programs and strategies and the unintended consequences they have for the homeless (see Barnett et al. 2008). Finally, the paper expands on Cloke et al.’s (2008) emphasis on the affective dimensions of homelessness by considering, in different terms, how the rationalities of regulatory environments work with and through subjective registers such as self-esteem and desire. In so doing it tries to move past the domination/agency couplet to consider further the ways that homeless regulation and homeless agency are inextricably entangled in the city.

One of Foucault’s lasting legacies was his assertion that power always operates through concrete practices, in productive ways, through specific modalities of space and time. This paper, therefore, considers the relationship between biopower and homelessness through a concrete example, a harm reduction, supported living program implemented to help individuals exit permanently from homelessness. In the spring of 2006, *Mountain View* opened with the explicit task of providing supportive housing to ‘difficult to serve,’ ‘public inebriates’ living in the shelter system and on the street. The intervention provides daily living support and health care within a long-term housing facility. A unique feature of *Mountain View* is the incorporation of a ‘managed alcohol program.’ This harm reduction program involves the hourly provision of alcohol to clients by staff. The purpose for doing so is to replace non-beverage ‘surrogate’ alcohol (ex. mouth wash) consumed on the street with a ‘safer’ alternative (wine or beer) while stabilizing patterns of consumption.

The paper that follows seeks to better understand the intersection between homeless lives and this unique institutional space. It asks: how are ‘problematic lives’ restructured by this therapeutic intervention? The objectives of this paper are twofold: first, the paper aims to explore processes of subject-formation among the ‘homeless.’ It does so by tracing how a group of men with severe alcohol dependency reflected upon and ‘problematized’ their lives on the street and

subsequently, how these same men ‘problematized’ their new lives after entering and living in *Mountain View*. Second, the paper seeks to link these pre-existing and emergent client subjectivities to homeless empowerment strategies as well as the wider political rationalities operating in the ‘advanced liberal’ city more generally. By doing so, the paper aims to update the ‘rational’ model of homelessness by demonstrating how, in the context of *Mountain View* particularly, the regulation of homelessness and the agency of the homeless are intertwined and co-extensive, but also messy and incomplete.

The remainder of the paper is organized into five sections. The paper begins by discussing in more depth Foucault’s ideas on liberal biopower and its application to homelessness. Next the paper provides additional details about *Mountain View*, the research setting. The following two sections examine processes of self-formation among men negotiating life on the streets and subsequently life in the program. The final section seeks to put these processes in context with contemporary developments in the ‘advanced liberal’ city.

### **Biopower and Homelessness**

The concept of ‘biopower’ is becoming a well-worn focus of inquiry in social scientific studies. Foucault coined the term ‘biopower’ to describe a specific category of power that has animated an expansive political apparatus for the management and regulation of the ‘vitality’ of human beings. Foucault (1990, 143) described biopower as a reconfiguration of political authority that “brought life and its mechanisms into the realm of specific calculations and made knowledge-power an agent of transformation of human life.” Foucault (1990, 140) further suggested that biopower was organized around both individualistic and collective poles, “the administration of bodies and the calculated management of life,” what he termed, respectively speaking, an ‘anatomo-politics of the human body’ and ‘biopolitics.’

What Foucault referred to as the ‘anatomo-politics of the human body’ was related to his notion of ‘the disciplines’. Foucault (1990, 139) described it as:

centered on the body as a machine: its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic control, all this was ensured by the procedures of power that characterized the disciplines: an anatomo-politics of the human body.

Anatomo-politics, therefore, emerged out of the disciplinary regimes that appeared in the 18<sup>th</sup> century such as the prison, the school, the workhouse, and the asylum. These institutional spaces aimed to turn human beings into ‘docile subjects.’ They regarded the capacities of the individual body as their object and instrument. Disciplinary power operated through the distribution of bodies within enclosed, partitioned, functional and hierarchical spaces; the controlling of bodies through the temporal regulation of gestures, actions, and activities; and the



normalization of individuals through their surveillance, judgment, and examination (Foucault 1979).

Biopolitics, on the other hand, was concerned more broadly with the regulation of the life processes of the population. Foucault (1990, 139) explained that biopolitics was focused more upon the population at large or ‘social body’:

The body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and regulatory controls: a biopolitics of the population.

Biopolitics is concerned with everything from lifestyle issues, living standards, patterns of migration and levels of economic growth to more localized areas of intervention such as the family home, the workplace, the neighborhood and the city (Dean 1999). The key feature of biopower, as it evolved in the 19<sup>th</sup> and 20<sup>th</sup> centuries, was the way that anatomo-politics and bio-politics, the regulation of individual bodies and the regulation of the social body, become united (Foucault 1990). In liberal democracies, biopower animates modern governmentalities in the way it instrumentalizes the self-interests and actions of individuals for the good of all (Cruikshank 1999).

Following this point, an overarching theme in this literature is that biopower has been largely shaped by liberal notions of government in western societies (Barry et al. 1996). Nikolas Rose (1999), for example, argues that modern governing is shaped by ‘advanced liberalism’, a strategy of ‘governing through freedom’ that seeks to maximize the individual capacity of citizens to build a meaningful and healthy life. Rose (1999, 166) explains:

Within such rationalities, it appears that individuals can best fulfill their political obligations in relation to the wealth, health and happiness of the nation not when they are bound into relations of dependency and obligation, but when they seek to *fulfill themselves* as free individuals.

Cruikshank (1999) has also made important contributions to this argument suggesting that in advanced liberal societies governmental strategies are colonized by a ‘will to empower.’ Cruikshank (1999, 1) suggests that government seeks to ‘empower’ individuals through ‘technologies of citizenship’: “discourses, programs, and other tactics aimed at making individuals politically active and capable of self-government.” Technologies of citizenship represent a form of ‘liberal biopower’ that is simultaneously voluntary and coercive; the actions of citizens are regulated by installing, within or around the individual, a particular type of capacity to act that is itself aligned with the good of the social body. ‘Empowerment’ is thus a paradoxical form of subjection. Cruikshank (1999, 41) explains:

[Biopower] promotes rather than represses subjectivity, [biopower] produces and relies upon active subjects rather than absolute subjugation. Instead of excluding participation or repressing subjectivity, biopower operates to invest the citizen with a set of goals and self-understandings, and gives the citizen-subject an investment in participating voluntarily in programs, projects, and institutions set up to ‘help’ them.

Liberal biopower, therefore, operates through ‘the poor’ by seeking to transform them into ‘active citizens’ by encouraging individuals to draw upon expert discourses and prudently manage themselves in accordance with responsible choices and obligations to community (Rose 1999).

Today, the concept of biopower is increasingly being applied to interpret a range of contemporary bio-social experiences ranging from disability (Tremain 2005) to biotechnology (Rabinow 2005) to homelessness (Lyon-Callo 2004). Numerous scholars interested in the applications of biopower have developed their own sets of analytics (Dean 1999; Rose 1999). Rabinow and Rose (2006, p. 203), for example, conceptualize ‘biopower,’ as consisting of the following three elements:

1. A form of ‘truth’ discourses about living beings and an array of authorities considered competent to speak that truth;
2. Strategies for intervention upon collective existence in the name of life and health;
3. Modes of subjectification, in which individuals can be brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of individual or collective life or health.

These three analytics are to be understood as inextricably enmeshed and intertwined. Together they provide a framework for this paper and therefore warrant further elaboration, particularly with regard to their application to homelessness.

### *‘Truth’ Discourses*

Foucault approached knowledge as an ensemble of historically situated ‘truth discourses’ which authorize certain people to speak, recognize certain statements as intelligible, and identify particular questions as worthy of pursuit. The human sciences (i.e. psychology, medicine, sociology, economics) have proven to be particularly important for the operation of biopower by providing the necessary ‘intellectual machinery’ (Rose and Miller 1992) for delineating between the normal and the pathological subject. Biopower operates through these ‘expert discourses,’ on both the individual human life and the population, that together are used to define ‘normality’: “that which is socially worthy, statistically

average, scientifically healthy and personally desirable” (Rose 1999, 76). It is within these discursive fields that norms of living are generated, particular objects of knowledge that depart from those norms (i.e. ‘the homeless’) become visible and certain courses of action are justified.

When examining ‘homelessness’ through the lens of biopower, therefore, one must consider how ‘homelessness’ is itself a power-laden discourse. ‘Homelessness’ is not simply discovered and then responded to by authorities; rather, ‘homelessness’ is a ‘truth’ discourse that has been invented across various ‘expert’ fields of knowledge. Generally speaking, the discursive construction of the homeless has taken a pathological view towards people’s circumstances, constructing their situations as an outcome of personal disorder and deviancy (Lyon-Callo 2004; Wright 1997). In this sense the homeless have been cast as a ‘poor apart’ (Hopper and Bauhmol 1994). For example, sociological discourses in the late 1960s constructed homelessness as a problem among disaffiliated, alcoholic men living in ‘skid row,’ many of whom were housed (Hopper 1991). These discourses were predominantly individualizing in nature, portraying the cause of homelessness as personal disorder and dysfunction.

In the early 1980s, deinstitutionalization, the rollback of the welfare state, deindustrialization, and the erosion of affordable housing induced a sharp rise in the number and diversity of the un-housed poor (Wolch and Dear 1993). During this time the discursive construction of homelessness shifted from a sociological focus on the ‘old’ homeless (i.e. single, unaffiliated elderly men) to a more bio-medicalized view of the ‘new’ homeless (i.e. women, youth, families) (Hoch and Slayton 1989). The tendency among policymakers to focus on individual dysfunction remained. The growth in temporary emergency shelters during the 1980s and the 1990s made the homeless even ‘more visible’ to the surveillance of authorities and medical gaze of professionals. This facilitated further the proliferation of socio-medical knowledge and literatures on homelessness (Wright 1997). These categorized the homeless according to sex, age, chronic disease, impairment, mental illness and substance use. They have also permitted authorities to ‘carve out’ specific ‘target’ populations such as the ‘chronically homeless’ for special intervention (Del Casino and Jocoy 2008). The rationales guiding these interventions are in most cases based on an individualistic and pathological discursive construction of homelessness.

### *Strategies of Intervention Upon Collective Existence*

Strategies of intervention describe all those ways that the state or other authorities seek to influence the health and vitality of the population. These strategies take collective life itself as their object of concern (Rose and Rabinow 2006). On one hand are all those *disciplinary mechanisms* or ‘machines of morality’ that aim to turn individuals into productive, self-governing subjects through processes of ‘normalization.’ Two ways disciplinary power operates is through the ‘art of distributions’ (i.e. locating an individual within an enclosure according to their classification and in a way that minimizes their interaction with

others of a different rank all the while subjecting them to constant observation) and the ‘control of activity’ (i.e. controlling the activities of an individual over a period of time by organizing these activities according to a timetable and regulating their pace). On the other hand are all those *mechanisms of security* that function to protect the natural processes that are intrinsic to the vitality of the population as a whole (Elden 2007). Security mechanisms are necessary for managing the indeterminacy of life and its processes. Security mechanisms are installed to mediate risks that threaten the health and welfare of populations but they function in ways that ‘let things happen’ (Elden 2007). In this sense, security mechanisms, such as the ‘securitization of habitat’ through burglar alarms and gated communities for example, are more immanent and dispersed in society.

Rose (1999) has combined both mechanisms above to suggest that advanced liberal societies are structured by dispersed and diffused strategies of intervention that embed techniques of discipline within a wider net of security. Rose (1999, 2000) employs a ‘circuit’ metaphor to visualize the diffusion and dispersal of security around two poles: inclusion and exclusion. In Rose’s (2000, 324) view, security is sought by regulating the conduct of ‘normal’ individuals within circuits of inclusion and ‘abnormal’ individuals within circuits of exclusion. Circuits of inclusion are systems of security that mediate the activity of ‘normal,’ ‘low risk’ individuals through devices and techniques such as the securitization of identity (i.e. information technology) or the securitization of space (i.e. neighborhood watch). Circuits of exclusion are systems of socio-spatial control that manage ‘risky,’ ‘deviant’ individuals through therapeutic spaces and/or the penal-welfare complex. Rose (1999, 240) further suggests that there are two strands within circuits of exclusion:

On the one hand there are strategies that seek to incorporate the excluded, through a principle of activity, and re-attach them to ‘circuits of civility.’ On the other, there are strategies which accept the inexorability of exclusion for certain individuals and sectors, and seek to manage this population of anti-citizens through measures which seek to neutralize the dangers they pose.

Both strategies are premised upon targeting specific groups according to their unique needs or risks. Where the individual is deemed worthy or where there is hope of rehabilitation, circuits of exclusion do contain the pathways to move individuals from dependency to activity.

When it comes to the strategies of intervention around homeless populations mechanisms of security and discipline and circuits of inclusion and exclusion are discernible as the ‘homeless sheltering industry’ (Lyon-Callo 2004). This term describes an urban network of informal and professional community services that provide food, clothing, shelter and medical treatment. Over time these helping practices have evolved into an archipelago of institutional spaces such as emergency shelters, detox centres, drop-in centers, soup kitchens and

forms of supportive housing. Biopower plays a central role in constituting these spaces. These spaces exist to sustain the basic living conditions necessary for life. As such they are akin to a security apparatus guaranteeing protection in the absence of housing or other resources. They are also shaped by disciplinary techniques in the methods they apply to re-attach individuals to circuits of civility or in other cases neutralize the risks they pose. The effort to re-attach and empower individuals is reflected in the bio-medicalized conceptual model referred to as the ‘continuum of care’ wherein shelter services are integrated into a coherent system with an underlying therapeutic rationale consisting of multiple types of services and settings. While these can be seen as a ‘dividing practice’ these sites are also constituted by multiple ‘technologies of citizenship’ (Cruikshank 1999). Here shelter systems are revamped from simply a place to warehouse the poor to ‘escalators of social improvement’ (Hoch 2000). As such they make up a ‘therapeutic moral order’ (Hodges 2002) wherein the cause of homelessness is personal disorder and dysfunction and the solution is self-improvement and self-help.

### *Modes of Subjectification*

Subjectification is the process by which one comes to see or understand oneself as a subject of one kind or another. Biopower operates through various modes of subjectification that invite individuals to work on themselves in the name of their health and wellbeing by adopting certain forms of self-care and coming to see themselves in a specific light (Rose and Rabinow 2006). In large part, Foucault (2000) suggested subject-formation was an effect of ‘truth’ discourses that are simultaneously constraining (delimit what we can become) and enabling (provide the subject positions for us to occupy). In Foucault’s (2000, p. 331) often cited words, individuals are made into subjects through a form of ‘everyday’ power that:

categorizes the individual, marks him (sic) by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him.

One characteristic of the ‘later Foucault,’ however, was the primacy he gave to agency in processes of subject-formation (Moss 1998). Foucault came to appreciate the practices of freedom that individuals exercise – the art of existence – in shaping their life. This line of thought formed the basis for a mode of subjectification that Foucault (1997b) called ‘ethics,’ or otherwise put, the activity of self-constitution. For Foucault (1997b) ‘ethics’ stood for the relations an individual has towards him or her self as a living being. Ethics thus stood, in Foucault’s (1985, p.28) mind, for:

the way in which the individual delimits that part of himself that will form the object of his moral practice, defines his position relative to the precept



he will follow, and decides on a certain mode of being that will serve as his moral goal.

‘Ethics’ are formed through the techniques individuals use to transform themselves into subjects, techniques that draw upon ‘modes of problematization.’ Hodges (2002, 457) defines ‘problematization’ as “the ways in which we come to think about ourselves and the world around us as moral domains and the subject/objects these forms of thinking, speaking and acting bring into being.” Hodges (2002, 457) adds:

history provides the conditions of possibility for individuals to recognize themselves as particular kinds of persons and to reflect upon their conduct – to problematize it – such that they may work upon and transform themselves in certain ways and towards particular goals.

It is perhaps necessary to revise Hodge’s formulation by adding ‘geography’ to history. Spaces and places also provide the conditions of possibility for ethical problematization. Conceived under these terms, these ‘problematizations’ appear as the condition for and instrument of agency. What interested Foucault the most was how morality could be read in relation to how individuals problematized their conduct and positioned themselves in relations to codes, what he ascribed to a type of ‘ethics-orientated’ morality. Ethical relations count as the ways in which moral codes or rules invite one to take a certain relationship towards the self. Foucault (1985) articulated a four-part framework to describe this ethical self-formation:

1. the ethical substance: the part of oneself that is problematic;
2. the mode of subjection: the rule, code or ideal one subjects oneself to;
3. ethical work: the techniques one practices to align oneself with this rule, code or ideal;
4. the telos of the ethical subject: the mode of being or form of life one aspires to.

As Cruikshank (1999) argues, the circuit of liberal biopower is complete when individuals transform themselves into subjects and this subject-formation is aligned with governmental codes, goals and strategies for promoting life (especially in liberal modes of government). When it comes to ethical work, ‘truth’ discourses provide the mode of subjection and strategies of intervention provide an ensemble of techniques. Moreover, Dean (1996) suggests that the practice of ethical self-formation is political in so far as the way we are made transparent to ourselves within these processes is accomplished through the recognition of certain expert truths about ourselves which are then acted upon, a process he calls the ‘enfolding of authority.’ In this sense, as Cruikshank (1999, 41) states:



biopower operates to invest the citizen with a set of goals and self-understandings, and gives the citizen-subject an investment in participating voluntarily in programs, projects, and institutions set up to 'help' them.

Biopower operates within this realm of ethics-orientated moralities by providing certain methods of self-examination and self-understanding and, inviting, certain modes of self-regulation. This is an indeterminate realm, an endless and open strategic game, as Foucault (1997) described, at the center of which is the 'recalcitrance of the will,' the 'intransigence of freedom,' and 'permanent provocation.'

The 'homeless city' is characterized by multiple strategic interventions that function as 'modes of subjectification.' These modes presuppose certain ethical relations and as such represent *potential* spaces of self-formation. The unhoused poor, for example, upon entry into a shelter may be invited to 'problematize' their circumstances within a certain 'therapeutic moral order' (i.e. homelessness as personal pathology), adopt certain self-understandings (i.e. addiction) and engage in particular practices of self-help and self-improvement (i.e. drug treatment). In doing so, individuals come to attach themselves to certain subject-positions and enfold the authority circulating within certain 'truth' discourses and embedded within institutional practices. In this regard, Lyon-Callo (2004) is critical of the treatment orientated 'continuum-of-care' which compels a self-diagnosis of deviance and pathology and reproduces an ethic of self-blame among the homeless that obscures the structural violence underpinning poverty and housing insecurity.

In summary, in Foucault's estimation biopower represents the organization of 'state' power around individual lives and population. It is a power that is immanent within relations that seek to optimize the capacities of the body and foster the conditions of life sustaining the social body. Life itself emerges as the object of 'truth' discourses, political strategies of intervention, and ethical self-government. When it comes to the relationship between biopower and 'homelessness', biopower is recast as an immanent and productive, albeit unstable, force within the 'homeless city.' Biopower is invested in how authorities talk about homelessness, the concrete strategies of intervention that are applied and in the ways these strategies seek to enlist the participation of the 'homeless' themselves. Biopower is 'ethics-orientated' in the sense that it is wrapped up in the ways that individuals are encouraged to problematize their conduct. It is also orientated around the strategic spaces of intervention that seek to instrumentalize these ethical relations.

This paper seeks to examine the 'ethical spaces' of the homeless city through a case study of *Mountain View*. How are everyday problems reconstructed within this unique and strategic space? What kind of relationship to the self does this program incite? In other words, what 'subject effects' do these

ethical relations create? Before addressing these questions I briefly review the methodological approach to this case study.

## Methods

The purpose of this paper is to examine the relationships between biopower and homelessness through a case study of one particular strategy of intervention. This paper emerged from a qualitative study that chronicled the experiences of individuals as they moved off the streets into *Mountain View*. In total twenty-four respondents participated in the study. The study involved in-depth interviews with respondents at four different time-points. Baseline interviews were conducted weeks or months before respondents entered the program. After the program opened more baseline interviews were conducted immediately upon respondents' arrival. Of the twenty-four baseline interviews conducted, eighteen interviews were held prior to the opening of *Mountain View*. These interviews were conducted at an emergency shelter located in the downtown core. After the opening of *Mountain View*, six baseline interviews were held the day respondents arrived at the facility. Post-entry program interviews were subsequently held at one-month, five-month, and nine-months time. Therefore, thirteen respondents completed a one-month interview; ten respondents completed a five-month interview, and eight participants completed a nine-month interview. These sample sizes diminished over time due to respondents leaving the program and because some respondents passed away while in the program. In total, fifty-five interviews were completed. Interviews were typically an hour in length. Baseline interviews collected respondents' life stories as well as stories about street life. Subsequent post-entry interviews chronicled experiences in the program. All interviews were digitally recorded and transcribed. In addition to interviews, approximately one year of overt observation was also conducted at the program facility. Researcher status was disclosed to residents during this observation period. For the first six months observation was conducted approximately once a week during the day and evening. Time was primarily spent visiting with residents and observing daily activity inside and outside the facility. Observations were recorded in a field note diary and later transcribed.

Both the interview data and field notes provided rich accounts of each individual's biography as well as daily life in the program. Before examining *Mountain View* as a 'mode of subjectification' it is valuable to first examine processes of subjectification and 'ethical relations' on the street. This perspective is valuable because it permits one to better appreciate the 'ethical shifts' that occurred as individuals changed location from the street milieu to the 'therapeutic moral order' of *Mountain View*. Doing so allows one to single out the program's 'subject effects'.

## “Down and Out”

I think I died years ago, it's just my body's too stupid to lie down. – Tom

In this section I explore processes of ethical self-formation (the ways in which a person forms his or her self as a subject of one form or another). Ethical self-formation is the outcome of how an individual ‘problematizes’ himself or herself as a living being. As described earlier, ethical self-formation is dependent upon “concrete practices through which being is rendered comprehensible, manageable (amenable to transformation) and governable” (Hodges 2002, 457). Ethics also involves the voluntaristic adoption of certain subject-positions and the application of ‘technologies of the self.’ In the descriptions that follow I explore processes of ethical problematization as examples of what Barnett et al. (2008) call ‘lay normativities’: attempts to form oneself in relation to rules and norms but in the context of highly personalized understandings of ‘what matters’. Participant’s street narratives can be read in this context as situated problematizations of everyday homelessness embedded in a broader context of self-making and personhood (see Barnett et al. 2008). I will argue that these modes of problematization identified the locus of concern with regard to each individual’s homelessness but did so in a way that invited a particular relationship towards the self, what I will call ‘down and out’, an ethical space.

Generally speaking, three interlocking types of ethical problematization were prominent. First, participants problematized their current situations as a multifaceted *state of loss*. Here, physical injury, illness, broken relationships and deaths of close friends and family members were cited as precipitating factors contributing to residential instability. Second, respondents interpreted this *state of loss* in relation to a history of *problematic drinking*. Respondents contextualized their habitual use of alcohol by delving into family histories of alcoholism and emotionally painful events in the past. Third, respondents problematized their current situations in relation to the day-to-day challenges of living on the street. Generally speaking, respondents cited a pervasive sense of physical insecurity and social dislocation on the street, contributing to a sense of hopelessness. Here, day-to-day life was problematized as *survival*. These three themes – loss, drinking, survival – composed an interlocking mode of problematization. In what follows, I explore each of these in greater depth.

### *“I lost everything”*

During baseline interviews, *loss* was a prominent locus of concern for respondents. Loss conveyed the experience of being deprived of something dear and the suffering caused by this dispossession. Jack’s interview conveyed the multifaceted nature of this state of loss. Jack was the son of an ironworker and grew up in a neighboring rural community before moving to Bakersville in his early 20s. He worked in the construction industry as a framer for many years and then later as a property manager. When Jack shared his story he described how his life had been altered by a series of family tragedies. First, his parents, to whom he was very close, passed away unexpectedly. Soon after, his favorite sister was killed in a car accident. After his sister’s death he separated from his wife. Jack

stated that after his divorce “everything went to hell” and that he’d been “going downhill since.” Following the divorce, his drinking increased in intensity and he could no longer hold down fulltime work. He instead relied upon a day labor agency for work when he needed money. At the time of the interview, Jack was no longer able to work due to physical injuries he had sustained when he fell from a ladder. His only income at the time of the interview was disability assistance. Jack summed up his experience as follows:

Jack: I lost my wife, I lost my home, I lost my cat my favorite cat Tigger, I lost my job. So I just been kind of on the steady road you know.

Interviewer: Quite a different life than you had before?

Jack: I’m used to living in a house driving my own truck you know, going to work everyday. But now I don’t have any of that and I’m just kinda, I don’t know how you’d put it, but...ah what you call it? I’ve lost all my ambition for anything.

Interviewer: Have you? Yeah, well you’ve had a lot of losses.

Jack: Yep but they say life goes on.

Interviewer: What do you think?

Jack: Well I kinda figure this is like the end of it for me you know and I haven’t even reached fifty yet.

In Jack’s story, the loss of his parents and his sister were precipitating events that triggered a period of heavy drinking. Soon after his marriage dissolved. He later lost stable employment. In the passage above Jack describes his loss in relation to the cultural markers of ‘normal,’ middle-class domesticity: living in a house, driving a truck, going to work. A sense of grief also characterized Jack’s story, encapsulated in his claim to have lost all ambition. Jack’s ‘tragic script’ (Valverde 1998) exemplifies one type of ethical problematization. Like Jack, Tom portrayed his situation similarly as a ‘steady road’ towards the street. Tom grew up in Bakersville and spent most of his working life driving a transport truck. He married young and had kids but all the while struggled with a serious heroin addiction. He eventually kicked his drug habit but gravitated to alcohol, becoming a heavy drinker in the process. After being charged with driving while under the influence of alcohol Tom lost his trucking license and, in his view, things began to unravel. Tom recounted the culmination of these events in the following passage:

Tom: But anyways, I lost my license, lost my house; I lost my camper, lost my pick-up truck. My wife and my kids left me because they had no choice eh, moved in with her sister because well I was losing the house. I knew that there was a sixty day thing – they give you sixty days notice before you lose the house, so I stayed in the house with no heat, no hot

water, just me and my dog, my Saint Bernard, who was born in my arms and died in my arms. But anyway, I stayed there. She went to live with her sister with the kids, which is good because I knew they were taken care of. And then I finally lost my house.

Like Jack, Tom also organized the period leading up to his homelessness as a period of losses. An underlying sense of responsibility and powerlessness exists between the lines of this passage. In Tom's view his family left 'because they had no choice' and Tom does not absolve himself of responsibility, he seems caught in a downward slide unable to stop while everyone around him withdrew. Jack and Tom's narratives were common archetypes among respondents. Situations of residential instability and abject poverty were interpreted by many as a state of perpetual loss characterized by the disintegration of family and dispossession of valued material belongings. These examples of ethical problematization highlight a common pattern of reflection whereby respondents positioned themselves in relation to normative definitions of home, work and family. In these problematizations alcohol was seen to play a central role.

*"It's destroyed my life, what little bit I got left."*

Problem drinking was a second type of ethical problematization. Problems with alcohol were invariably entangled with the dimensions of loss described above. For most respondents, alcohol was seen to play a major role in shaping their current circumstances. In Tom and Jack's stories, problematic drinking was a precipitating factor that contributed to the loss of stable employment and accommodation. Brendan's interview was also typical in this regard. Brendan was originally from the east coast and moved to Ontario in search of work. At the time of the interview he had been in Ontario for six years. Soon after arriving he found a job in the roofing business. He had a long history of drinking before coming to Ontario and he managed to remain gainfully employed while still drinking heavily. However, after working steadily for around three years he was laid off. After losing his job Brendan's drinking worsened to the point that he was unable to manage a return to work. After exhausting his savings he lost his apartment. At the time of the interview he had been homeless for 2 years. In telling this story Brendan made direct linkages between his drinking and his housing situation. When asked what role alcohol played he remarked:

Brendan: Well it left me homeless and girlfriendless and ah basically I have nothing. Excuse me, what I have on, that's all I own. I lost everything. Everything. I, I used to be high class you know and I lost everything, my job, my girlfriend, my, my clothes and you know my furniture, my apartment.



A long and problematic relationship with alcohol was a ubiquitous theme across all interviews. In the eyes of respondents, alcohol had a destructive influence on the course of their lives. Problematic relationships with alcohol were most often interpreted through the lens of alcoholism. This represented a distinct type of ethical problematization. The discourse of alcoholism provided a lay theory for organizing events in their lives and making their experiences intelligible. Here the ethical substance was the consumption of alcohol. Alcoholism, or the idea that certain individuals possessed an inherent weakness to alcohol and could not control their drinking, operated as a mode of subjection. An important dimension of the alcoholic paradigm is that the alcoholic is viewed as not only impaired by a disease but also suffering emotionally (Valverde 1998).

Of the twenty-four respondents interviewed thirteen self-identified as alcoholics. All respondent, at the very least, ‘confessed’ to having a drinking problem. Patrick, for example, firmly believed that his “journey of alcoholism,” as he called it, had brought him to “the edge”. Patrick was born and raised in Bakersville. He was a tradesman who had owned his own cabinet making business. Patrick stated he had been drinking heavily since his teens. He said he begun drinking at age 15 and in his words, “after my first drink, I was an alcoholic.” According to him, his drinking made stable accommodation a challenge. He revolved between living in apartments with girlfriends and at home with his parents. Patrick’s drinking worsened when one of his girlfriends passed away suddenly. Patrick described how he was heartbroken and coped with his grief by drinking. As his drinking worsened his parents could no longer tolerate him living with them. When reflecting on the role of alcohol in his life and its relationship to his homelessness, Patrick stated:

Patrick: That’s all I live for...it’s brought me where I am today. I don’t know where I would’ve been, take that road or that road, this is where I am and this is where I’ll be. That’s where it comes into. I don’t care, I don’t care.

A deep sense of resignation and indifference was present in Patrick’s stories (‘I don’t care’). This emotional orientation was common in other interviews. For respondents a sense of powerlessness (‘this is where I am and this is where I’ll be’) was also pervasive. Like Patrick, respondents also linked their heavy drinking with the loss of loved ones. Others cited a variety of triggering life events such as childhood physical and sexual abuse. Many respondents linked their drinking habits to a family history of alcoholism. Troy’s interview was emblematic in that it combined several of these explanations. Troy attributed his drinking to his family environment on the one hand and to the passing of his wife on the other. The death of his wife was, in his words, the cause of a “really bad roll”. Troy told his story as follows:



Troy: My parents were alcoholics. I started drinking when I was about fourteen and it just led on and led on and led on. I was married before, two kids and worked for \*\*\*\*\* for fourteen fifteen years and I kept drinking though and drinking. It ended up turning me, and my wife left me and she passed away five years ago on her birthday of cancer. Oh within that five years I really started drinking heavily and ah I'm not my health ain't that good but, but I was raised around alcoholism, like my parents...and I used to get left a lot alone and was was was alright when they were sober but like I wasn't abused or hit just I was lonely. Cause they'd just go out and want take me with them in a car and go in a hotel and I'd be sitting there till midnight sometimes I was only little. I got used to it and when I got a little older I started touching the stuff. Well I just...I was about fourteen and I got into it in the last five years ah I got into it really heavy but I was drinking more when I was in my thirties but I stopped once for nine years. But everything went down hill after I lost my, my wife and you know. I've got a daughter, thirteen, she lives with my brother-in-law cause I can't look after, like the condition I'm in, and I'm very close to my sister. And that was my life, lined up on here, homeless on the street now, and its not very good life, its sad, very sad.

Troy linked his drinking with the neglect he experienced as a child and the alcoholism of his parents. In his view, “everything went downhill” when he lost his wife. The interrelationship between loss and problem drinking was complex and multifaceted.

This loss aside, drinking was problematic in a second more immediate sense. Respondents found the embodied effects of habitual drunkenness extremely difficult. The unifying characteristic of this sample of respondents was that they shared a common pattern of alcohol consumption involving drinking binges, often with non-beverage alcohols such as mouthwash, that would last several days, ceasing only when physical limits were reached, money ran out, or when they were picked up by police and jailed. Respondents spoke often of the physical effects of these binges such as head trauma from falls and the excruciating symptoms of withdrawal. Concerns regarding the cumulative effects of this type of drinking on their physical health weighed heavily upon respondents' minds. Troy expressed his concern as follows:

Troy: My life, lifestyle, my health, my like my liver, was in good shape before. Soon as you open your eyes you're thinking of that first drink. When I got up this morning I wouldn't have touched it if you gave it to me. I was getting sick, weaker, tired, my legs hurt, feet hurt, headaches, stomach, like I just go and sit.

Interviewer: So is that what makes you stop drinking for a couple days is when feel really sick?

Troy: Cause I get too worn out yeah. I get a couple days rest two or three days rest. And as soon as you start feeling better oh I'm gonna get a bottle.

Some respondents labeled this pattern of binge drinking, getting 'worn out' and resting up the 'hangover routine'. Respondents described how, after drinking binges and short periods of recuperation the physical effects of withdrawal warranted more alcohol. Stu commented on the physicality of this cycle of dependence:

Stu: the need for it too it's a, it gets to be physical you know

Interviewer: it gets to be physical?

Stu: gets to be physical yeah. You know like you wake up and you need a drink see cause you know it's like I told you that takes that edge away

Interviewer: what edge does it take away?

Stu: Well lets just say your whole body is shaking ah you know you got don't make any loud noises you know kinda thing I just so you sit there nice and cool and relaxed and you have a small amount it doesn't body doesn't need a lot just a small amount and then all of a sudden hmm your whole body's nice and relaxed yeah. But that means you got to the point where ah you gotta stop right there see wean yourself off right there

Interviewer: that's the tough part

Stu: that's the tough part cause if you keep on going then its that that feeling's gonna get worse and worse and worse you know.

For respondents, their physical dependence was so severe that alcohol was used to 'take the edge away', or, alleviate the painful symptoms of withdrawal. Many respondents spoke of drinking out of fear that if they stopped they could suffer deadly seizures. Stu alluded to how this habit was a slippery slope because habitual drinking slowly eroded his ability to take care of himself. Stu, for example, drank heavily for 3 to 4 days at a time before resting for a 1-2 days. Describing this routine, Stu remarked:

Stu: when you drink too much you lose perspective of, well, first of all it takes away your desire to eat yeah that's a while especially even at first but it after a while it definitely does you know cause I drink pretty heavy duty stuff and they ah also the other thing is you, you lose your sense of responsibility you know what I mean? like you know you don't do your laundry you don't clean the floor you know you don't keep an appointment see?

In this state, many respondents like Stu adapted to their circumstances and in the process came to rely on the shelter system for support with daily living (i.e.

shelter, food, medical care). Stu relied on shelters and drop-in centres for shelter and food between these binges. In his experience, he lost his ‘perspective’ while drinking. The physicality of alcohol dependence was an important factor influencing the way respondents problematized street living. In this sense, the ethical problematization was slightly different than those based on the alcoholic illness narrative. Instead of alcoholism, problematic drinking was interpreted against the backdrop of the immediate, everyday realities of street life. Rather than the insobriety/sobriety binary of alcoholism, a different standard of normativity was applied. In this case, the ability or inability to care for the self.

*“It’s a struggle, surviving everyday”*

The everyday practicality of *street living* was a third type of ethical problematization. Respondents described how over time they came to adopt a ‘survival ethic.’ In the socio-scientific literature, everyday life on the streets has been a prominent feature (Wolch and Dear 1993). Respondents here routinely problematized their current situations in relation to the day-to-day challenges of staying alive on the street. In this respect, a pre-occupation with the day-to-day struggle to secure basic needs was common. The material deprivation of homelessness forced many to prioritize short-term subsistence needs (i.e. shelter, food, alcohol, safety) over long-term goals (i.e. exiting the streets, achieving sobriety) (Rowe and Wolch 1990). In the process many come to adopt a “now orientation” (Cohen and Sokolovsky 1989). This temporal orientation of activities was common among respondents. When Tom and Mario were asked where they thought they would be in one years time they remarked:

Tom: I have no idea. I’m just happy to wake up in the mornin’. I have no expectations about even tomorrow so I don’t know. But I would hope it would be there.

Mario: You know, I’m a little sorry you know, I’m just a one day at a time man and ah just to be alive right.

Both remarks reflect the short-term temporal scale of concern or “now orientation.”<sup>1</sup> *Street living* also encompassed a set of skills or ‘street smarts’ for self-preservation. ‘Street smarts’ can be considered here a type of ethics of living appropriate to the street environment. It necessitated a change in demeanor, habits, attitudes, and to a certain extent beliefs. Brendan and Tom described their experiences:

---

<sup>1</sup> Tom and Mario’s remarks also exemplify another important aspect of the survival ethos in that the emotional pain and suffering previously described in personal narratives was balanced by a tangible, determined attachment to life, a will to live.

Brendan: I have to, I have to survive. So I do the best I can to survive you know, like panhandling and you know, street smart, you know, the you know and try to stay out of people, from beating you up and all that stuff you know you gotta avoid that you know. I got a lot of friends out there so you know just being in what, you know, wise in what you're, what you're getting into.

Tom: Survival. How to read people. I can tell, I used to just like ignore a thing but now it's not. I can read somebody right away. I can tell what your addiction is, I can tell if you're a thief or not. I can tell whether I can trust you or not; just certain things about people.

Street smarts included various 'rules of thumb' such as minding one's own business, keeping a low profile, watching your back, and looking out for others.

In addition to street smarts, survival also included emotional strategies for coping with the ascribed, stigmatized status of homelessness. Survival entailed the existential need to reconcile the social identity of being 'homeless', explicitly conferred upon respondents when entering helping institutions such as shelters and soup kitchens, with the personal identities respondents had accumulated over their lifetimes. As Snow and Anderson (1993, 198) point out, to be homeless "is not only to have fallen to the bottom of the status system; it is also to be confronted with gnawing doubts about self-worth and the meaning of existence." In this sense, the day-to-day realities of living on the street crushed self-esteem. To complicate matters, the routine movements in and out of shelters and displacement from public spaces by police and security guards contributed to experiences of dislocation, exclusion and uncertainty. Troy put the experience this way:

Troy: It's just a shit life. Nowhere to go, sometimes nowhere to eat. It's not even fit for a dog and especially when you get barred from places you got to sleep outside and it's cold sometimes, raining. Find a lot of little spots a lot of guys go. But the streets, it's terrible, it's a terrible damn life [...] It's not a very good life. You don't know if you're gonna wake up you don't know what's gonna happen you don't know if you're gonna where you're gonna sleep don't know where you're gonna eat.

Sid described this experience as a state of constant humiliation:

Sid: It brings a person down I shouldn't, I don't wanna I don't wanna demean anyone else you know what I mean by saying that but it, it just brings you down from wherever you were no matter what type of material things you would have in your life before it's, it's just a constant degradation you know.

In this sense, the hardship of street life pressed upon bodies in more than just a physical sense. Identities were ‘damaged’ as persons negotiated their social location as homeless subjects (Wolch and Dear 1993). Brendan and Frank alluded to this process in their interviews. They described how over time the stigma of being homeless eventually wore off and in the processes they were further ‘drawn into’ the streets:

Brendan: It sucks, but you get used to it. You get you know you get caught up in it and it’s hard to get out of it when your when your, you know, after two years.

Frank: I don’t know how to explain that one I guess it’s just living on the street all your life you get used to it. I don’t know. It’s like a magnet, it keeps drawing you back.

Along these lines, ethnographies have described how over time as persons become adapted to homelessness they come to adopt what Rowe and Wolch (1990) have called the ‘self-as-homeless’ identity. This transition was understood by respondents to be less a free choice than a necessary adaptation to survive. Mario spoke directly to this process:

Mario: Ah you’re just a bum! Well sometimes I am I ain’t lyin I know it right sometimes I have to get out there and put my hat out right to make some change right so I to make my ends meet man I need to buy myself a some rolling papers and stuff man right.

A number of ethnographic explorations of the homeless experience have revealed how the homeless milieu requires the newcomer to, over time, restructure their character and disposition, adopt a new ‘ethics of living,’ in order to survive (Liebow 1993; Rowe and Wolch 1990; Snow and Anderson 1993). This restructuring is often a product of conforming to the policies of service providers to secure shelter and food (Wagner 1993) and adhering to the moral code of the homeless community (Cohen and Sokolovsky 1989; Snow and Anderson 1993). Such a shift in disposition was touched upon during baseline interviews, particularly with regard to the need for secure shelter, food, and money for alcohol as well as safety from the threat of violence that was a constant presence on the street. Rowe and Wolch (1990, p. 198) explain that when this experiential matrix becomes normalized, “the definition of ‘self-as-homeless’ becomes deeply ingrained as the means and the will to escape chronic homelessness deteriorate simultaneously and synergistically.” Rowe and Wolch’s (1990) ‘drifting’ thesis suggests that the identifications and attachments necessary for an individual to cope and survive on the street, physically and psychologically, become the barriers to reentering mainstream society. From the personal narratives shared in baseline interviews it appeared that this adaptation was experienced as a type of

‘drifting’ in a physical and existential sense; street living involved routine displacement, exclusion and circulation between various nodes of care and support which itself manifest as feelings of uncertainty and dislocation. Samuel, for example, had been on and off the street for several years. Samuel stated that he had never found a true home. Samuel described the emotional dimensions of his current circumstances:

Samuel: Makes me feel empty. I need some kind of direction

Interviewer: That’s where you at right now is trying to find...

Samuel: some kind of...

Interviewer: a place to go?

Samuel: direction...

Interviewer: from here?

Samuel: this is not good...No I just want the direction to do the right thing, get going again, stop stagnating my life you know but I. What am I doing? I’m not doing anything

Street living, along with all of the associated behavioral and emotional adaptations, was accompanied by a pervasive sense of emotional unease and anxiety related to respondent’s acquired ‘homeless status,’ feelings of powerlessness over alcohol and a deep sense of grief associated with past losses. These interlocking areas of concern – loss, drinking, survival – were specific types of ethical problematization that demanded respondents’ attention. In light of these problematizations and using the resources available, respondents sought out strategies to transform their difficulties and in doing so assumed a particular relationship towards the self. In many ways respondents came to conduct themselves in relation to a ‘street code’. I consider these practices as ‘ethical relations’ because they are used to craft an existence, albeit outside the ‘norms of living,’ but an existence nonetheless. In the context of the ‘street code’ the following practices of ‘self-care’ - ‘going through the wringer’ and ‘getting off the road’ – emerged as important forms of ‘ethical work’ on the street. While it might seem strange to characterize these relations as ‘ethical’ I argue that it is useful to think about them as such because they represent the complex ways in which homeless subjectivities are formed.

“Putting themselves through the wringer over and over and over”

For the most part, respondents coped by escaping through heavy drinking. This practice, what Snow and Anderson (1993) called ‘avenues of escape,’ was described by Stu as ‘going through the wringer.’ Numerous ethnographies have traced how social ‘street’ networks develop around shared patterns of substance use (Wolch and Dear 1993). Respondents referred to these networks as ‘crews’. Crews developed around meeting in out-of-the-way drinking spots and sharing mouthwash or other non-beverage sources of alcohol. Tom described his ‘crews’ routine as follows:



Tom: We had this group of guys, we called it the crew. There was me and \*\*\*\*\* – I shouldn't be naming names. There was about five of us, it started out with, and then it grew to about thirteen of us and we called us "the crew".

Interviewer: The crew?

Tom: We'd go out and stand – well we'd get a big bottle of beer, a big bottle of beer at night and we'd all take one sip. If you take two sips that's called double clutching and once you double clutch you're out of the group. So you take one sip and the beer goes down the line, right? Everybody gets a sip. And the crew got so god damned big, the poor bastards at the end of the line that just hit the dirt, eh? But that was okay because we'd go out and stand there and the two guys at the back they were beginners right and we'd all take care of each other, you know.

On a day-to-day basis, these 'crews' established their own 'alleys of escape' that enabled their heavy drinking patterns. The 'crews' in this research established an enabling niche in the heart of downtown. The routine began in the morning at an emergency shelter downtown. While it does not permit alcohol inside this shelter was the most tolerant when it came to serving intoxicated individuals. Patrick described this niche as follows:

Okay typical day well this morning got up [...] There's a bottle of Listerine in the garbage cause somebody found it on somebody in here. So I went and grabbed it, like half a bottle, I went outside and I shared it with everybody. [...] Then I make my way over to the \*\*\*\*\*, its like the meeting place for all the alchies, there's always someone there with a drink. I could find a drink everyday of the week if I wanted. And that's my typical day get drunk and then I forget I don't know what's going on next keep finding the next drink that's a typical day.

Patrick's description of a 'typical day' was common among respondents. Respondents would gather in the morning, pool resources, panhandle if necessary, and then obtain alcohol. Jack described his 'crews' routine as follows:

Jack: But a real normal day if you really want to know is we'll go down to the parking lot and we'll stem enough money for a bottle of wash and then we'll go in the alley and drink it. Have lunch and then you know then go back and do it all over again then come back here and crash.

This routine of "going through the winger" was a method of 'blotting' out the self. By temporarily disconnecting from the material circumstances of homelessness and associated damaged identities some respondents used severe intoxication as a method of distancing or 'desubjectification.' Presented below are

a number of exemplary quotes. Together these delineate the general aim of drinking on the street:

Frank: It's not important it just...takes away the pain. [So it's a painkiller?] I guess you could say that. You get drunk and you don't think about anything. [So, when you're drinking you feel less pain and what else?] I'm just a happy go lucky guy that's all.

Charles: You can't [feel safe out there] that's why you just get drunk and you don't care about it any more, what ever happens happens.

Sam: Yeah I just drink some this morning [you had some] take the anxiety away. [Yeah. Take anxiety away it helps that?] It's the depression but it still takes a bit of anxiety away [...] And the reason we drink and the reason we do drugs and most of these people you know I do come from disruptive families so you do drugs I mean so you run away say you know just to just stop the hurt but it goes on [...] Makes me fit in because either I'm shy if I'm not drinking nothing I'll just stay to myself so when I'm drinking its like a false courage when I'm drinking you know everybody's you know put on a happy face for them and then its so phony [yeah] but you know but its survival [survival] and get along so you know. Sometimes I ain't touch it at all.

Troy: Oh you forget about things like in your past. You don't think like you just let the past go. You're drinking, sleep, drinking, wake up in the morning, it's too hard.

Samuel: Yep yep calms me right down makes me forget about life unfortunately. I don't wanna forget about life hey I gotta wake up one day it's gonna be gone that far.

This practice was a paradoxical form of 'self-care.' When considered against the professionalized discourses shaping the shelter system (i.e. addiction) this form of self-care appears as a type of deviant and pathological behavior. When considered against the highly personalized understandings of what matters – lay normativities – this type of 'care' assisted individuals in their ability to cope under demeaning circumstances by temporarily losing one self and accessing another.

"You got to get off the road once in a while"

While 'going through the wringer' appeared as a method of coping with loss, the physicality of alcohol dependence was brutalizing and respondents periodically sought sojourns of rest and recuperation. In these cases, respondents were dependent upon the network of homeless services such as shelters and drop-in centers. More recently, attention has been redirected to practices of

‘redefinition’ among the homeless where, in Geoffrey DeVerteuil’s (2003, 364) words, “what appears at first glance to be over-reliance on institutional settings may now be reinterpreted as active agents employing clever strategies to stitch together a rough residential pattern, avoid literal homelessness and obtain basic material needs.” In this sense a common strategy for respondents was to craft makeshift ‘detox’ environments out of shelters and drop-in centers.

Mario, for example, was 53-years old, single, and had a long history of extreme poverty, homelessness and heavy alcohol use. Mario said he had been on the road for so long he had forgotten what having a home felt like. He was spending his time binge drinking in alleyways and recuperating in emergency hostels and drop-in centers downtown. Describing himself, he remarked, “I’m an alcoholic man and I know it and I’ll never change.” He detailed his day-to-day life further:

I’ve got myself blankets stashed away and I’ll sleep under the bridge, Bay Street Bridge. And then the churches, when they got the churches going in the wintertime, I’ll sleep in there and that’s where I do my laundry and stuff and my showering. You got to get off the road once in a while and get in to have a shower and maybe something to eat cause that’s a big one too is that sometimes I’ll get drinking like that and I don’t eat and it’ll be three, four, five days and I wonder why I got no energy, because I haven’t been eating. And no wonder I don’t feel good so I come back in and eat for a couple days and then I’m back at it again.

For Mario, the informal network of drop-in centers and hostels clustered together in low-income neighborhoods, adjacent to the downtown commercial district, supplied food, clothing and shelter and functioned as a space of recuperation and repair. Given his heavy drinking, however, some services were off limits because of their strict rules around substance use and expectations around behavior:

When I stay here I eat. Actually I like this hostel quite a bit. This one treats me well and if I’ve had a few drinks they’ll still let me in and I can eat and then go to sleep. It’s not like the Mission or something man that’s because there’s a program there so there’s no alcohol. If I’ve been drinking I don’t even try going back there.

Mario’s drinking played a pivotal role in terms of his ability to access services, acquire basic necessities and, ultimately, survive. Some days, when needed, he chose to stay sober, but most days he drank, sometimes out of boredom, sometimes out of necessity as part of what he called the “hangover routine”:

Some days I’ll stay sober but then some days I just get bored, the heck with it, I’m gonna go have a drink. Especially if I’m hung over, that’s the

only thing that seems to work man is I gotta have another drink or I'm not gonna drag my ass. But today when I'm done here I'm gonna go have a drink right, no problem there man, I need a drink man. I'm not vibrating yet cause I haven't come down enough yet, like when I've been in detox.

These forms of ethical work shared in common a geographical dimension: the homeless shelter network. The shelter network is invested with an ethos of self-help and empowerment. These spaces of homelessness, given their 'therapeutic moral order' (i.e. sobriety) invited a particular relationship towards the self. Respondents engage with this invitation, sometimes declining ('going through the ringer') and sometimes accepting ('getting off the road'). Each gives rise to different spatial experiences. In regard to the former, the prohibition of alcohol and frequent barrings turned the shelter network into a space of exclusion and public space into a temporary home. In regard to the latter, the shelter network's therapeutic components functioned as an important space of care and recuperation (Johnsen et al. 2005).

In summary, for this group of chronically homeless 'street drinkers', the 'homeless city' itself invites certain forms of ethical problematization. These ethical relations reflect the partial and incomplete success of the shelter system to enlist these respondents in self-help. The types of ethical problematization explored here, the normativities they draw upon (both expert and lay), and the types of ethical work engaged, culminate in a particular relationship towards the self, an ethical subject (and space) I call 'down and out'. 'Down and out' is a state of radical socio-spatial exclusion and self-detachment. Within this ethical space, ethical work such as 'going through the wringer' and 'getting off the road' operate as ways of transforming personal difficulties into *an* existence. It is this existence that provides the baseline for examining the subject-effects of the *Mountain View* programs. Before delving into the 'ethical' experiences of program residents the paper turns to briefly review some of the contextual features of *Mountain View* as a 'strategic intervention.'

### **The Birth of Mountain View**

In 2003, a group of health providers, shelter workers, addiction workers and police officers formed a steering committee to garner funding from a national agency for a special care facility targeting 'difficult to serve,' 'public inebriates.' *Mountain View* was the product of their collective efforts. The creation of *Mountain View* is a significant achievement given the degree of stigma attached to alcoholism and homelessness (Takahashi 1998). That this group was successful speaks to their collective initiative in overcoming this hurdle. It also speaks to important shifts in the way homeless service delivery systems have been re-designed. *Mountain View* only became 'imaginable' after the wider service delivery system was itself discursively re-constructed. These shifts created the condition of possibility for transforming a group traditionally cast as

‘undeserving’ due to their alcohol consumption and behavior into a group seen as ‘deserving’ of special care and treatment.

The shifts referred to above followed numerous waves of reform that swept over the homeless service delivery system over the past two decades. The first set of reforms began in the early 1990s when a new model for homeless services began to consolidate in homeless policy circles (Hoch 2000). This new model emerged from the consensus that it was no longer acceptable to simply warehouse the homeless poor through an array of fragmented and isolated emergency shelters. Instead, the model promoted a seamless continuum of services ranging from emergency shelter to transitional housing to affordable housing (Lyon-Callo 2004). These ‘continuums of care’ were conceptualized as integrated systems that would assist individuals in addressing individual problems (i.e. addiction, unemployment) that were preventing them from obtaining independent housing. In this regard, the ‘continuum of care’ approach was often described as a ‘treatment first’ model. These reforms were accompanied by a plethora of social scientific research on homelessness that brought into better view a picture of who was being served where and, importantly, the costs involved (see Culhane and Metraux 2008). This new set of economic understandings informed a set of subsequent reforms that began in the late 1990s. During this period service providers realized that the ‘chronically homeless’ were far fewer in numbers but incurred a vast majority of emergency shelter costs. In response, the attention of policy makers and service providers turned their attention to models for addressing the ‘chronically homeless’ subject (Del Casino and Jocoy 2008). The result was the emergence of a ‘housing first’ model. ‘Housing First’ approaches eschew the ‘treatment first’ logic of the ‘continuum of care’ model. Instead, ‘housing first’ models seek to house chronically homeless individuals as quickly as possible regardless of their willingness to enter treatment or change their behaviors. ‘Housing first’ strategies typically include forms of supportive and supported housing that assist individuals in remaining housed. These approaches have been shown to incur fewer costs (Tsemberis et al. 2004).

Over the course of these reforms the chronically homeless have been ‘problematized’ in new ways; namely, in relation to their social exclusion within a system of service provision, their circulation across an array of unrelated and inappropriate service settings and the costs involved (Wolch and DeVerteuil 2001). This ‘problematization’ is reflected in how *Mountain View* came to be ‘rationalized’ on a programmatic level. For example, in promotional materials (personal communication, *Mountain View* manager) the program is framed in relation to ‘the people’ and ‘the problem’:

The People: Homeless men and women living with alcoholism and with serious health problems who become caught up in a cycle of repeated visits to emergency rooms, hospitals, detoxification centres and jail.

The Problem: Too often persons experiencing homelessness and alcoholism are seen as a source of frequent disruption in the community,



feel a loss of self worth and dignity, and have little opportunity to regain control over their lives. Their health needs are misunderstood by social service agencies and their social service needs are often ignored by health care providers. Acting independently, neither health, nor social service, nor law enforcement agencies, can address the high rates of health and social service use of this vulnerable population.

The way that this particular ‘target population’ is ‘problematized’ within these promotional materials provides important insight into the rationale behind the program and the techniques applied within. For example, statements such as “men and women living with alcoholism and with serious health problems” calls forth approaches for facilitating recovery and treatment; “a loss of self worth and dignity” calls forth approaches for facilitating personal empowerment and self-esteem; “out of control lives” calls forth approaches for assisting with self-control and self-restraint; “the cycle of repeated visits to emergency rooms, hospitals, detoxification centres and jail” calls forth approaches for ensuring appropriate and continuous care; “disruption in the community” calls forth approaches for preventing urban incivility and disorder; and “health needs are misunderstood and often ignored” calls forth approaches for ensuring respectful and dignified care.

The discursive construction of this target population is reflected in the program’s built and social environments. Inscribed above the doorway in the main living room of *Mountain View*, for example, is the inspirational phrase: “We cannot direct the winds but we can adjust our sails.” This mantra has special metaphorical significance when it comes to the one of the defining features of *Mountain View* - ‘managed alcohol treatment.’ Clients are provided, if they choose, one 5-7 oz serving of wine or the alcohol equivalent of beer, per hour. Clients are served between the hours of 8 am and 10 pm daily (Figure 1). The alcohol intake of each client is ‘managed’ by support staff who maintain or adjust the frequency and amount of each client’s serving. These vary between clients, depending upon the degree of physical dependence and behavior in the program. The objectives of the program go far beyond simply serving drinks and supervising drinking. Objectives also include improving quality of life. In this regard, comprehensive client-centered strategies of care are an important dimension of the programming. Harm reduction, however, was a dominant rationale that structured *Mountain View*. From the perspective of frontline staff the objectives of the program were defined in the first week that the facility was open. Their instructions focused on minimizing disorderly conduct of clients in the community and enhancing the treatment of their health care needs. The following field note details observations made at an orientation meeting for frontline staff a day before the facility opened:

A small group, two men and five women, all frontline staff, sit quietly around a small table, some with their arms crossed, others leaning back in their chairs. This is their first meeting together. The program is to open



tomorrow. The facilitator, an experienced shelter worker from Toronto with years of experience, enters the room and sits at the head of the table. Everyone listens intently as he provides a history of the managed alcohol program in Toronto and articulates his philosophy of harm reduction. He defines three ‘pragmatic’ principles of harm reduction: (1) reduce harm to individual, (2) move individual through pathways of care, and (3) reduce harm to community. The facilitator emphasizes that the role of frontline staff is to be an advocate for the clients and community liaisons. He stresses how staff can reduce the risk to clients and community by, in his words, “keeping them in the shelter” (Field Note: March 1, 2006).

*Mountain View*, as a strategic intervention, is imbued with a unique therapeutic moral order (Hodges 2002), one that seeks to reduce and manage risks to clients and community by ‘keeping them in the shelter.’ As such it is ambiguously placed in relation to Rose’s (1999) distinction between strategies of control that seek to incorporate and re-attach the excluded to ‘circuits of inclusion’ or manage these populations through measures that neutralize their risks within ‘circuits of exclusion.’ The paper seeks to better understand the specific strategic effects of the program through engaging with the narratives of the clients themselves.

### “Getting Back on Track”

I’m gonna start going straight. I’m gonna be clean all the time, I hope. Think it’s a real good idea for me. I’m, I’m gonna get up to the mountain, I’m not coming down here no more. – Troy

At the time of his baseline interview, Troy had been drinking heavily on the streets and was desperate to leave. When told about the program he was exuberant. In the above quote, Troy reflects on the program as a potential passage off the streets. Troy’s quote flags an important dimension of *Mountain View* – its location. Unlike all the other homeless services *Mountain View* is located outside of the downtown core, atop an escarpment overlooking the city. Moreover, *Mountain View* has recycled a building on the site of a regional mental health care hospital (the site of the original ‘Insane Asylum’). *Mountain View* therefore represents a ‘removed location’ from the street milieu.

In this section I describe the ‘ethical’ experiences of respondents who left the street to live at *Mountain View*. In the program, clients were subjected to a new type of surveillance and observation. In place of the police and the emergency shelter staff was a more intense type of medicalized, micro-logistical supervision of drinking and daily living. The following field note details the first few hours of the program:

It is a Thursday morning and I take a seat on the couch beside two of the staff. Across from us the nurse is busy assembling binders and packages

for client intakes. After much anticipation the first four guys arrive in a taxi cab. Each slowly crawl out of the car carrying large black garbage bags. Their case-worker informed us earlier that they had ‘tied one on’ the night before and were very drunk this morning. The men, dressed in large winter coats, slowly enter through the main entrance very, pausing under the second set of doors and then peering inside. All four proceed rather clumsily into the main room and drop their black bags on the floor next to the entrance. Two of the guys quickly sit down at a table to the right of the entrance. Another walks straight into the kitchen, looking at the appliances and countertop he comments, “this is nice.” The fourth stands in the centre of the main living room. All are very quiet and rather solemn. Glancing at one of the guys sitting at the table I noticed his hands were shaking terrible. After a few minutes two of the guys follow the nurse down the long hall lined with bedrooms. Both are happy with the rooms and express interest in being roommates. The two return to the living room and join the others. They are served sandwiches by one of the staff. Meanwhile staff and case-workers buzz around the facility carrying bags and paper work. After a few minutes one of the guys pipes up, “where’s the wine?” The staff begin to measure out wine behind the desk using a granulated measuring cup. They carefully measure and pour 5 ounces of wine into coffee mugs. They then turn to a spreadsheet and for each client record the amount of alcohol served. One by one the guys line up at the staff desk, receive their wine and say thank you. They drink the wine very, very slowly. One of the guys says he likes it, another does not (March 2, 2006 10:30 a.m.).

Over time, respondents slowly adapted to the new program space, a process that was particularly painful as they were required to consume alcohol in a more regulated way and subsist on far less alcohol than they were accustomed to on the street. What was discernible in respondent narratives over time was a shift in ethical problematization as individuals were no longer focused on immediate survival needs such as shelter, food and alcohol. This shift in ethical problematization was shaped by their subjection to the external restraint provided by the disciplined, micro-management of alcohol (which itself also imposed a new set of spatiotemporal constraints). The following section explores how the ethical problematizations brought along with respondents from the streets (‘street ethics’) were subsequently re-framed and transformed towards another ethical orientation (a process of ‘ethical reconstruction’) within the new ‘therapeutic moral order’ represented by *Mountain View*. This section draws on the program narratives of four individuals to explore this ethical reconstruction in more depth.

*Carl: ‘The Moderate Road’*

Carl entered the program after approximately 25 years of heavy drinking but only a few months of literal homelessness. For most of his adult life his parents had been

tolerant of his drinking. His brothers, however, were less tolerant. After his mother died his brothers moved into the family home and made life intolerable for Carl. He moved out and chose to stay at an emergency shelter downtown because it was affiliated with the United Church and his parents had been loyal members of the church for as long as he could remember. He stayed there, drinking heavily everyday, for approximately 4 months. Carl arrived in the program a few months after it was opened. Shortly after arriving Carl and I met for an interview. He talked openly about his struggles with alcohol. One of the major themes in our initial discussions was the issue of abstinence. Carl had previous experience with abstinence based treatment programs and he had successfully completed a 7-month program the same year he became homeless. Despite openly aligning himself with the alcoholic identity, Carl stated that he could never fully commit to the abstinence-based recovery model. Carl described alcohol as being incredibly seductive and he described himself, like other ‘alcoholics,’ as having a particular weakness for it. Despite this identification he explained why he has resisted the dominant recovery paradigm:

Carl: I didn’t think much of A.A. I thought there was some kernels of wisdom in there but much of it was nonsense.

Interviewer: What was nonsense?

Carl: Oh...I think the thing I found most difficult to agree with was an alcoholic who chooses abstinence, after awhile, if he has one little relapse, its going to turn, full fledged, into another bender. Unfortunately that’s been my experience but I’m wondering if these people in A.A. are brainwashing themselves if they believe, if they could accept the idea that it’s possible to go out and have 1-2 drinks and then return to abstinence and maybe they would do it. I don’t know.

Rather than quit alcohol outright, Carl’s goal was to become a more “civilized drinker,” in his words, “to learn how to drink in a much more responsible manner.” In the interview he cited Jellinek’s (1960) classification of alcoholics and suggested that his goal was to transform himself from a ‘gamma type’ alcoholic (physically dependent and suffer withdrawal symptoms) to an ‘alpha type’ alcoholic (believes they require alcohol to function socially but does not suffer withdrawal). Carl explained further:

I’ve never been inspired to embrace abstinence, the idea of drinking at a more civilized pace, that’s something I think I could give an emotional commitment.

Carl did take some wisdom from the abstinence-based recovery model. When asked to elaborate upon the kernels of wisdom he found in Alcoholics Anonymous, he replied:

Carl: Well I think mainly that most alcoholics grow up feeling that they don't fit in, feeling very insecure. This is a common theme, whether a person is male, female, rich, poor, I guess that's the thing that I find most valid.

Interviewer: Did you feel growing up that you didn't fit in?

Carl: Oh ya, I always thought of myself as quite the ugly duckling. I didn't have a girlfriend until I got to university she was no great beauty herself.

Carl sympathized with how the A.A. explanatory model problematized emotions and it was this aspect that he drew upon to problematize his heavy drinking. But instead of complete abstinence, he aimed for, in his words, "a different style of drinking." When asked what he hoped would change in the program he stated:

The feeling that once I've had a drink I need to have another and another and another and with the discipline, the way the alcohol is administered in this program, I might actually get to the point that the doctor was telling me about, not just acceptance [of abstinence] at an intellectual level, but actually emotionally want it.

After living in the program for a couple months Carl and I spoke again. He spoke highly of the program describing it as "an easy lifestyle to fall into". He was surprised at how much license there was to go outside of the program site to drink. In his mind it was not a punitive program like the abstinence-based programs he was accustomed to. Comparing the *Mountain View* to his past experiences he stated:

It was far more structured. It was an actual program and I felt more regimented, intruded upon. Here we're basically free to do anything we want within the guidelines; there's some pretty sensible rules; like not bring drugs or alcohol onto the premises, but basically the staff seem to feel if you want to go out and have a beer or two that's all right.

Despite the strict schedule of the alcohol dosing at *Mountain View* the unstructured environment relative to abstinence-based treatment settings granted a sense of freedom. Carl stated he was "painfully, slowly learning to live with less alcohol." After venturing out of the program to drink he quickly learned that his tolerance had been drastically reduced. This resulted in him being escorted back to *Mountain View* by the police. Carl said this was an important lesson for him, as far as the virtues of moderate drinking were concerned. He shared the following reflections:

So yeah, I think it's a good thing as long as you do show some signs of getting away from the uncontrolled drinking, learning to manage it, you

know, even if you do – like even moderate drinkers on occasion do get drunk. But they don't do it on a day-to-day basis the way we used to. So if you can learn to spend most of your days just going along the moderate road, and then happily falling asleep, then you're going to be a functional member of society. And that's the key thing for me.

For Carl, moderate drinking was associated with remaining functional. In his view, stopping the 'out of control drinking' was key; this was the core issue of alcoholism.

Carl: I know I'm going to be an alcoholic all my life in the sense that I'm gonna want to drink every day. But so long as I can remain functional, that's fine.

*Warren: 'Getting Stabilized'*

Warren was an aboriginal man in his mid-thirties. He was born in a small town in Saskatchewan. At the age of eight he was adopted by another family and relocated to a small town in Ontario. Soon after moving his adoptive parents divorced and he began living with his dad. Warren found small town life boring and after high school he moved into the city to share an apartment with a girlfriend. In his late 20s Warren found himself alone and living in a small, cramped single-room apartment downtown that he described as "a jail cell." He earned a small amount of money delivering flyers most of which was spent on alcohol, leaving little for food and bills. He was deep into the party scene and found maintaining an apartment too much trouble and decided to live out of one of the local emergency shelters where he could obtain free lodging and food. He spent almost 7 years bouncing around shelters and rooming houses and during this period his drinking got progressively worse. The manager of the shelter where Warren often stayed referred him to *Mountain View*. He was initially nervous about coming because he would be leaving most of friends at the shelter and was unfamiliar with the neighborhood where the program was located. Warren and I spoke after he had been living in the program for about a month. At this point in time, the program was assisting him in cutting down on the amount of alcohol he drank. He described the program as follows:

Well it's an alcohol program that manages everybody on their alcohol, like I get seven ounces, well everybody's on a certain range of ounces. They cut them down, they get back on track and that's working. And you just got to take it – you're supposed to take it, manage it, because I don't think we're going to get any more help if we leave.

Warren believed that an important part of the program was learning how to drink in a new, more controlled way. He described how many others had come and gone from the program because they could not adjust to this new pattern of drinking. Upon arriving new residents are started off at a low dose (4 ounces). Warren described how many people could not handle this reduction:

Warren: Well people came here and they didn't know how to drink – well because one guy was only getting four ounces and he only lasted three days because he got pissed off. And the same with the new guy upstairs, he really doesn't want to stay neither, but then he can't handle his alcohol, I mean, he wants more.

Interviewer: Right. So there's a bit of an adjustment when you first get here?

Warren: Yeah, and it's probably tougher for them now because they just got here, but I've been here for a while now, so I'm used to getting the seven ounces.

After demonstrating that one can behave in the program the dose amounts were typically increased. This came as a source of pride for many of the respondents. For Warren, managing his behavior on the seven ounces equated to a new ability to maintain self-control. This 'norm' of self-control was productive for respondents and granted a stable foundation upon which to define their conduct. Warren took pride in becoming a more responsible person:

I'm being responsible and I don't get out of hand and stuff like that. I want to have control of myself and what I'm doin'.

These 'small dignities' (Ruddick 1996) were a source of self-esteem for respondents. Another related small dignity for Warren was the relationship he had with the frontline staff. He felt that because he was one of the few that could stay in control the staff were able to invest a degree of trust in him. This was reflected in the staff's decision to move him into one of the bedrooms at the back of the house, a room that was not easy for the staff to monitor. Warren's successes in the program aside, he often talked about how he was still a young man who could live and work outside the program. One of Warren's goals was to move into his own apartment. For Warren, "getting stabilized" was a prerequisite to getting his own apartment and going back to work. Warren stated:

I'm putting the effort into this so if I leave I'd like to have my own place, a one bedroom. But if I don't get that, then it was just a waste of time.

The last line – 'But if I don't get that, then it was just a waste of time' – is significant because it reflects the degree to which Warren felt that his time in the program was productive time. While residents spent most of the time being fairly



‘unproductive’ by ‘normal’ mainstream standards (i.e. most residents spent the days watching television, smoking in the backyard and playing cards) Warren believed simply ‘managing,’ ‘behaving’ and ‘staying in control’ was itself a form of productive work.

By extension, Warren, and several others, feared losing their spot in the house. As Warren mentioned above, many believed this was the “last stage” and there was no other help if they were to be kicked out. Warren was determined not to waste the opportunity. One of the other common ‘mistakes’ residents made, in Warren’s view, was to leave the house, get very intoxicated on the street, and then return to the house, in an ‘out of control’ state. For Warren this scenario was a source of stress and anxiety because he still often felt the urge to leave and drink heavily on the street. When asked what it was like to leave and go back downtown Warren stated “I feel bad”. When asked why he said:

I just don’t want to do it anymore because I’ve come so far now. And I don’t want to really – if I get pissed off or depressed like I’ll say fuck it, I’ll just drink. You know what I mean, but I try to stay away, like just stay here. It’s safer to come back like, and drink.

This represents an important example of the way the authority of the program was enfolded within residents decisions and behaviors (Dean 1996). Like most others, as Warren spent more time in the program his relationship to his old street environment began to change. He came to perceive his old haunts downtown as potentially jeopardizing his place in the program. As a result, Warren expressed anxiety about permanently leaving the program. After living in the program for nine months, Warren admitted the following:

Warren: I don’t know if I want to leave. Just try and stay here as long as I can.

Interviewer: So are you afraid of leaving?

Warren: Yeah.

Interviewer: So why are you afraid?

Warren: Because I might go back to the way I was.

Interviewer: And what’s keeping you here?

Warren: Safety.

*Tom: ‘Healthy, Wealthy, and Wise’*

Tom, introduced earlier, came to the program after several years of drug and alcohol treatment, relapses and street homelessness. Tom’s program narratives express, most strongly, how some respondents formed strong ‘attachments’ to the program. I spoke with Tom a few days after he arrived at *Mountain View*. I asked him what he hoped would change while participating in the program. Without hesitation he stated:

Get me off the mouthwash. Get me healthy again. I was lucky to eat once a week. Now I'm eating every day. I was lucky to sleep every four days and I wasn't doing the drugs, I was not on the crack it was just alcohol was more important to me than sleepin'. When I slept was when I passed out and when I'd go to sleep it was two hours. That was a good sleep for living on the street. I was shittin' out blood, throwing up blood, coughin' up blood.

Tom admitted living in the program was not easy in the beginning. Tom described the first few weeks as a period of "cabin fever". In this period the temptation to leave and go back to the streets was intense but Tom was scared that if he did he would, in his words, "screw up." This was a common sentiment among respondents. In the minds of respondents, 'screwing up' had life or death consequences. When asked what was keeping him at *Mountain View* Tom explained:

I don't want to die out there. I know I was dying out there. I know I was and I know if I leave here I'm going to screw up. I know I will. I know the minute I walk out that door unsupervised I'm goin' to hit the first corner store and buy a bottle of mouthwash. That's what's keeping me here.

Tom said he missed drinking the mouthwash but knew that it was killing him. For him, the daily or weekly trips some residents made back downtown to drink mouthwash was an insult to the program which he took personal offense to. Tom explained:

So for me to walk out those doors and get wash would be making a mockery out of this program and I do not want to do that. That's why I get so mad – I got so mad at Rick last night, and Mario with beer, guzzling it, you know, fucking leave every day at fucking 6:00 in the fucking morning to go get a bottle of wash – well Mario goes gets a bottle of sherry and then a bottle of wash. It's like what the fuck are you here for? I'm in here for a reason. I'm here for a reason. I'm not here to house, I'm not here for free food and this is not fucking what I consider alcohol. I'm not doing that shit. I'm here to get healthy, wealthy and wise.

For Tom, a key component of the program was remaining in the program physically and staying committed to the program emotionally. An informal sanction against leaving for 'wash' existed among the clients, but few admitted to being able to fully comply.

I formally interviewed Tom again 5 months later. Again I asked how often he left the house Tom went on to say:

Well I have no inclination of even goin' out anymore, to get some mouthwash. I have no, no desire to do that anymore. I'm happy just stayin' here, killin' time.

While he did not drink mouthwash, Tom did admit to leaving the program once in awhile. When asked how it felt to return downtown to the some of his old haunts he described it as "warming." Tom claimed he was content with how things were progressing in the program; however, a constant issue for Tom and the others was the dosing regime. Tom was incredibly protective of his alcohol regime. Any change to it was perceived as jeopardizing his ability to stay in the program. Tom and the respondents walked a fine line between obtaining, what they felt, was the appropriate dose and controlling their behavior within the program. Finding this balance with the dosing regime was one of the main challenges of the program for clients and staff. Tom explained:

Now it's like I'm happy with just the six ounces of wine they give me which I dispute, because I think I should get eight ounces, but I got in a couple fights so they cut me down. The fights I got into were, were just somebody calls me a name and I react. I'm not a tough guy and I don't like fightin' at all. But when somebody calls me a goof, that's a go word.

While at times relationships between clients could get heated there was a sense of companionship and brotherhood in the program. This was a valued source of social support for respondents. Tom spoke often in interviews about the support of the other clients, whom he referred to as his family. He described his 'program family' as follows:

Somebody that I can talk to that'll listen to me and can cry on your shoulder which doesn't happen very often, but that's about it. But all the guys here are beautiful people. We've all been in the same boat. We've all gone through the same shit so I can talk to them when I'm feelin' down and they talk to me when they're feelin' down.

For Tom, the program functioned as a complex and multifaceted supportive environment. The social support of other clients, the professional support of staff and the steady supply of alcohol offered him a space of security. Tom described *Mountain View* in similar terms as before:

There's a safety feelin' up here. Not that I'm scared of anything out on the street. But when I'm up here I know that I'm not just gonna walk out the door, go to the corner store, buy two bottles of mouthwash and fuck my fuckin' body up.

I met with Tom again at nine months for another formal interview. At this point in time he was quite settled into *Mountain View*, however his mood and demeanor were rather unsettled. His attitude had subtly changed from before, particularly around his prospects for the future. When I asked how the future appeared his response was quite grim:

Tom: Like I have no money; I have no money. No one will hire me because I'm a drunk, so it's like fuck off, and I live from today 'til tomorrow. I've got all kinds of plans but nothin' ever transpires so...

Interviewer: So what do you think about your life right now?

Tom: It sucks.

At this point in time, it appeared Tom was experiencing a great deal of angst around his apparent dependence on the program. In our early interviews Tom expressed interest in getting his trucking license back, his own apartment and in reconnecting with family. After nine months these hopes seemed to be quite distant. At one point, Tom spoke fondly of the independence he experienced on the street:

Tom: When I was out on the streets it was cool because I never depended on nobody. I made my own way. I went and got my own cigarettes, got my own food whether I stole it or whether I went to shelters. I slept in fuckin' shelters or on train tracks or in bushes. So I never depended on nobody when I lived on the street. Now I'm here, I'm dependent on people to help me with my cigarettes, my bedding, my bed. And believe me it makes a big fucking difference sleeping in a bed than it does sleeping in a bush.

Interviewer: Yeah, I bet. But you feel you've lost some independence is that what you're saying?

Tom: Yeah. I'm more dependent on people now than what I was when I was on the street. Like now I depend on the program.

Over time, Tom's health also began to emerge more prominently as a concern. While he initially committed to being in the program to get healthy, a series of medical tests had raised staff's concerns about organ damage. A suggestion was made regarding possibly reducing his alcohol intake. When asked about the staff cutting down his dosage, Tom again was defensive:

Tom: They already did it the one time, cut me down to five ounces when they got the results of my liver back and I talked to em about even withdrawing. I said, I can't fuckin' survive on five ounces; I'm a god-damned alcoholic, I need more

than five ounces. So then they put me back to six. And then I talked to the nurse again and now I'm up to seven.

*Samuel: 'Getting Motivated Again, Moving On With Life'*

Samuel was in his late forties and had been spent the last few years drinking heavily and living in the shelter system downtown. When interviewed at one of the shelters, before *Mountain View* was operating, he described his situation as being lost and directionless. He felt he had reached a point where his body could no longer take street living anymore. When asked what he hoped would happen if he entered the program. Samuel responded:

It's, it's a form of direction you know, get moving in the right way. Well that's what I got the idea that it was all about eh sort of getting you going there.

A few weeks after entering the program, Samuel was interviewed again. Again the theme of "getting going" featured prominently. He described the program as "like heaven." Samuel truly thought he was going to die on the street. Now, in his words, he felt "straighter". Samuel spoke in somewhat general but positive terms about how the program offered a type of 'structure,' one that seemed to facilitate basic routines and self-care:

Samuel: Yeah, well I'm gettin' a little bit of structure goin' on there now, you know, a little bit organized – not much. I'm heading in that direction, that's a good thing.

Interviewer: Okay. Organized, how so?

Samuel: Showering, trying to eat.

In reference to the alcohol management component, Samuel felt the dosing played a crucial role in creating this structure. In his words:

It's sort of slowing down, starting to forget about it – forget about my drinks.

Early on in the program Samuel conveyed a strong commitment to alter the course of his life. He expressed a firm desire to avoid binge drinking and never return to the streets again. He remarked:

I don't want to be goin' doin' the grinder down thing. You know, just goin' out there and just blowing my mind. This is a regulated thing and I'm tryin' to get through it.

Samuel described how the program granted him a different "head-space" and that after a few short weeks he already had began to "feel something" change inside.

He elaborated saying that for the first time he was thinking about the future and that he wanted, “to get motivated again, move on with my life”. Moving on with his life was connected to his relationship to *Mountain View*. When asked how often he left *Mountain View* Samuel gave a response similar to others:

Out of here? No...because I feel safe here. It's no kind of science if you're on the streets, you get in trouble.

When asked what was keeping him at the facility, Samuel responded simply, “my life.” In this way, Samuel's program narratives articulated a similar attachment to the program but at the same time contained a unique element of personal empowerment and desire for normalcy on the outside. Samuel left some months after entering the program. During this period he stopped drinking altogether. After a few months he began drinking again and moved back to the streets. He characterized this episode as follows:

I was trying to get my life back on track you know as far as doing the day to day person thing, you know, living a life without being an alcoholic. Unfortunately I am one.

Before entering *Mountain View* a second time Samuel's drinking had worsened to a degree that he had never experienced before. In this second interview he was extremely grateful for the program claiming it had given him the direction and motivation to move out and attempt a change, and then it had saved his life when he “fell off the wagon.” But at the same time, Samuel expressed a sense of disappointment that he had repeated an all too familiar pattern of behavior. He stated:

Right now I'm slightly concerned due to the fact that I have that dream or that vision of being a normal working, not even working, but a normal artist or whatever, I don't know what's normal, a normal person, and I won't be in this program. And right now I need this program because without it I'd be dead.

Here an ethical goal emerged for Samuel. At the time of his second round at *Mountain View* it seemed as if he was again settling in to recuperate and make another attempt at ‘normality.’ Samuel remarked:

I'm just trying to – as far as the future goes, I'm just trying to get myself a little back more on the ball, you know. And physically is a major thing too, you know. I want to get more physically fit. I'm riding my bike every day, or trying to.



A few months later I encountered Samuel at *Mountain View* on a very busy day. A bureaucrat from the Ministry of Health was to visit *Mountain View* that afternoon. I struck up a conversation with Samuel to get a sense of how he viewed the impending event. Here is a field note from that day:

I arrived to find a very busy and crowded place. All the beds were full so the house was crowded to begin with. In addition, staff and some administrators were pacing around the main room, somewhat nervously, awaiting the Ministry bureaucrat. Several of the guys had gathered outside for a smoke. I went outside to find Samuel sitting alone at the picnic table. I struck up a conversation, mentioning all the commotion inside. Samuel asked why I was here and I said I was here to speak to on behalf of the study. Samuel was a participant in the study and so I felt compelled to share what I was going to tell the bureaucrat about the program. I began to tell him how *Mountain View* was more than a temporary refuge for the residents, it had become a home. Samuel stopped me, saying, “But that’s not all.” To my surprise, he proceeded to describe how the ‘real’ impact of the program was the reduction in emergency room visits, ambulance rides, hospital stays and arrests. “This here”, he said pointing at his mug of beer, “this here is just my security blanket.” (Field Note: August 17, 2007)

Samuel’s version of the ‘real’ impacts of the program struck me as being totally different from the version of events conveyed in his narratives. That being said, describing the program as a ‘security blanket’ seemed fitting in light of Samuel’s on-going desire for normalcy. Importantly, however, Samuel had internalized the programmatic rationale and goals for the program. This also reminded me of Tom’s attachment to the program and disdain for residents who were ‘making a mockery of the program.’ In these instances the circuit of biopower is tenuously completed. Instances such as these were visible in each of the respondents’ narratives. They are significant because they represent how biopower constitutes the experiences of these men. The following section reflects upon these ethical relations and their implications in more detail.

### **Supportive Measures, Enabling Constraints: Making Sense of Mountain View**

It is when we are called upon to change our relation to government that we are also called upon to change our relation to ourselves, to change our subjective self-identity, and it is then that we become aware of the ways in which the political power of state impinges on our lives, that we *feel* it. - Burchell (1991, 146)

This paper has attempted to move past the domination/agency couplet in homeless research to consider further the ways that homeless regulation and homeless

agency are inextricably entangled in the city. To do so the paper examined the intersection between homeless lives and an innovative institutional space called *Mountain View*. A central goal of the paper was to understand how these 'problematic lives' were restructured by this therapeutic intervention. How are everyday problems reconstructed within this unique and strategic space? What kind of relationship to the self does this program incite? In other words, what 'subject effects' do these ethical relations create? The objectives here were to trace how a group of men with severe alcohol dependency reflected upon and 'problematized' their 'homeless careers' while living on the street and subsequently how these same men 'problematized' their new lives after entering and living in *Mountain View*. The paper also sought to link these subjectivities to wider political rationalities operating in the 'advanced liberal' city.

In this section I discuss how the above program narratives, in relation to the previous street narratives, can be read as ethical reconstructions, as ways of reframing personhood within a different 'therapeutic moral order' (Hodges 2002). *Mountain View*'s therapeutic moral order (i.e. disease, lack, inefficiency, disorder, compulsiveness, exclusion) and the practices it makes possible (i.e. managed alcohol treatment) are the means by which biopower operates (or at least attempts to) through client's emotions, desires, and behaviors. It enables a form of therapeutic re-problematization and ethical work among residents. From this vantage point, the program is a site of investiture, a place where clients are invited to problematize their lives in terms of the compulsive use of alcohol and substance related problems (i.e. poor health, disruptive conduct, and low self-esteem) and, in light of these self-understandings, participate in a daily regimen of supervised drinking, assisted living, and medical care. In doing so, residents are steered towards an ethical space that provides a new grid of intelligibility for individual desires, intentions, and actions.

The program narratives examined above reflect the personal negotiation of these ethical spaces. Carl's ethical restructuring involved him orientating himself around the goal of becoming a moderate drinker and eventually one day a 'functional' member of society. Warren's ethical restructuring involved maintaining self-control, becoming a more 'responsible' person and eventually getting an independent apartment. Tom's ethical restructuring involved him orientating himself towards achieving a greater state of health by staying off and away from mouthwash. Samuel's ethical restructuring involved him orientating himself towards the goal of becoming a 'normal' person. What these share in common is that life itself becomes, for each person, the object of a different kind of ethical work. In each case, the men came to re-problematize their life, adopting a new relation towards their self in the process.

This was different than the 'down and out' ethical space on the street. On the street these men were positioned on the 'margins of the margins' and sought to 'blot out the self' through alcohol and intoxication. At *Mountain View* residents are invited to take a different orientation towards the self in relation to loss and problems with alcohol. They are invited to engage with themselves in new ways.

This can be approached as a move from de-subjectification on the street to re-subjectification in the program. In this sense, street and program can be viewed as ‘modes of subjectification’ where, to paraphrase Foucault (1979), persons become the very principle of their subjection. On the street and in the shelters, participants came to embrace the ‘self-as-homeless.’ In the program, participants came to embrace the self as risky and vulnerable. This reflects arguments made by thinkers such as Cruikshank (1999) who suggest that welfare, as a form of biopower, produces subjectivities, some unintentional such as the ‘self-as-homeless’ identity, others more instrumental.

The ethical relations encouraged at *Mountain View* and the ethical spaces that resulted were political insofar as they, in some instances, were aligned with the aims of policymakers to better handle this target population in the ‘system’ and the city more generally. This was evident in the way that seeing oneself as vulnerable and risky manifested in the practice of ‘staying put’ in *Mountain View*. This can perhaps be read as an example of what Dean (1996) calls the ‘enfolding of authority.’ Tom’s ambition to ‘stay here and kill time’ was directly aligned with the frontline staff’s instructions to ‘keep them in the shelter.’ Moreover, Warren’s desire not to return downtown but rather stay at *Mountain View* when he drinks heavily is aligned with the wider effort to control and contain visibly homeless people, especially problematic groups such as ‘public inebriates.’ These examples can be read as moments of biopower because they represent instances when ethical work is instrumentalized.

Yet one has to be careful not to read this ‘instrumentalization’ of ethical work as overly intentional and strategic. *Mountain View* was not intended as a containment mechanism, nor was it justified to policymakers as such. Rather it was framed as a space of care that would reduce harm to individuals dealing with addiction and improve their quality of life. The instrumentality enfolded (Dean 1996) into its ‘subject effects’ here is perhaps rather unintentional. In addition, one should not interpret the biopower relations operating through *Mountain View* as perfect or smooth. Many residents left *Mountain View* after only a few days and never came back. Others continued to embark upon ‘weekend benders’ downtown. Biopower is only ever partially accomplished (see Barnett et al. 2008).

Perhaps not surprisingly, these narratives reveal an important ambivalence in respondents’ program experiences with regard to issues of confinement and dependence. Respondents were painfully aware of their sequestration. Tom, for example, was intensely bothered by the ‘secondary’ level of dependence he had developed (the first being alcohol, the second being *Mountain View*). One respondent named Patrick encapsulated this sentiment as follows:

I’ve gotten institutionalized here already. When I’m out on the street it’s like I have to be back here. Even though I’m out drinking I have to get back. It’s like you know, a horse in a stable. When the horse is out, if you let the horse run away, he’ll go right back to the stable.

This left many respondents with a feeling of unease. This factored into how respondents interpreted their progress in the program in relation to their limited freedom. This dimension reflects an important aspect of ethical self-formation on the street and in the program; both involve different ‘practices of freedom.’ *Mountain View* has applied a certain intervention around alcohol consumption to, as Valverde (1998) has flagged, govern this realm of freedom. These modes of subjectification actualize practices of freedom moving individuals from ‘reluctant subjects’ within the shelter system on a presumed path towards ‘active citizenship’ (Rose 1999).

The tensions around ‘practices of freedom’ touched on in this case study provides a glimpse into wider processes shaping homeless spaces in the ‘advanced liberal’ city. The mode of homeless service provision represented by *Mountain View* is indicative of how ‘advanced liberal’ forms of biopower are re-shaping ‘poverty management regimes’ (see DeVerteuil 2006). From the perspective of Rose’s (1999) concept of circuits of inclusion and exclusion, *Mountain View* takes on an ambiguous role in these processes. In certain ways we can read the introduction of this new harm reduction technique as an attempt to neutralize the risks of a particular target population. The neutralization of risk, as illustrated by Samuel’s comments to me, was accomplished by the men as they wrapped themselves in the program like “a security blanket.” What I found fascinating was how therapeutic aims (improved quality of life) and neo-liberal objectives (reduced use of services, system savings) were harmonized in and through clients own emerging processes of self-formation. In this vein, Cruikshank (1999, 39-40) writes:

Biopower, through the administration and regulation of life and its needs, enacts the good of all society upon the anti-social bodies of the poor, deviant, and unhealthy. It seeks to unite the interests of the individual with the interests of society as a whole.

Liberal biopower seeks to achieve this uniting of interests but through practices that recognize the principle of freedom. The argument advanced here is that *Mountain View* provides a staging ground, perhaps even a generous ‘holding environment,’ for a type of ethical reconstruction that has a particular affinity with these ‘advanced liberal’ governmentalities. Residents are not coerced into *Mountain View* nor are they forced to stay. As such, the program provides a matrix for experiences that lie somewhere between self-care and social control. Here self-care and social control are co-extensive. Care and control blend together in the ways the program goals are achieved, paradoxically, through the client’s own ‘passionate attachments’ to the program environment. These attachments are modulated through specific disciplinary techniques into a sphere of regulated freedom which itself is aligned with wider political and economic imperatives to control homeless people: namely it has functioned to ‘siphon’ off a difficult to serve target population from the open circuits of the shelter system, sequestering

them through their own ‘will to recover’ on the grounds of a mental health care facility. In these terms *Mountain View* can be described as a paradoxical space of empowerment, one that operates through a set of ‘enabling constraints.’

### **Conclusion: Ethical Spaces in the City**

In summary, the arguments above offer one way forward for updating the ‘rational’ model of homelessness by demonstrating how, in the context of *Mountain View* particularly, the regulation of homelessness and the agency of the homeless are intertwined and co-extensive, but also messy and incomplete. This paper contributes to our understanding of the homeless city by showing how the domination/agency couplet obscures the way in which a particular form of biopower operates within and through spaces of homelessness. Researchers may be better served not to oppose regulation and agency but rather think about how regulatory strategies produce the very subject-positions that serve as the foundation of homeless agency. Furthermore, attention should be directed at how these forms of agency are aligned with or forestall political objectives. These biopolitical spaces of subject-formation should not be read as overly deterministic but full of provocations and possibilities. Their messiness aside, they do provide a useful entry point for considering the ways that logics of control find a place within strategies of care in ‘advanced liberal’ societies. In this regard, strategies of intervention such as the empowerment strategies examined here operate through affective registers such emotions and desire. In this sense, the argument in this paper connects to the arguments put forward by Cloke et al. (2008) on the need for more focus on the affective spaces of homelessness established through performative acts in the city. This presages future work on the role of power within these emotional geographies.

---

<sup>1</sup> Cloke et al. (2008) identify three different ways of approaching performativity: Goffman’s (1959) focus on ‘impression management’; Butler’s (1990, 1993, 1997) focus on the performance of discourse; and Thrift’s (2004) focus on embodied, affective performances.

**Conclusion**



This doctoral project set out to chronicle how homelessness was being ‘managed’ in one Canadian city. In an effort to unpack this ‘managerial’ moment a number of case studies were undertaken. On one hand, these aimed to explore how the state was mobilizing the local voluntary sector to provide emergency services to the homeless. On the other hand, case studies aimed to explore some of the new management spaces that were being established on the margins of the service delivery system. In doing so, this project has generated numerous insights into the constitution of care and control in the present moment of poverty management.

First, this dissertation has traced how the partnership between the local voluntary sector and the state is being steered through a new ‘hybrid’ institutional architecture, a form of local governance called ‘community-based managerialism.’ This form of governance has relevance for our understanding of the political function of voluntarism in the context of a changing political economy. By illuminating the way in which local actors are co-managing the political-economic contradictions (i.e. homelessness) of welfare state restructuring this governance construct enhances our understanding of the ‘neoliberalizing’ city. It also provides a window onto how care and control articulate at an institutional level. Community-based managerialism represents a mode of governance by which the state seeks to control the caring impulses of the voluntary sector. This ‘shadow state’ relationship was shown to consist of various ‘strategic’ positions taken up by voluntary sector actors as they negotiate these unfolding ‘spaces of governance.’

Second, this project has provided an alternative interpretation of ‘spaces of care’ and the ‘compassionate’ city more broadly in relation to processes of care and control and spaces of inclusion and exclusion. To do so, one particular homeless shelter was examined through a biopolitical lens to understand how the lives of the homeless poor are politicized through geographies of inclusion and exclusion. The shelter under study was conceptualized as a biopolitical space in the way it functioned as a ‘space of exception’ that ‘held’ homeless lives in a state of inclusive-exclusion. These relations of exception reveal how homeless life is brought within the realm of state power and, by extension, the way that marginal people are being managed in the city. On an experiential level, this ‘political’ location was interpreted as a grey zone whose texture was a complicated mix of positive and negative affective states. This work reveals that even inclusive, caring strategies cannot escape the ‘exceptional politics’ of state power.

Third, this project chronicled how ‘homeless’ lives are being restructured by novel therapeutic interventions. Applying the biopolitical paradigm again, one particular intervention emerged as a complex ‘space of empowerment.’ This intervention reached deep into the interior spaces of residents by working *through* their desires, hopes and fears. In doing so, the intervention enfolded state authority within the lives of recovering men. This important insight offers a more sophisticated understanding of the multifaceted forms that power takes when it

comes to the management of homelessness. The ways that men negotiated life on the street and later life in a new therapeutic space raises questions about the straightforward and unproblematic ways that biopolitical strategies are assumed to operate. The subjectivities that emerged revealed how governmental programs never completely achieve their objectives and often involve unintended effects.

Reflecting back upon the overarching purpose of this dissertation, these findings contribute to our understanding of how care and control blur together when it comes to ‘crisis management’ practices in the ‘neoliberal’ city. In an era of institutionally orchestrated partnership, local responses were ‘incorporating’ the voluntary sector through collaborative spaces of governance that established new pathways of cooptation. Appearing within these spaces of governance were a host of new managerial spaces. On one hand was a space of exception created through the (un)conditional hospitality offered to abandoned men and women. Here, within this ‘grey zone,’ the homeless found inclusion through their exclusion. On the other hand was a space of empowerment created through the ‘supportive measures’ of a managed alcohol program. Residents there found self control through the ‘enabling constraints’ of the program. This emerging attachment to the program, however, imbued the program site with a gravitational hold over their daily movements in the city. These examples provide glimpses into how, in an era of neoliberal reform, these emergency powers work to target and manage dispossessed groups in the city.

As with any project there were several limitations to this research. First, this project engaged with organizational spaces on the margins of the homeless management system. This was limiting with regard to understanding poverty management more generally because the homeless population is only the ‘tip of the iceberg’ when it comes to poverty. Below the water exists a much larger population of marginalized and disenfranchised people who, while housed, struggle with poverty on a daily basis but are not counted by city censuses as ‘homeless.’ Many other spaces are involved in the makeshift economies of subsistence that these populations establish to meet their basic needs. The project’s understanding of poverty management would have been enhanced through exploring organizational spaces such as food banks and employment assistance offices. At the same time, approaching poverty management using ‘organizational spaces’ as an analytical entry point can perhaps be scrutinized in the way it perpetuates an institutional bias in homelessness studies (see Marcus 2003). A second limitation of this work, therefore, was its focus on institutional spaces to the exclusion of non-institutional spaces (i.e. squatting, encampments, doubling up) that are constitutive of the homeless experience. Finally, a critical limitation of this project was the under-engagement with gender. Gender is a critical dimension of social marginalization and exclusion and in the case of homelessness it plays a constitutive role in the geographies of poverty management. Gender dynamics were prominent features at both Safe Harbor and Mountain View. This was true in regards to personal experiences of poverty as well as the interpersonal dynamics that structured the social environments of both

settings. Unpacking the gendered nature of inclusion and exclusion would undoubtedly strengthen the analytical potential of future research on poverty management.

**Appendices A:**

Researcher Biography

I was born in Penticton, B.C. in 1978. I am the oldest of three kids. I would describe my family as loving, close-knit, and supportive. My parents were high school sweethearts. I was born a year after they were married. My mom was born in Portugal and came to Canada at the age of six. My dad was born in British Columbia. His family lineage can be traced to Ireland and Wales. Both my parents and most of my extended family are evangelical Christians. My dad comes from a long line of Pentecostal preachers. Myself, my brother and my sister were ‘raised in the church’ so to speak.

I spent my childhood years in three different communities. We lived in Oliver, B.C. until I was nine years old. In my early childhood we were a lower middle class family. This changed over the course of my dad’s career. Over time we were upwardly mobile. In Oliver, my dad installed furnaces for Lennox Home Heating. At the time he was also taking courses at a community college in Vancouver to get his steam ticket. My mom stayed at home with my brother, sister and myself. In 1987 my dad accepted a new job doing maintenance in a hospital and our family made a dramatic move to Hay River, N.W.T. I remember Hay River as a dark, cold place. Two and half years later my dad took a job at an oil and gas facility in Alberta and we moved south to a small town called Fox Creek located approximately three hours northwest of Edmonton. My mom began working at the town bank.

I graduated high school in Fox Creek and the following autumn I moved to Edmonton to begin post-secondary at the University of Alberta. I started out in the Faculty of Science with the aim of becoming a pharmacist. After taking an earth science course I changed the direction of my degree and switched into the Geology program. An optional course in Human Geography convinced me to change the focus of my degree again. I switched to the Human Geography program and completed my degree in spring of 2001. During my undergraduate degree I worked part-time as a child/youth care worker for Bosco Homes, a nonprofit organization that cared for children and adolescents with emotional and behavioral problems. During my undergraduate degree I met and began dating my future wife. After finishing my degree I traveled to Botswana to begin a four-month volunteer position. Over the summer I volunteered for a community-based organization that was operating an eco-tourism and safari business on behalf of three small villages. That fall, after returning from Africa, I began a Masters degree in Human Geography. My area of interest was environment and health and my thesis topic was community opposition to oil and gas developments in rural Alberta. It was my first experience with qualitative research. During my program I developed a specific interest in narrative and storytelling.

I transitioned from my graduate work into a full-time job with an environmental consulting firm in Edmonton, AB. There I worked on the social components of environmental impact assessments for corporate clients seeking approvals to develop oil and gas developments in Northern Alberta and the N.W.T. This period was frustrating on a number of levels; primarily in terms of the type of ‘research’ we were asked to do by corporate clients and by my own personal complicity and culpability in facilitating industrial developments that were contributing to environmental degradation and social disruption in First Nation communities. After one year in this position I decided to return to university to pursue my PhD. I chose McMaster University largely because of its reputation in the field of human geography and because I had developed an interest in health geography in reading the published work of Dr. Wilton.

Upon arriving in Hamilton I did not have a clear picture of my doctoral research topic. I had decided that I wanted to pursue research on the general themes of disability, marginalized populations and social policy. Immediately upon arriving I was connected to a group of researchers, through my supervisor, who were about to embark upon a narrative-based project examining the impacts of a novel program that would house chronically homeless individuals with severe alcohol problems. My fit with this group came down to our shared interest in narrative inquiry. This project exposed me to the substantive topic of homelessness and was highly influential in shaping my own subsequent research trajectory.

In the ensuing years several personal milestones were achieved. My wife and I were married four months after moving to Hamilton. Nine months later we purchased our first House. Two and half years later we had our first child.

### *Coda*

This biography resembles how most white, middle-class, Christian males tell their story. The focus on family and work reflects my own positionality in terms of class, gender, and ethnicity. It further reveals the immense distance that separated me from most of the people I encountered through my research. I have never experienced abuse, family tragedy, serious personal injury, illness, disability or poverty. Moreover, over the course of this research I married, bought my first home, and had my first child. In socio-economic terms, my narrative diverged from the circumstances of many study participants.



**Appendices B:**  
Research Reflections

This dissertation was the outcome of two sequential but interlinked research projects. As these projects unfolded they became blended together through my own personal research journey. First, I was a team member in an interdisciplinary project that aimed to explore the recovery experiences of chronically homeless individuals in an alcohol management program. Second, I designed and led a subsequent project that aimed to more broadly explore the social geography of homelessness and social service provision in the city. Chapter One and Chapter Two emerged directly from the latter project while Chapter Three emerged from my involvement in the former. In what follows I reflect on the research methods applied in both these projects. Given that each chapter is based upon different field sites, data sets and analytical approaches this reflection is organized into three sections, one for each chapter. This is done to provide some background regarding how I arrived at the arguments developed in each paper.

### **Chapter 1: Community empowerment through the managerial state? Exploring landscapes of voluntarism in a Canadian City**

This paper was the product of a research project I undertook to explore the responses to homelessness in a medium-sized city in Ontario. One of the reasons I undertook this project was because after immersing myself in the alcohol management project I wanted to learn more about how the local service delivery system or ‘service landscape’ had evolved over a 10-year period of rapid social policy change and state investment in efforts to address homelessness. What policies were guiding this change? What kinds of spaces were being created? What were the experiences of the actors involved? One objective of this project was to review the policy dimension of the local service delivery system. A second objective of this project was to explore the organizational experiences of local voluntary sector organizations that were directly or indirectly involved in the provision of social services (i.e. shelter, food, clothing, health care) to homeless populations. The research carried out under these two objectives served as the basis for Chapter 2.

#### *Research Methods*

The methodological approach to this research included collecting policy related materials; face-to-face interviews with key informants from voluntary sector organizations and the local municipality; and participant observation at community-based consultation and planning meetings. First, policy documents from government and non-government sources were compiled. Specific focus was directed at the policy documents generated within the study timeframe (roughly 1999-2009) by the local municipality and community-based agencies. As the study progressed interview respondents were asked for organizational materials to assist with the research. Over time I assembled a binder of organizational brochures, annual reports, announcements and news stories.

Second, interviews, lasting roughly 1.5 hours in length, were held with key informants from voluntary sector organizations and the municipality. An

interview ‘sampling frame’ was created using a community directory of social service agencies. A letter describing the research project was sent to twelve agencies. The letter was then followed by a phone call inviting a representative from the organization to participate in an interview. One agency offering counseling services declined to participate. Snowball sampling techniques were subsequently used to expand the sample. Key informants were typically senior members of voluntary sector organizations or government with in-depth knowledge of their organization’s history, the policy dimension of homeless services, and organizational practices around service delivery. Interviews were unstructured and were initially organized around a list of prominent themes in the scholarly literature on voluntarism; namely, organizational history, organization ‘ethos’, organizational restructuring, financial sustainability, governance, partnership, and social policy. These interview themes were focused over time as the study proceeded. The choice of the interview setting was left up to the key informant. A majority of interviews took place at the offices of key informants. Two interviews were held at a local coffee house. All interviews were digitally recorded and then transcribed by a professional transcriptionist.

Third, I attended a number of community consultation meetings and planning forums that had been arranged by the municipality as well as by community agencies to gather input and coordinate local investments in the service delivery system or in other cases to respond to issues in the community. This included three community consultation meetings involving community-based voluntary organizations and government representatives, one meeting of the HPI community advisory board, two affordable housing forums organized to generate discussion and collaboration on affordable housing solutions, and one community meeting arranged to discuss a recent report examining safety and security in the downtown core. Field notes were collected at all of these meetings and forums.

#### *Field Relations*

For this study the ‘field’ was a rather open concept both spatially and temporally. I lived in the city where the research took place therefore on one level I was literally immersed in the ‘field.’ Arguably, ‘field work’ encompassed everything from reading the local newspaper and visiting the farmer’s market downtown, to attending public planning meetings, chatting informally with city officials and holding key informant interviews with representatives of voluntary sector organizations. I was, however, a newcomer to the city. Therefore my knowledge of the city and the region was, in the early stages of the research, more limited than a long-term resident.

In reflecting upon this particular study component, two sets of field relations were significant and warrant reflection. The first set of field relations were those relationships established through the key informant interviews. In this regard, it is important to recognize that interviewing is never a neutral practice. Moreover, the unstructured interview is a shared accomplishment. How I used the interviews to construct qualitative data for this study deserves reflection. My

newcomer status proved important in this regard. I entered the research with a rather basic understanding of the city where the research was conducted. In several interview contexts I used this to my advantage by presenting myself as a newcomer to the city and a neophyte to city politics. I was therefore able to legitimately ask, “I’m not from here can you explain that to me?” Or in other cases, “I’m not familiar with the history of that policy, can you explain that to me?” This strategy for prompting respondents proved valuable because it added more contextual information to the interview and enriched the data.

As a ‘newcomer,’ I viewed myself as a ‘peripheral member’ in relation to respondents and the field settings. In all likelihood I was viewed as an outsider, at least in the initial stages, by others. What quickly became apparent, however, was that peripheral or not the topic of the study and the interviews in particular were highly politicized. The politics of homelessness was unavoidable. At the outset of the interviews I explained the purpose of my study and doctoral work. In doing so I was ‘framing’ homelessness in a particular way. On more than one occasion key informants picked up on this ‘framing’ and used it as a point of reference in their interview. For example, upon hearing my introduction to my project, one respondent asked me to explain what I meant by terms such as ‘inclusion,’ ‘exclusion,’ ‘social justice,’ and ‘empowerment.’ The key informant then critiqued some of my own understandings by arguing how they were limiting my perspective on the problem. Admittedly, I was caught off guard. From that point forward I was much more attentive to the politics that were embedded in how I was framing my project to participants.

This was particularly important because the voluntary sector is comprised of an array of different secular and faith-based organizations, each with their own unique traditions, values and missions. The differences in their philosophies were very apparent when discussing topics such as whether we will ever ‘solve’ the homelessness problem and what this would mean. In addition, the politics of homelessness was particularly relevant with regard to sampling. How I framed homelessness had bearing upon which ‘voluntary sector’ organizations fit within the parameters of the study. The boundaries of the interview sample could have been collapsed or expanded considerably if one were to narrow or broaden the definition of homelessness. These issues undoubtedly affected my attempt to snowball sample through interview respondents. Finally, key informants were influential in shaping the interview questions. Over time they became more sophisticated as my understanding of social policies and local history expanded.

The second set of field relations was the relationships that unfolded through my participant observation at public meetings. All of the meetings I attended, with the exception of the CAB meeting, were open to the public. Moreover, several of these meetings were designed to communicate information to and consult with stakeholders (i.e. nonprofit service providers, government departments, advocacy groups) on matters related to homelessness. In these meetings participants were regularly asked to introduce themselves to the larger group by facilitators. This afforded me the convenient opportunity to disclose my

researcher status and that I would be using notes from the meetings in my research. I encouraged anyone with concerns to come talk to me at any point during the meeting. I was never contacted with any concerns. The CAB meeting was a smaller roundtable gathering of board members. I was able to attend and observe the first meeting. I was not able to attend the second meeting because the proceedings were ‘in camera.’ Participant observation at these meetings proved valuable to the study in a number of ways. I recruited several key informants at these meetings. The meetings also proved critical by foreshadowing certain tensions and problems between local actors. These nuances informed the design and re-focusing of key informant interviewing.

### *Analytical Strategy*

I employed a number of analytical strategies to interpret the vast collection of organizational materials, newspaper clippings, policy documents, interview data and field notes that I had amassed over the course of data collection. Initially I embarked upon a grounded theory coding strategy to engage with key informant interviews as they were conducted. The focus of this analysis was how voluntary organizations had adapted to recent policy changes affecting the demand for their services, the types of services they offered and the funding arrangements that sustained their programming. To reduce the data into a more manageable format I used a qualitative data analysis software package (QSR’s N6™) to code the interview transcripts. I began with an ‘open’ coding exercise. I then organized these emergent themes into broader ‘axial codes’ such as ‘organizational history,’ ‘organizational philosophy,’ ‘organizational change,’ ‘state-organization relationships’ and ‘relationships with other organizations.’ Early in the analysis I was occupied with the relationship between these categories. Reducing the data in this way helped facilitate such an analysis. Examining ‘axial codes’ more closely generated a number of subsidiary codes. For example, ‘organizational philosophies’ were differentiated into ‘faith-based,’ ‘faith-related’ and ‘secular.’ ‘State-organization relationships’ was broadly differentiated into ‘closely integrated’ and ‘distant’. One pathway of analysis sought to explore the way that faith-based philosophies were related to ‘close’ and ‘distanced’ relationships to the state. This pathway generated themes and informed questioning in subsequent key informant interviews. As more interviews were analyzed these themes were further refined and combined to form the analytical codes that appear in the paper.

This grounded approach to understanding voluntary sector change was embedded in a textual analysis of policy documents, field notes and other field data materials. Another pathway of analysis sought to better understand the context shaping voluntary sector decisions. Upon analyzing policy documents at the federal, provincial and municipal level, and reflecting back upon scholarly literatures on governance and state restructuring, two policy narratives emerged. These were labeled the ‘community turn’ and the ‘managerial turn’ in the paper. Municipal documents and field notes from local meetings proved incredibly significant in understanding further the implications of these two narratives in the



local context under study. A key interpretive moment occurred following the analysis of interviews held with city officials and field notes from planning meetings. This interpretive breakthrough centered upon the scalar constitution of state-voluntary sector relationships. At this point in the analysis the idea of local state-voluntary sector interdependency came to the foreground. This idea was exemplified by the framework ‘community-based managerialism.’ The temporal dimension of this unfolding relationship also appeared as significant to me. This was the narrative that I chose to tell in the paper. Analytical codes such as ‘A plan of our own,’ ‘Playing in the sandbox,’ ‘From silos to systems’ and ‘Where’s the best place to invest?’ were chosen to describe key aspects of the changing interdependency between the local state and the voluntary sector.

## **Chapter 2: Seeking Refuge, Placing Compassion: Exploring Spaces of Exception in the Compassionate City**

This paper, like the paper discussed above, was the product of my research project that sought to learn more about the ‘service landscape.’ One component of this project was an ethnographic study on a unique ‘space of care’ in the service delivery system. I chose this field site for several reasons. First, it was a significant site for the homeless men who I met through the alcohol management program. Given its tolerant atmosphere and lax rules it was one of the only places they could obtain overnight accommodation. Second, my choice was influenced by a finding that emerged early in the above study on the evolution of the ‘service landscape.’ Upon completing key informant interviews and attending planning meetings it appeared that a very specific rationality was restructuring the service system around the need to increasingly ‘manage the margins’ and ‘abandon no one.’ This led me to want to look at the spaces in the service system where the most marginalized and excluded were being directed to and cared for. I began volunteering at this research site in the summer of 2007 (I continue to volunteer at the facility). Early that fall I approached the shelter manager with my idea of carrying out participant observation and client interviews at the shelter. The manager was very receptive to the idea and offered advice on how best to recruit participants and approach informed consent with staff and guests. After completing this groundwork a more concrete plan was put into place.

### *Research Methods*

The overarching goal of this study was to answer the question: what kind of place was this shelter? The methodological approach adopted for this study involved participant observation and in-depth interviews. On one hand, my objective regarding the participant observation was, following Conradson (2003), to gain a better understanding of the felt, affective dimensions of the facility. On the other hand, following Cloke et al. (2008), my goal was to explore the personal experience of charitable volunteering at a homeless shelter. I began volunteering in the kitchen for the lunch meal a few times a week. I would arrive at



approximately 11:00 am, help prepare the meals, serve the meals, and assist in washing dishes. This would take until approximately 1:30 p.m. I was then free to ‘hang out’ and visit with guests and observe interactions. Later I switched my volunteer shift to the evening. For the first six months I volunteered two evenings a week. Later I reduced this to one night a week. I would arrive at approximately 5:30 p.m. We would spend the first hour preparing soup, desserts, coffee and tea. We then assisted with serving supper. This lasted until 8:00 p.m. The supper ‘crowd’ was different than the lunch crowd. Being around the shelter at night also afforded me the opportunity to observe different routines and activities. I also carried out observation at the front desk. I initially arranged to be a ‘complete observer.’ In practice however I was asked to help out with basic things like dispensing toiletries and monitoring the phone. In my comings and goings I made an effort to hang around the neighborhood and outside the shelter. These observations were more difficult. After establishing relationships with guests it became easier to occupy these proximate spaces without standing out. Finally, I attended one of the organization’s annual general meetings.

A second data collection method was in-depth interviews. The first set of interviewing I did was with guests. My aim was to acquire a snapshot of who was using the shelter over the course of the spring/summer. I set out to build a stratified sample. I wanted to interview guests from a broad range of backgrounds and personal circumstances. Following the advice of the shelter manager I posted notices on the bulletin boards within the shelter inviting guests to participate in the interview. I openly advertised an honorarium of \$10. I also recruited through personal relationships I had established with guests through my volunteering. Interviews were scheduled at the respondent’s convenience and held in a private room at the shelter, usually during the afternoon. The interview guide sought to elicit a rounded account of the lives of people using the shelter. In this sense the initial design of interview questions and prompts was informed by May’s (2000) ‘triple’ biographical method. The second set of interviews I did was with my volunteer partner and a city police officer. These interviews were completed to follow up on themes that were emerging out of my own field observations as well as interviews with clients.

### *Field Relations*

This field setting was a complex environment. Field relations were fraught with moments of personal discomfort and ethical dilemmas. I occupied a dual role as volunteer and researcher. I was literally identified as a volunteer by virtue of the agency hat I was required to wear while in the kitchen. My role as researcher was less clear. Following the experience of Parr (1998), my time at the shelter was a mix of covert and overt participation. I did not disclose my researcher status to every single person I encountered and served as a volunteer. Doing so with every sandwich I handed out would have been unfeasible. I did disclose my researcher status to the volunteers I worked alongside and to staff. I also disclosed my researcher status to guests who I came to know on a first name basis. In

addition, in instances where I observed an event or incident that I wanted to document in my field notes and anticipated I might later use it in a research paper, I would disclose my researcher status to those involved, explain why and how I wanted to write a description of the event and ask for their consent to do so. This oral consent was later documented in my field diary. After completing the interviews with guests my dual role as researcher and volunteer became known to a larger group of shelter users.

A number of personal challenges and ethical issues emerged over the course of the fieldwork. One practical challenge emerged around sampling for guest interviews. I set out with the goal of interviewing guests from a range of different backgrounds. I did encounter difficulties recruiting respondents from some groups (i.e. women). At the same time I had the added problem of an overabundance of willing respondents who were particularly interested in the honorarium (i.e. drug users). My honorarium funds were limited and I had reserved a set number of spots for particular sub-groups (i.e. females, guests with mental health issues). This created the unfortunate and uncomfortable situation of turning people away. I tried to mediate the situation by creating a waiting list. I found that some people were repeatedly not showing up for scheduled interviews. I informed people requesting interviews that I could place them on a waiting list and in the event that someone did not show up and they were there I would interview them. This helped but did not please everyone. The following field note documents one encounter that comes to mind:

Many of the people on the waiting list were not and will not be interviewed. I made this clear to people. But some people did not show up and I was able to pull people in who were on the waiting list. Rick was one guy on the waiting list. Everyday it seemed he would be banging on the door, pointing at himself, asking, “is it me, am I next?” Finally I had to tell him I was done interviewing and we wouldn’t be meeting. He responded, “Well it sucks to be me.” Without thinking and speaking out of frustration, I muttered, “Yes it does”. Rick grew angry. He extended his hand to shake mine and said, “well thank you very much, you’re heading up there” pointing in the air, “and I’m stuck down here”. I felt like a total shit head. – May 23, 2008

This field note references one of the practical challenges of the research. More importantly it speaks to positionality. It references an important power imbalance that characterized the relationships between guests at the shelter and myself. The fact that I was personally benefiting from this research was made painfully clear to me. I was put in my place, and rightfully so.

A second difficulty was managing the perceptions of the research and the intended outcomes. I tried my best to communicate the goals of the research to guests and staff. I emphasized to guests that my goal was to understand what role the shelter played in people’s everyday lives. I further emphasized to staff that I

was not there to evaluate them or their conduct from a professional standpoint. I also emphasized to everyone that I would adopt several measures to maintain their anonymity. People, nonetheless, had various opinions and feelings about what I should or should not be considering. At the time of the interviewing several articles had appeared in the paper describing public pressure to move the shelter to a new location. For some this debate became entangled with my research. One field note in particular comes to mind. The encounter was with Dee who had been living at the shelter for years and was mentally unwell.

An uncomfortable incident occurred tonight. Toby and I were serving dinner at the counter. Dee approached the counter to check out the soups. I asked how the soups looked. She did not reply. Then Toby asked if the book she was reading was any good. She looked at both of us with a very angry expression. She then pointed her finger straight at me and said forcefully, “You are an evil, evil person.” I was initially taken aback because Dee had always been very friendly. She went on to say, “You were supposed to shut down this place.” I knew immediately she was referring to the study I was conducting and the interviews I had finished a few months before. She continued to yell at us for another minute or so, accusing us and the ‘system’ of corruption. She repeated several times, “both of you are evil, I could have criminal charges brought against you.” At the time I was mortified. Dee was an interview participant and I interpreted her actions as a response to my interviews and her unmet expectations. This left me feeling bad because in that moment I felt I had let her down and wondered if I was exploiting people. Toby commented to me, “she is crazy but she is also right about this place.” While this was the first time my research was brought up, this was not the first time Dee has gone on a rant attacking the shelter and the system. I encountered Dee later and she was in a completely different mood. I asked Dee if she wanted to withdraw from the study. She assertively said “definitely not.” – November 6, 2008

This was an important moment for me because it revealed the multiple ways I was being perceived by guests and staff. It also revealed the temptation to (and the necessity to guard against) ‘write off’ such comments from people with mental health differences as irrelevant or insubstantial. One lesson learned from these encounters is that research ethics and processes such as informed consent are better understood within the context of interpersonal relationships.

A final difficulty in negotiating this particular field setting was the social environment itself. It could be an uncomfortable environment given the obnoxious behaviors of some guests. It took some time to shake off the apprehension I had about personal safety. As a volunteer, however, I was associated with the authority of shelter staff. I had access to ‘backstage’ areas of the shelter. I was never truly as exposed to the negative aspects of the shelter

atmosphere as guests were. I could escape to the confines of the kitchen. I had, therefore, a different relationship to the shelter space. The limited authority I had as a volunteer created issues. For example, the formal duties of volunteers involved only preparing meals and serving guests, but there was also an informal need to enforce certain rules around access to the kitchen and how much food clients could be served. On rare occasions volunteers were the focal point of hostility from guests who were, more often than not, tired, hungry and frustrated. One more recent field note springs to mind:

A young guy in a yellow football jersey and heavily tattooed caused some trouble tonight. I first noticed him when he was trying to 'wrangle' more servings of food. When approaching the food table he noticed the expiry date on the muffins. They were past due. In disgust he exclaimed, "cmon guys, look that this date, I'm a human being!" A few minutes later after seeing a staff exit with a brownie he approached the kitchen to ask for one. We said no and explained that we were directed by staff to serve all the muffins first. He did not like this answer. "Aren't these donated for the hungry?" he asked. "Well here I am give it to me." He began yelling "if I didn't want to go to jail I'd punch you out." He wandered a few feet away from the kitchen turned and said, "fuck it, I should knock you out, fuck you, I'll be waiting for you outside!" Staff overheard all of this and kicked him out, barring him. Later staff came up to me and asked if I was okay. After the incident several of the other clients asked me what happened. They seemed to be telling me not to worry about it. – July 9, 2009

This was a very rare and uncommon occurrence for me and other volunteers but not for guests. This atmosphere was personally uncomfortable. Incidents like these shaped how I related to the shelter space and to certain guests. When I initially started fieldwork I tried to maximize my contact with guests. Over time I found my patience wore thin, a process that some described as 'getting hardened.' On evenings when I was tired and not feeling up to making conversation or being 'extra' friendly I found myself minimizing contact with guests. In both these examples, I was directly involved in the processes and interactions I was intent on exploring. These internal dynamics have to be taken into account with regard to the field data that was produced.

### *Analytical Strategies*

Before embarking upon a formal analysis of collected data a number of problems that were relevant to this research site had been foreshadowed through my engagement in the project examining experiences related to the managed alcohol program. Moreover, I had been following a public debate surrounding the 'saturation' of human services in the downtown core. These debates foreshadowed the tensions between care and control and these themes colored the project from the beginning.

A number of analytical strategies were employed to interpret the field notes and interview transcripts and to develop the arguments shared in Chapter 3. When it came to engaging with interview transcripts I used a qualitative data analysis software package (QSR's N6<sup>TM</sup>) to code the interview transcripts. The initial analysis used a narrative approach to develop rounded accounts of each respondent. Here I borrowed from May's (2000) 'triple biography' method. This method constructs three timelines, one for housing, employment, and mobility. I coded additional information on personal vulnerabilities and health experiences for each individual. These were subsequently arranged in a table format. Upon doing so common patterns emerged across the interview sample. Respondent typologies were developed to reflect these patterns.

The next stage of analysis proceeded to code respondents' descriptions of the shelter environment. A number of emergent themes were developed through 'open coding'. These were refined into a number of 'axial codes' such as 'openness,' 'recuperation,' 'community,' 'containment' and 'violence'. A key interpretive moment in this analysis occurred while interviewing a police officer and again later when reflecting on field notes detailing the role of police at the shelter. This data revealed to me the unique relationship between law enforcement and the community that was anchored at the shelter. At this point in my analysis I returned to some of the literature on spaces of care and began reading more closely the ideas of Giorgio Agamben. Agamben's theoretical take on biopolitics resonated with the spaces I was considering. It was at this stage that I began to think about the relationship of the shelter to political exclusion.

I attempted to share hunches, insights and findings with respondents at the shelter. This was only partially successful. My volunteer partner was extremely insightful and a willing partner in evaluating some of my interpretations. On several occasions, when asked by staff how things were going, I would informally share some of the ideas I was developing. This typically generated comments such as 'that's interesting' or 'cool.' This perhaps says more about my inability to communicate than their interest in the research. Shelter guests were the most challenging in terms of responder feedback. Many permanently left the shelter after our interview. Some remained and I was able to informally sit down and chat with them about the findings. At one point I attempted to pass off a paper summary of some of my preliminary findings to a guest only to later find it in the trash.

### **Chapter 3: Supportive Measures, Enabling Constraints: New Spaces of Care, Control and Homelessness**

This paper emerged from my participation in an interdisciplinary research project that sought to understand the impact of a novel harm reduction program on chronically homeless individuals. As a team member I worked alongside researchers representing multiple disciplines. I was involved from the initial stages of this project and was part of the collaborative effort to design interview schedules and collect primary data. After the data collection phase, group



members were free to pursue analysis on their own but were encouraged to collaborate with others. As the project unfolded I collaborated with several team members to explore questions emerging from the data. This collaboration and engagement with primary data influenced the design of my own research project (described above) on the ‘service landscape.’ Chapter 4 was the product of my previous engagement with the alcohol management program as well as additional data I collected under the auspices of the subsequent research project. This included face-to-face interviews with key informants, frontline staff, clients and observation at the managed alcohol program.

### *Research Methods*

This study incorporated longitudinal interviewing and group interviewing with residents of *Mountain View*, key informant interviews with *Mountain View* staff and the agency director, and participant observation within the facility. All of these interviews were digitally-recorded and transcribed. The study design for interviewing with individuals entering *Mountain View* planned for a pre-entry, baseline interview as well as post-entry interviews at 1-month, 5-months, and 9-months. In total, 24 respondents participated in the study. Over the course of the study, however, some participants chose to leave the program or, in other cases, passed away while in the program. Therefore, 24 respondents completed a baseline interview; 13 respondents completed a 1-month interview; 10 respondents completed a 5-month interview, and 8 participants completed a 9-month interview. In total, 55 interviews were completed. This interviewing was split between four team members. I conducted 15 interviews with 5 different respondents. Interviews were typically an hour in length. Baseline interviews collected respondents’ life stories as well as stories about street life. Subsequent interviews chronicled experiences in the program.

In addition, group interviewing was also undertaken. A team member and myself conducted two group interviews at *Mountain View* with residents; some had participated in the longitudinal interviewing and some had not. The first group interview asked respondents to describe what it like living there, what had changed since they left the streets, and what their hopes were for the future. In the second group interview, questions were focused on issues around dependence and leaving *Mountain View*. Finally, interviews were completed with two frontline staff members and the agency director. These interviews were unstructured in nature and sought to glean more information about the operation of *Mountain View*.

In addition to the interviewing, I developed my own observation component. This was completed under the auspices of my own project described above. In total I completed one year of observation at *Mountain View*. For the first six months of the program I dropped into the facility once a week. I would often bring my dog to *Mountain View* to visit with the residents. Some weeks I was there more often for interviews or team meetings. I would often stick around and visit with the residents outside in the yard or in the t.v. room. I was particularly



interested in observing activity around the staff station including the dispensing of alcohol. I did not attempt to observe any private interactions between physicians and residents. I also collected very few observations of activities in private bedrooms. On one occasion I accompanied a group of residents on a field trip to a bowling alley. Finally, I attended several memorial services for residents that passed away while in the program.

### *Field Relations*

Field relations at *Mountain View* were complex in light of the unique nature of the program. My researcher status was disclosed to everyone at *Mountain View*. Over the course of the research I developed personal relationships with several residents of *Mountain View*. Tom, Warren and Samuel were very fond of my dog and consistently asked that I bring her back from week to week. This was one convenient way for me to access *Mountain View*. Over the course of the research I was on a first name basis with most of the residents. As such my membership role at the facility approximated what Snow and Anderson (1993) called the ‘buddy researcher’ role. I was regularly invited by staff to attend holiday dinners with the residents and to accompany them on outings. On one occasion I tried *Mountain View*’s beer. This was, however, a ‘peripheral membership’ role wherein I was very much an observer-participant. Despite my uncharacteristic access, I tried to be very sensitive to the spatial context of the research. The longer respondents stayed at *Mountain View* the more they came to see it as a ‘home.’ Therefore I had to remind myself and stay sensitive to the fact that I was dropping in and out of their personal space.

One significant dynamic of this project was that several of the respondents were under the influence of alcohol while participating in interviews or while engaging in conversation with me outside of the interview context. On most occasions residents were very friendly, open and sociable with me. Interviews were no doubt influenced by the lowered inhibitions of respondents. In addition, several of the residents had suffered serious head injuries and lived with impaired cognitive abilities that affected their short term memories. This raised important ethical issues around informed consent that we had to negotiate as a team.

Finally, one of the more difficult aspects of the fieldwork at *Mountain View* was negotiating the rather unexpected deaths of several study participants. In total, 6 study participants passed away during the project. Several of these individuals were provided palliative care at *Mountain View*. On several occasions I visited study participants during the later stages of their lives. In reflecting on these visits I felt I was doing the right thing, albeit I was conscious of the grey area I was treading into. When visiting *Mountain View*, residents would ask me if I wanted to visit so and so to pay my respects. To respond with a ‘no’ sounded callous to me. In doing so, however, I was entering complicated ethical territory. It raised complex questions around the relationships between researchers and research subjects in an emotion-laden field setting.

*Analytical Strategy*

Several analytical strategies were experimented with over the course of my engagement with *Mountain View*. In the initial stages I constructed biographical vignettes for each participant using life histories recorded during baseline interviews. This was a useful first step in allowing me to “get to know” each participant. As well, these vignettes were often referred back to in subsequent coding exercises. As baseline interviews were being completed I embarked upon a grounded theory analysis of street experiences in an attempt to understand how this particular group adapted to and survived the everyday challenges of living on the street. To do so I used a qualitative data analysis software package (QSR’s N6<sup>TM</sup>). This analysis began with ‘open’ coding of interview transcripts. This coding was guided by a number of ‘sensitizing concepts’ such as ‘street conditions,’ ‘interactions among the homeless,’ and ‘homeless strategies and tactics’ (see Cope 2005). A number of emergent themes were generated for each category. This step proved useful in reducing the amount of data and organizing it in a manageable and easily searchable format. A similar approach was taken to interpret the experiences of residents as they moved into *Mountain View*. ‘Open’ coding was used to generate emergent themes as 1, 5, and 9-month interviews were completed. Recurring themes were organized into more concrete ‘analytical’ codes. I tried to pay particular attention to the temporal dimensions of the program experiences. In this regard, important analytical codes were developed that described a general trajectory in the program; namely, ‘Breaking In,’ ‘Straightening Out,’ and ‘Leaving’. These proved very valuable in understanding the initial stages of adaptation that were occurring. I was also mindful to consider these stages in the context of each respondent’s unique life experiences. Going back and forth between generalized analytic codes and the unique life stories of each respondent was an important exercise.

A key interpretive moment occurred well into the project. Upon reflecting on field notes I was struck by how certain individuals were becoming ‘attached’ to the program through complex processes of identification. In conversation with respondents, I repeatedly came across a similar sentiment, one that expressed that they were doing good for themselves and the wider community. Simultaneously I was deep into a theoretical review of the Anglo-Foucauldian literatures on ‘governmentality.’ I was also reviewing Foucault’s later writings on ‘ethics.’ I was curious as to what was the theoretical significance of these attachments in the context of these Foucauldian readings of power, space and subjectivity? At this stage I pursued a more deductive analytical pathway to the field data, subjecting these street and program narratives to a Foucauldian reading using concepts such ‘ethics’ and ‘technologies of the self.’ The coding undertaken previously was reapplied to this end. These findings provided the foundation for Chapter 4.

From a theoretical perspective, this Foucauldian analysis raises several issues given Foucault’s opposition to the philosophical underpinnings of phenomenology. Therefore the analytical approach described above perhaps warrants some additional explanation. The Foucauldian analysis of interview

transcripts and observation notes proceeded via a critical interpretive approach indebted to Foucault (Desjarlais 1997). Foucault endeavored to understand how specific experiences (ex. madness, sexuality) were constituted in modern societies. He suggested that he had approached these experiences along three axes: knowledge ('truth games'), power ('techniques of domination'), and subjectivity ('ethics') (1985, 1997). In contrast to phenomenological theorizations of experience that locate the source of meaning in the experiential self of a 'transcendental subject,' Foucault's critical approach employed historical methods (i.e. genealogy) to generate an account of the external conditions that gave birth to various types of subject positions from which experience could be had. Foucault suggested that in any historical instance, experience is conditioned by a pre-existing matrix – those domains of truth within which we understand ourselves, those domains of power through which we work on ourselves and the domain of ethics within which we understand ourselves as moral agents. The approach undertaken here sought to understand the meaning of events, interactions and places (i.e. 'homelessness') in relation to a specific power/knowledge matrix (i.e. the homeless sheltering industry). It is possible, I believe, to integrate this theoretical approach with a grounded theory analysis. Yates (2001, 69) states that this "ontology involves questioning the ways in which people constitute and recognize themselves as certain types of subjects, how they assign meaning and value to their conduct in line with particular ideals, and how they conduct themselves accordingly". By analyzing such instances, Yates (2001, 71) argues, one can "uncover evidence of the forms of knowledge by which people are objectified, the interventions that operate upon them, the judgments, decisions and forms of authority to which they are subject and the types of relationships with others in which they are situated". Framed in this way, a Foucauldian approach to experience is not, I believe, irreconcilable with grounded theory traditions in qualitative research.

## **Appendices C:**

### Interview Guides

**Sample D1.***Key Informant Interviews*

- Can you tell me about the origins/history of your organization/program?
- What is the overarching mission/aim of your organization/program?
- What are the underlying values structuring your programs?
- What sets your organization apart from other organizations doing similar work in Bakersville?
- To what degree/extent do you collaborate/depend on other organizations/agencies in Bakersville?
- How has the operation/activities of your organization/program changed since its inception?
- Where do you acquire funds/resources to operate your programs?
- To what extent do you rely on volunteers/paid staff?
- Over the last 20 years, how has homelessness changed in Bakersville?
- How has the provision of assistance changed in this time?
- What service gaps exist in the city?
- What have been the major policies/policy changes that have affected your organization/agency?
- How has your organization/agency adapted to these changes?
- What challenges/advantages does Bakersville as a city present in doing your work?
- What do you see as the principal barriers to 'solving' homelessness?

**Sample D2.***Service User Interviews***Personal History**

- Socio-Demographics (gender, age, cultural heritage)
- Can you tell me about yourself, perhaps start with where you grew up?
  - o Family
  - o Education
  - o Friends/Significant Others
  - o Inter-city/Intra-city Mobility
  - o Skills/talents
- How long have you been without a permanent place to call home?
  - o Do you consider yourself homeless?
  - o What does this mean to you?

- In your view, what circumstances contributed to your current situation?

#### Accommodation

- How long have you been staying at this shelter?
  - What is it like sleeping at the shelter?
  - Have you stayed at other shelters/hostels?
  - Were they similar/different? How?
  - What is a typical day like for you?
  - Where do you go?
- Where were you sleeping before you began staying at the shelter?
  - Type/duration of accommodation
  - People, if any, with whom accommodation was shared
  - Why did you move (Repeat Previous)?
- Do you use any other services in the city?

#### Employment/Social Assistance

- Are you currently working?
- How/where do you acquire money?
- Where was the last place you were employed?
- Why did you leave/quit?
- Where did you work before that?

#### Hopes/Desires

- What is Bakersville like as a place to find help?
- What are your hopes for the future?
  - Goals
  - Barriers

#### Follow-up Contact

- How best can I contact you regarding this study?

#### **Sample D3.**

##### *Service Worker Interviews*

##### *Socio-demographics (gender, age, cultural heritage)*

##### *Personal History*

- When did you start working at <name of service environment>?



- Did you have prior experience working in social services? With homeless populations?
- Why do you work in this field? What motivated/inspired you to enter this field?

#### Caring Practices

- Can you describe your position and responsibilities at <name of service environment>?
- How do you describe your job to friends and family?
- What is a typical day/night on the job like for you?
- What was your initial experience starting out?
- What were your perceptions of homelessness before working at <name of service environment>? Did these change? How?
- How would you describe your relationship with the residents? What words would you use to describe these relationships?
- How would you describe your working style?
- How would you describe the boundaries between staff and residents?
- Are men treated differently than women by residents?
- What has been your most difficult moment on the job? Most rewarding?

#### Programming

- In your view, what is the overarching purpose/function of <name of service environment>?
- How has the programming evolved since you first started working at <name of service environment>?
- What are the most difficult/challenging aspects of the programming from your point of view?
- Thinking about your experiences at <name of service environment>, what has surprised you most?

#### Program Space

- In your opinion, what kind of 'place' is <name of service environment>?
- Since you started working at <name of service environment> how has the interior space changed? What was the reaction among residents/staff?
- How would you describe the atmosphere in <name of service environment>?
- What is your favorite space within <name of service environment>? Why?
- What is your least favorite space in <name of service environment>? Why?

- Thinking about the day-to-day routines of residents/staff, what aspects of the design/layout of <name of service environment> do you think are positive/negative?

#### Sample D4.

##### *Baseline Interviews - Mountain View*

1. I want to start with a very broad question. Tell me about your life.  
*Start wherever you like*  
*If having difficulty, eg where were you born, raised?*
2. Do you consider yourself to be homeless?  
*Where do you sleep?*  
 IF YES: What does it mean to be homeless? How would you describe that?  
 IF NO: Have you ever been homeless?  
 What do you consider a home? OR What makes a place a home?  
*Where do you get your meals?*
3. I don't know what it's like [living on the street/being homeless/OR THEIR WORDS. Tell me about it.  
*Where are you living now?*  
*What is it like not having a permanent place to live?*  
*Tell me about the way you live?*  
*What is a typical day like?/ How do you spend the day?/What do you do with your time/ Tell me about how you spent yesterday*  
*What kinds of people do you usually deal with in your day?*  
*Who do you hang out with?*  
*What bothers you most about living on the street?*  
*Are there any good parts?*
4. What do you miss most from before you [lived on the street/were homeless/or their words?
5. What has prevented you from getting permanent housing in the past?
6. Do you think [being homeless/on the street/or their words] affects how people treat you?  
 In what way?  
*Can you give me an example?*  
*Positive/negative – if describes one, ask about other*  
*Examples –*  
     *Police*  
     *Family*  
     *Health care workers*  
     *Shelter staff*  
     *Other homeless people*  
     *People in general*

*Government*

7. Do you think your drinking has affected how people treat you/treated you in the past?

In what way?

*Examples –*

*Police*

*Family*

*Health care workers*

*Shelter staff*

*Other homeless people*

*People in general*

*Government*

8. How important is alcohol in your life? Tell me about?

What role does it play?

How has it changed your life?

How does it make you feel?

9. Can you think of any times that you have wanted to quit drinking? OR

Have you ever wanted to quit drinking?

Have you ever quit drinking? If yes, tell me about that.

If you had a choice, would you want to quit drinking?

10. Who do you go to for support[s] when you need it/them?

*friends*

*family*

*professionals*

Do you get the support you need?

11. Are there people that you look out for on the street? Do they look out for you? How?

If you were in a really bad situation, where would you go or try to get to?

12. What have you learned from living on the streets? How has this affected the way you see things?

13. As you move into the program, what do you hope will change?

What would make your social life better?

14. What are your hopes for the future?

15. As we come to the end of this interview, is there anything you would like to add or that I should have asked you about?

### Sample D5.

#### *Post-Entry Interviews – Mountain View*

1. How long have you been living here?

2. Tell me about living here?
3. How has being here been similar or different than what you expected?
4. How is life different for you? (*What are the good parts, what are the bad parts?*)
4. Is there anything you miss about your life before coming here?
5. Do you consider this place your home?
- If yes, What is it about this place that makes it like your home?
- If no, What is it about this place that makes in not like your home?
- Have you noticed any changes in your health since coming here?*If yes, what has changed?*
6. Tell me what a typical day is like for you or What do you do every day?  
*How do you spend the day?/*
  - *Tell me about how you spent yesterday*
  - What kinds of people do you usually deal with in your day?*
7. Who do you spend your time with?
- Since you've come here, Who are the people that are important to you? Is this a change? *In what way*
- (Who do you go to for support[s] when you need it/them?  
*friends*  
*family*  
*professionals*  
Do you get the support you need?)
- Is this different from who was important to you before coming here?
8. What do you think is the most important thing you have gained from being in the program? have you lost anything from being in the program?
9. Do you think being part of this program or living here affects how people treat you?
- In what way?
- Can you give me an example?*
- Positive/negative – if describes one, ask about other*
- Examples –*
  - Police*
  - Family*
  - Health care workers*
  - Shelter staff*
  - Other homeless people*
  - People in general*
  - Government*
10. How does having a regular supply of alcohol make a difference for you?
11. Have you thought about quitting drinking?
12. some follow-up questions from the previous interview
13. Many, or even most people, couldn't last living on the street as you did.  
How did you survive? Is it something about you? Something that you did or knew?

14. Has being homeless changed you? In what way?
15. What are your hopes for the future?
16. As we come to the end of this interview, is there anything you would like to add or that I should have asked you about?

## **Appendices D:**

### Research Ethics Materials



### Sample E1.

Participant ID: \_\_\_\_\_

#### A Study of a ‘Service Landscape’

#### Key Informants

##### Investigators

*Principal Investigator:* Josh Evans, M.A.  
PhD Candidate  
School of Geography and Earth Sciences  
McMaster University  
905-730-9796  
evansjd@mcmaster.ca

*Faculty Supervisor:* Robert Wilton, PhD  
Associate Professor  
School of Geography and Earth Sciences  
McMaster University  
905-525-9140 ext. XXXX  
wiltonr@mcmaster.ca

#### Purpose of the Study

In this study, I want to compare and contrast organized responses to homelessness in XXXXXX, Ontario. I am hoping to learn more about the values, beliefs and goals that motivate and guide organizational efforts to assist men and women experiencing homelessness. By doing so, I hope to construct a better understanding of XXXXXX’s ‘service landscape.’

#### Procedures Involved in the Research

Should you choose to participate in this study, you will be asked to take part in a 1 hour, face-to-face, tape-recorded interview with myself, the principal investigator, at a location of your choosing. During the interview I will ask you to:

- describe your organizations’ mission, goals, values and programming;
- share your perspective on the history of homelessness in Bakersville and past and current social service responses; and
- chronicle your organization’s experiences with regard to past and current social policies pertaining to homelessness and housing.

The interview will be transcribed verbatim and the information shared will be compiled and analyzed alongside other interviews for the purpose of constructing an understanding of Bakersville's system of homeless relief and its relationship to policies past and present. Before beginning the analysis, I will send you your interview transcript to review and verify the accuracy of the transcription.

*This study is not intended to be an evaluation of your organization or its programs.*

#### Potential Benefits

This study has potential benefits to the community and society at large. We hope that by learning more about the similarities and differences in values, beliefs and goals informing organized responses to homelessness, this study will enhance the abilities of service providers and policy makers to collaboratively address relevant issues surrounding the planning and delivery of social welfare services.

#### Potential Harms and Discomforts

It is not likely that there will be any harms or discomforts associated with this study. Some questions, however, will pertain to the specifics of your organizations' day-to-day operations and other issues such as funding. These may be of a sensitive nature. You do not need to answer questions that make you feel uncomfortable or that you do not want to answer.

#### Confidentiality

The information you share is confidential. We will not be asking you to provide personal information, only information pertinent to your organization. The interview transcripts will only be available to my academic supervisor and me. The transcripts will be locked in a secure location at McMaster University. The transcripts will be destroyed following the completion of the study.

The findings from this study will be presented at conferences and published in academic journals. Direct quotes drawn from interviews will be used in future presentations and/or publications. In presentations and publications your name and the name of your organization will be replaced with a pseudonym. However given the limited number of organizations in Bakersville the possibility for identification does exist. Any identifying information will be altered and all other precautions will be taken to minimize the chance of identification.

#### Study Participation

Your participation in this study is voluntary. If you choose to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you choose to end your participation in this study there will be no consequences to you. In the case you withdraw from the study, any data you have provided up to that point will be destroyed unless you indicate otherwise.

### Study Debriefing

Before study findings are submitted for publication you will be sent a copy of the preliminary findings along with an opportunity to provide feedback and input using an enclosed debriefing form. The purpose of the debriefing form is to offer study participants an opportunity to provide comments on the findings and/or the study process. This is optional. You may choose to participate in the interview and not the debriefing. The debriefing opportunity will last 1-month beginning on the date the de-briefing form is mailed. This feedback component is voluntary. Your participation in the study does not require you to complete the debriefing form. Furthermore, at any time you may contact the principal investigator or McMaster Research Ethics Board if you have questions or concerns regarding the conduct of the study (see below).

### Information About Study Results

Publications emerging from the study will be available to study participants through the principal investigator. You may obtain copies of future publications by contacting Josh Evans (principal investigator) at:

Phone: (905) 730-9796

or

E-mail: [evansjd@mcmaster.ca](mailto:evansjd@mcmaster.ca)

### Information about Participating as Study Subject

If you have questions or require more information about the study please contact Josh Evans (principal investigator) at:

Phone: (905) 730-9796

or

E-mail: [evansjd@mcmaster.ca](mailto:evansjd@mcmaster.ca)

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat

Telephone: 905 525-9140 ext. 23142

C/o Office of Research Services

E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

I have read the information presented in the information letter about a study being conducted by Josh Evans of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study, I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in the study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Sample E2.**

Participant ID: \_\_\_\_\_

A Study of Service Environments

*Service Workers*

**Investigators**

*Principal Investigator:* Josh Evans, M.A.  
PhD Candidate  
School of Geography and Earth Sciences  
McMaster University  
905-730-9796  
evansjd@mcmaster.ca

*Faculty Supervisor:* Robert Wilton, PhD  
Associate Professor  
School of Geography and Earth Sciences  
McMaster University  
905-525-9140 ext. XXXX  
wiltonr@mcmaster.ca

Purpose of the Study

In this study, I want to document the experiences of living and working in emergency and supportive housing environments. I am hoping to learn more

about the role of these environments in the day-to-day experience of homelessness and homeless relief practices. I also hope to learn more about the relationship between these shelter environments and other services in the city.

I am interested in learning about your experiences assisting homeless individuals in a supportive shelter environment.

This study is not intended to be an evaluation of your performance or an assessment of the shelter environment/program.

#### Procedures Involved in the Research

Should you choose to participate in this study, you will be asked to take part in a 1 hour, face-to-face, tape-recorded interview with myself, Josh Evans, at a location of your choosing. During the interview I will ask you to:

- Describe your motivations for working with homeless populations; and
- Share your experiences working in an emergency shelter and/or supportive housing environment.

The interview will be transcribed verbatim and the information shared will be compiled and analyzed alongside other interviews for the purpose of constructing a broader understanding of the internal dynamics of shelter environments. Before beginning the analysis, I will send you your interview transcript to review and verify the accuracy of the transcription.

#### Potential Benefits

This study has potential benefits to the community and society at large. I hope that by learning more about the experiences of shelter life and shelter provision, the study findings will enhance the abilities of service providers and policy makers to address relevant issues surrounding the planning and delivery of social welfare services.

For participating in the interview you will receive a small coffee voucher.

#### Potential Harms and Discomforts

It is not likely that there will be any harms or discomforts associated with this study. Some questions, however, will cover personal experiences and pertain to the specifics of your day-to-day activities and responsibilities in the shelter. These may be of a sensitive nature. You do not need to answer questions that make you feel uncomfortable or that you do not want to answer.

#### Confidentiality

The interview transcripts will only be available to my academic supervisor and me. The transcripts will be locked in a secure location at McMaster University. The transcripts will be destroyed following the completion of the study.

The findings from this study will be presented at conferences and published in academic journals. Direct quotes drawn from interviews will be used in future presentations and/or publications. To maintain confidentiality and anonymity your name will be replaced with a pseudonym in all future presentations and publications. Any other identifying information will be altered and all other precautions will be taken to eliminate the chance of identification. However, given the limited number of service organizations in Bakersville the possibility for identification does exist.

#### Study Participation

Your participation in this study is voluntary. If you choose to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you choose to end your participation in this study there will be no consequences to you. In the case you withdraw from the study, any data you have provided up to that point will be destroyed unless you indicate otherwise.

#### Study Debriefing

Before study findings are submitted for publication you will be provided a copy of the preliminary findings along with an opportunity to provide feedback and input using an enclosed debriefing form. The purpose of the debriefing form is to offer study participants an opportunity to provide comments on the findings and/or the study process. The debriefing opportunity will last 1-month beginning on the date the de-briefing form is mailed. This feedback component is voluntary. Your participation in the study does not require you to complete the debriefing form. Furthermore, at any time you may contact the principal investigator or McMaster Research Ethics Board if you have questions or concerns regarding the conduct of the study (see below).

#### Information About Study Results

Publications emerging from the study will be available to study participants through the principal investigator. You may obtain copies of future publications by contacting Josh Evans (principal investigator) at:

Phone: (905) 730-9796

or

E-mail: [evansjd@mcmaster.ca](mailto:evansjd@mcmaster.ca)

#### Information about Participating as Study Subject

If you have questions or require more information about the study itself please contact Josh Evans (principal investigator) at:



Phone: (905) 730-9796  
or  
E-mail: [evansjd@mcmaster.ca](mailto:evansjd@mcmaster.ca)

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat  
Telephone: 905 525-9140 ext. 23142  
C/o Office of Research Services  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

CONSENT

I have read the information presented in the information letter about a study being conducted by Josh Evans of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study, I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in the study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Sample E3.**

Participant ID: \_\_\_\_\_

A Study of an Emergency Shelter

Service Users

Investigators

*Principal Investigator:* Josh Evans, M.A.

PhD Candidate  
School of Geography and Earth Sciences  
McMaster University  
905-730-9796  
evansjd@mcmaster.ca

*Faculty Supervisor:*

Robert Wilton, PhD  
Associate Professor  
School of Geography and Earth Sciences  
McMaster University  
905-525-9140 ext. XXXX  
wiltonr@mcmaster.ca

The purpose of my study is to document the experience of staying in an emergency shelter. I asked to speak with you because I am interested in learning about your shelter experiences. I hope that by learning more about the experiences of shelter life, I will be able to assist service agencies and policy makers in their efforts to provide better services.

If you choose to participate in this study, you will be asked to take part in a 1 hour, face-to-face, tape-recorded interview with me at a location of your choosing. During the interview I will ask you to describe your experiences of being without a permanent place to live and staying here at the emergency shelter. For participating in the interview you will receive one honorarium of \$10. Your decision to participate in an interview will have no impact on your access to services. Your participation in this study is voluntary. If you choose to participate, you can decide to stop at any time, even part-way through the study. If you choose to end your participation in this study there will be no consequences to you. In the case you withdraw from the study, any data you have provided up to that point will be destroyed unless you indicate otherwise.

There are no physical harms or discomforts involved in the interview. Some topics, however, will be personal. Some may be difficult to discuss with me. You are not required to answer questions that make you feel uncomfortable or that you do not want to answer. I will be asking you to provide personal information. This information will be locked in a secure location at McMaster University and then destroyed following the completion of the study.

The studies final results will be shared with other researchers and people working in the shelters. This could include stories you have shared with me. If I share your stories with others, your name will be replaced with a false name (a pseudonym). Any other information in the story that could identify you will also be changed. However, it is important to realize that it is possible that someone else in the

shelter might be able to guess your identity based on the types of remarks you make.

Anything that is written from the study will be made available to you. If you have questions or need to talk with me you can reach me at:

Phone: (905) 730-9796  
or  
E-mail: [evansjd@mcmaster.ca](mailto:evansjd@mcmaster.ca)

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat  
Telephone: 905 525-9140 ext. 23142  
C/o Office of Research Services  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

CONSENT

I have read the information presented in the information letter about a study being conducted by Josh Evans of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study, I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in the study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Sample E4.**

Participant ID: \_\_\_\_\_

A Study of Service Environments

## Participant Observation

### Investigators

*Principal Investigator:* Josh Evans, M.A.  
PhD Candidate  
School of Geography and Earth Sciences  
McMaster University  
905-730-9796  
evansjd@mcmaster.ca

*Faculty Supervisor:* Robert Wilton, PhD  
Associate Professor  
School of Geography and Earth Sciences  
McMaster University  
905-525-9140 ext. XXXX  
wiltonr@mcmaster.ca

### Purpose of the Study

In this study, I want to document the experiences of living and working in emergency and supportive housing environments. I am hoping to learn more about how these environments shape the day-to-day experience of homelessness and homeless relief practices. I also hope to learn more about the relationship between these shelter environments and other services in the city.

I am interested in observing the day-to-day routines and activities involved in running and living in an emergency shelter and a supportive housing environment. The purpose of doing this is to gain a better understanding of the events that occur in these environments and their impact on the lives of service users and workers.

### Procedures Involved in the Research

This research will involve me volunteering at the shelter. By doing so, I will be in a position to gain an ‘insider’ perspective on everyday life in the shelter environment. After leaving the shelter environment I will record my observations in field notes and a research diary. These notes are confidential.

### Potential Benefits

This study has potential benefits for the community and society. I hope that by learning more about the experiences of shelter life, this study will inform the design of shelter environments and assist service providers and policy makers to better address issues surrounding the planning and delivery of assistance within shelter environments.

Potential Harms and Discomforts

It is not likely that there will be any harms or discomforts associated with this study. My presence in the shelter should not disrupt daily activities within the shelter.

Confidentiality

The observations I record in my research diary are confidential. The research diary will be locked in a secure location nightly. If I share these observations with others, I will replace names with false names to protect the confidentiality of those involved. Any other information that could identify you will be altered and all other precautions will be taken to eliminate the chance of identification.

---

CONSENT

I have read the information about a study being conducted by Josh Evans of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study, I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in the study. I have been given a copy of this form.

---

Name of Participant

---

Date

---

Signature

### References

- Agamben, G. (2005). *State of Exception*. Chicago, IL: University of Chicago Press.
- Agamben (1999). *Remnants of Auschwitz*. New York, NY: Zone Books.
- Agamben (1998). *Homo Sacer: Sovereign Power and Bare Life*. Stanford, CA: Stanford University Press.
- Amin, A., Cameron, A., and Hudson, R. (2002). *Placing the Social Economy*. London: Routledge
- Arnold, K. (2004). *Homelessness, Citizenship and Identity: The Uncanniness of Late Modernity*. New York: Suny University Press
- Aucoin, P. (1995) *The new public management: Canada in comparative perspective*. Montréal: Institute for Research on Public Policy
- Baines, D. (2006). Whose needs are being served? Quantitative metrics and the reshaping of public services. *Studies in Political Economy*, 77, 195- 209
- Barnett, C., Clarke, N., Cloke, P., and Malpass, A. (2008). The elusive subjects of neo-liberalism: Beyond the analytics of governmentality. *Cultural Studies*, 22(5), 624-653
- Barry, A., Osborne, T. and Rose, N. (Eds). (1996). *Foucault and Political Reason: Liberalism, neoliberalism and rationalities of government*. University of Chicago Press: Chicago.
- Bevir, M. (2005). *New Labor: A Critique*. London: Routledge
- Biel, J. (2001). Vita: Life in a zone of social abandonment. *Social Text*, 19(3), 131-148.
- Bourgois, P. Lettiere, M. & Quesada J. (1997). Social Misery and the Sanctions of Substance Abuse: Confronting HIV Risk among Homeless Heroin Addicts in San Francisco. *Social Problems*, 44(2), 155-173
- Brenner, N. and Theodore, N. (2002). Cities and the Geographies of Actually Existing Neoliberalism. *Antipode*, 34(3), 350-379
- Brown, T. (2009). Public health as urban politics: Urban geography, venereal Biopower in Seattle, 1943-1983. *Urban Geography*, 30(1), 1-29



- Brown, S., Foye, C., Nawagesic, V., and Welch, T. (2000) The Community Action Plan on Homelessness in Hamilton-Wentworth. Hamilton, ON: Social Planning and Research Council
- Brown, W. (2000). Neoliberalism and the End of Liberal Democracy. *Theory & Event* 7(1)
- Bunting, T., Walks, A. and Filion, P. (2004). The Uneven Geography of Housing Affordability Stress in Canadian Metropolitan Areas. *Housing Studies*, 19(3), 361-393
- Calarco, M. and DeCaroli, S. (Eds). (2007) Giorgio Agamben: Sovereignty & Life. Stanford, CA: Stanford University Press.
- Chouinard, V. and V.A. Crooks (2008). Negotiating Neo-Liberal Environments in British Columbia and Ontario, Canada: Restructuring of state-voluntary sector relations and disability organizations' struggles to survive. *Environment & Planning C: Government and Policy*, 26(1), 173 – 190
- Clarke, J. and Newman, J. (1997). The Managerial State: Power, Politics and Ideology in the Remaking of Social Welfare. London: Sage Publications.
- Cloke, P. May, J. & Johnsen, S. (2008). Performativity and affect in the homeless city. *Environment and Planning D: Society and Space*, 26, 241-263
- Cloke, P. Johnsen, S. and May, J. (2007). Ethical Citizenship? Volunteers and the ethics of providing services for homeless people. *Geoforum*, 38, 1089-1101
- Cloke, P. Johnsen, S. and May, J. (2005). Exploring ethos? Discourses of 'charity' in the provision of emergency services for homeless people. *Environment and Planning A*, 37, 385-402
- Cloutier-Fisher, D. & Skinner, M. (2006). Leveling the playing field? Exploring the implications of managed competition for voluntary sector providers of long-term care in small town Ontario. *Health and Place*, 12, 97-109.
- Cohen, C. and Sokolovsky, J. (1989). Old men of the Bowery : strategies for survival among the homeless. New York: Guilford Press
- Conradson, D. (2008). Expressions of Charity and Action towards Justice: Faith-based Welfare: Provision in Urban New Zealand. *Urban Studies*, 45(10), 2117-2141

- Conradson, D. (2003a). Spaces of Care in the city: the space of a community drop-in centre. *Social & Cultural Geography*, 4(4), 507-525.
- Conradson, D. (2003b). Doing organizational space: practices of voluntary welfare in the City. *Environment and Planning A*, 35, 1975-1992
- Cope, M. (2001). Between welfare and work: The roles of social service organizations in the social regulation of labor markets and regulation of the poor. *Urban Geography*, 22(5), 391-406
- Crack, S., Turner, S., & Heenan, B. (2007). The Changing Face of voluntary provision in New Zealand. *Health & Place*, 13, 188-204
- Craig, D. and Cotterell, G. (2007). Periodising Neoliberalism? *Policy & Politics*, 35(3), 497-514
- Craig, D. and Porter, D. (2005). The Third Way and the third world: poverty reduction and social inclusion strategies in the rise of 'inclusive' liberalism. *Review of International Political Economy*, 12(2), 226-63.
- Crowe, C. (2007). Dying for a Home: Homeless Activists Speak Out. Toronto, ON: Between the Lines
- Cruikshank, B. (1999). The Will to Empower: Democratic Citizens and Other Subjects. New York: Cornell University Press
- Culhane, D. and Metraux, S. (2008). Rearranging the deck chairs or reallocating the lifeboats? Homeless assistance and its alternatives. *Journal of the American Planning Association*, 74(1), 111-122
- Davis, M. (1992). City of Quartz: Excavating the Future in Los Angeles. Vintage: New York
- Dean, M. (2002). Powers of Life and Death Beyond Governmentality. *Cultural Values*, 6(1/2), 119-138
- Dean, M. (1999) Governmentality: Power and Rule in Modern Society. Thousand Oaks, CA: Sage
- Dean, M. (1996) Foucault, Government and the Enfolding of Authority. In Barry, A., Osborne, T. and Rose, N. (Eds), *Foucault and Political Reason: Liberalism, neoliberalism and rationalities of government* (pp. 209-230). University of Chicago Press: Chicago.

- Dear, M. and Wolch, J. (1987) *Landscapes of Despair: From Deinstitutionalization to Homelessness*. Princeton, N.J.: Princeton University Press
- Del Casino Jr. and Jocoy, C.L. (2008). Neoliberal subjectivities, the 'new' homelessness, and struggles over spaces of/in the city. *Antipode* 40, 192-199
- Desjarlais, R. (1997). *Shelter Blues: Selfhood and Sanity Among the Homeless*. Pittsburg: University of Pennsylvania Press
- DeVerteuil, G., May, J. and Von Mahs, J. (2009). Complexity not collapse: Recasting the geographies of homelessness in a 'punitive' age. *Progress in Human Geography*, 33(5), 646-666
- DeVerteuil, G. (2006). The local state and homeless shelters: Beyond revanchism? *Cities*, 23(2), 109-120
- DeVerteuil, G. (2003a). Homeless mobility, institutional settings and the new poverty management. *Environment and Planning A*, 35, 361-379.
- DeVerteuil, G. (2003b). Welfare reform, institutional practices, and service delivery settings. *Urban Geography*, 24(6), 529-550
- DeVerteuil, G., Lee, W., & Wolch, J. 2002. New spaces for the local welfare state? The case of General Relief in Los Angeles County. *Journal of Social and Cultural Geography*, 3, 229-288.
- Edwards, B. and Woods, M. (2006). Voluntarism and new forms of governance in rural Communities. In Milligan, C. and Conradson, D. (Eds) *Landscapes of Voluntarism: New Spaces of Health, Welfare, and Governance*, (pp. 53-72). Bristol: Policy Press
- Elden, S. (2007). Governmentality, Calculation, Territory. *Environment and Planning D: Society and Space*, 24(4), 562-580
- Elk, R. (2006). Giorgio Agamben and the spatialities of the camp: An introduction. *Geografiskar Annh ler*, 88(4), 363-386
- Elwood, S. (2004). Partnerships and Participation: Reconfiguring Urban Governance In Different State Contexts. *Urban Geography*, 25(8), 755-770

- Evans, B.M. and Shields, J. (2001). The Third Sector: Neo-Liberal Restructuring, Governance, and the Remaking of State-Civil Society Relationships. In Dunn (Ed) *Handbook of Canadian Public Policy* (pp. 139-155).
- Farmer, P. (2003). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press
- Feldman, L. (2004). *Citizens Without Shelter: Homelessness, Democracy, and Political Exclusion*. Ithica, NY, Cornell University Press.
- Foucault, M. (2000). *Power: The Essential Works of Michel Foucault 1954-1984, Volume 2*. London: Allen Lane
- Foucault, M. (1997). *Ethics, Subjectivity, Truth*. New York: The New Press
- Foucault, M. (1991). Governmentality. In Burchell, G., Gordon, C. and Miller, P. (Eds.) *The Foucault Effect: Studies in Governmentality* (pp. 87-104). University of Chicago Press: Chicago
- Foucault, M. (1985) *The Use of Pleasure: The History of Sexuality, Volume 2*. New York: Vintage Books
- Foucault, M. (1980) *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*. New York: Pantheon Books
- Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books
- Foucault, M. (1978). *The History of Sexuality: An Introduction, Volume 1*. New York: Vintage Books
- Fyfe, N. (2005). Making space for 'neocommunitarianism'? The third sector, state and civil society in the U.K. *Antipode*, 37, 536-557
- Fyfe, N. and Milligan, C. (2003). Out of the shadows: exploring contemporary geographies of voluntarism. *Progress in Human Geography*, 27, 397-413
- Gibson, K., O'Donnell, S. and Rideout, V. (2007). The project-funding regime: Complications for community organizations and their staff. *Canadian Public Administration*, 50(3), 411-435
- Goffman, I. (1971). *Asylums: Essay on the Social Situation of Mental Patients and Other Inmates*. Garden City, NY: Doubleday.

- Goodwin, M. and Painter, J. (1996). Local governance, the crisis of Fordism and the changing geographies of regulation. *Transactions, Institute of British Geographers*, 21, 635-648
- Government of Ontario (2001). Roles and Responsibilities. Toronto, ON: Government of Ontario
- Government of Ontario (1998). Report of the Provincial Task Force on Homelessness. Toronto: Government of Ontario
- Graefe, P. (2007). Social Economy Policies as Flanking Mechanism for Neo-Liberalism: Trans-national Policy Solutions, Emergent Contradictions, Local Alternatives. In Lee, S. and McBride, S. (Eds) *Neoliberalism, State Power and Global Governance*, (pp. 95-110)
- Graham, K., Phillips, S. and Ker, A. (2003). Implementing the Supporting Communities Partnership Initiative through the Community Entity Municipal Model in Hamilton. Ottawa, ON: Human Resources Development Canada
- Graham, K. and Phillips, S. (1998). Who Does What" in Ontario: The process of provincial-municipal disentanglement. *Canadian Public Administration*, 41(2), 175-209
- Gregory, D. (2004). The Lightning of Possible Storms. *Antipode*, 36(5), 798-808
- Hanlon, N., Rosenberg, M., and Clasby, R., (2007). Offloading social care responsibilities: Recent experiences of local voluntary organizations in a remote urban centre in British Columbia, Canada. *Health and Social Care in the Community*, 15(4), 343-351.
- Halseth, G. and Ryser, L. (2007). The Deployment of Partnerships by the Voluntary Sector to Address Service Needs in Rural and Small Town Canada. *Voluntas*, 18(3), 241-265
- Harvey, D. (2005). A Brief History of Neoliberalism. New York: Oxford University Press
- Herbert, S. (2008). Contemporary geographies of exclusion I: traversing Skid Road. *Progress in Human Geography*, 32, 659-666
- Hoch, C. (2000). Sheltering the Homeless in the US: Social Improvement and the Continuum of Care. *Housing Studies*, 15(6), 865-876

- Hoch, C. and Slayton, R.A. (1989) *New Homeless and Old: Community and the Skid Row Hotel*. Philadelphia: Temple University Press
- Hodges, I. (2002). Moving beyond words: therapeutic discourse and ethical Problematization. *Discourse Studies*, 4, 455-479
- Hopper, K. (2003). *Reckoning with Homelessness*. Cornell University Press: Ithaca, NY.
- Hopper, K. and Bauhmol (1994). Held in abeyance: Rethinking homelessness and advocacy. *American Behavioralist Scientist*, 37(4), 522-552
- Hopper, K. (1991). Homelessness Old and New: The Matter of Definition. *Housing Policy Debate*, 2(3), 757-813
- Hopper, K., Susser, E., & Conover, S. (1985). Economies of Makeshift: Deindustrialization and Homelessness in New York City. *Urban Anthropology*, 14(1-3), 183-227.
- Huey, L. & Kemple, T. 2007. 'Let the streets take care of themselves': Making sociological and common sense of 'Skid Row'. *Urban Studies*, 44(12), p.2305-2319.
- Hulchanski, D. and Shapcott, M. (Eds) (2004). *Finding Room: Policy Options for a Canadian Rental Housing Strategy*. Toronto, ON: Centre for Urban and Community Studies
- Imrie, R. and Raco (2003). *Urban Renaissance? New Labour, Community and Urban Policy*. Bristol: The Policy Press
- Jellinek, E.M. (1960). *The Disease Concept of Alcoholism*. New Haven: Hillhouse
- Jenson, J. and Saint-Martin, D. (2006). Building blocks for a new social architecture: the LEGO<sup>TM</sup> paradigm of an active society. *Policy and Politics*, 34(3), 429-451
- Jenson, J. and Saint-Martin, D. (2003). New routes to Social Cohesion? Citizenship and the Social Investment State. *Canadian Journal of Sociology*, 28(1), 77-99
- Jessop, B. (2002). Liberalism, Neoliberalism, and Urban Governance: A State Theoretical Perspective *Antipode*, 34(3), 452-471
- Jessop, B. (1999). The changing governance of welfare: Recent trends in its



- primary functions, scale, and modes of coordination. *Social Policy & Administration*, 33(4), 348-359
- Jessop, B. (1998). The rise of governance and the risks of failure: the case of economic Development. *International Social Science Journal*, 155, 29-46
- Jiwani, I. (2000). Globalization at the level of the nation-state: The case of Canada's third sector. *Innovations: A Journal of Politics*, 3, 27-46
- Johnsen, S. Cloke, P. and May, J. (2005a). Day centers for homeless people: spaces of care or fear? *Social and Cultural Geography*, 6(6), 788-805
- Johnsen, S. Cloke, P. and May, J. (2005b). Transitory spaces of care: serving homeless people on the street. *Health and Place*, 11, 323-336
- Joassart-Marcelli, P. and Wolch, J. (2003). The Intrametropolitan Geography of Poverty and the Nonprofit Sector in Southern California. *Nonprofit and Voluntary Sector Quarterly*, 32(1), 70-96
- Knowles, C. (2000) *Bedlam on the Streets*. New York: Routledge
- Kodras, J. (1997). Restructuring the state: devolution, privatization, and the geographic redistribution of power and capacity of governance. In Staeheli, L., Kodras, J., and Flint, C. (Eds) *State Devolution in America: Implications for a Diverse Society* (pp. 79-96).
- Lake, R. and Newman, K. (2002) Differential citizenship in the shadow state. *Geojournal*, 58, 109-120
- Lanoix, M. (2005) No Room For Abuse. *Cultural Studies*, 19(6), 719-736
- Larner, W. and Butler, M. (2007). The Places, People, and Politics of Partnership: After Neoliberalism in Aotearora New Zealand. In Leitner, H., Peck, J., and Sheppard, E. (Eds) *Contesting Neoliberalism: Urban Frontiers* (pp. 71-89). New York: Guilford Press
- Larner, W. and Butler, M. (2005). Governmentalities of Local Partnerships: The Rise of A 'Partnering State' in New Zealand. *Studies in Political Economy*, 75, 79-101
- Larner, W. and Craig, D. (2005). After neoliberalism? Community Activism and Local Partnership in New Zealand. *Antipode*, 37, 407-424
- Larner, W. (2000). Neo-liberalism: policy, ideology, governmentality. *Studies in*

*Political Economy*, 63, 5-25

- Laurenson, P. & Collins, D. (2007). Beyond punitive regulation? New Zealand local governments' responses to homelessness. *Antipode*, 39(4), 649-667.
- Law, R. (2001). 'Not in my city': local governments and homelessness policies in the Los Angeles Metropolitan Region. *Environment and Planning C*, 19, 791-815.
- Lee, L., Wolch, J. and Walsh, J. (1998). Homeless Health and Service Needs: An Urban Political Economy of Service Distribution. In Kearns, R. and Gesler, W. (Eds) *Putting Health into Place: landscape, identity, and well-being*. Syracuse University Press: Syracuse.
- Liebow, E. (1993). *Tell Them Who I Am: The Lives of Homeless Women*. New York: Penguin
- Lyon-Callo, V. (2004) *Inequality, Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry*. Toronto, ON, Broadview Press
- MacMillan, R. and Townsend, A. (2006). A 'new' institutional fix? The 'community turn' and the changing role of the voluntary sector. In Milligan, C. and Conradson, D. (Eds) *Landscapes of Voluntarism: New Spaces of Health, Welfare, and Governance* (pp. 15-32).
- Mahon, R. (2008). Varieties of Liberalism: Canadian Social Policy from the 'Golden Age' to the Present. *Social Policy & Administration*, 42(4), 342-361
- Marcus, A. (2003). Shelterization Revisited: Some Methodological Dangers of Institutional Studies of the Homeless. *Human Organization*, 62(2), 134-142
- May, J., Cloke, P., & S. Johnsen (2005). Re-phasing Neoliberalism: New Labour and Britain's Crisis of Street Homelessness. *Antipode*, 37, 703-730.
- May, J. (2000a). Of nomads and vagrants: single homelessness and narratives of home as Place. *Environment and Planning D*, 18, 737-759
- May, J. (2000b). Housing Histories and Homeless Careers: A Biographical Approach. *Housing Studies*, 15(4), 613-638
- Mifflin, E. and Wilton, R. (2005). The role of rooming houses in contemporary

- homelessness. *Environment and Planning A*, 37, 403-421.
- Miller, C. (1998). Canadian Non-Profits in Crisis: The Need for Reform. *Social Policy & Administration*, 32(4), 401-419
- Milligan, C. and Conradson, D. (2006) Landscapes of Voluntarism: New Spaces of Health, Welfare, and Governance. Bristol: Policy Press
- Milligan, C. and Fyfe, N. (2006). Renewal or Relocation? Social welfare, voluntarism and the city. In Milligan, C. and Conradson, D. (Eds) *Landscapes of Voluntarism: New Spaces of Health, Welfare, and Governance* (pp. 33-52). Bristol: Policy Press
- Milligan, C. and Fyfe, N. (2005). Preserving Space for Volunteers: Exploring the Links Between Voluntary Welfare Organizations, Volunteering and Citizenship. *Journal of Urban Studies*, 42(3), 417-434
- Mills, C. (2008). The Philosophy of Agamben. Kingston, ON: McGill University Press
- Minca, C. (2007). Agamben's geographies of modernity. *Political Geography*, 26, 78-97
- Minca, C. (2006). Giorgio Agamben and the biopolitical nomos. *Geografiska Annaler*, 88(4), 387-403
- Mitchell, D. (2003). The Right to the City: Social Justice and the Fight for Public Space. New York: The Guilford Press.
- Mitchell, K. (2001). Transnationalism, neo-liberalism, and the rise of the shadow state. *Economy and Society*, 30(2), 165-189
- Moore, E. and Skaburskis, A. (2004). Canada's Increasing Housing Affordability Burdens. *Housing Studies*, 19(3), 395-413
- Morrison, J. (2000). The Government-Voluntary Sector Compacts: Governance, Governmentality, and Civil Society. *Journal of Law and Society*, 27(1), 98-132
- Moss, J. (1998). The Later Foucault: Politics and Philosophy. London: Sage Publications
- Murphy, S. (2009). Compassionate Strategies of managing homelessness: post-revanchist geographies in San Francisco. *Antipode*, 41, 305-325

- OMMSA (Ontario Municipal Social Services Association) (2008). A Strategy to End Homelessness. Mississauga, Ontario: Ontario Municipal Social Services Association
- Owen, S. and Kearns, R. (2006). Competition, adaptation and resistance: (re)forming health organizations in New Zealand's third sector. In Milligan, C. and Conradson, D. (Eds) *Landscapes of Voluntarism: New Spaces of Health, Welfare, and Governance* (pp. 115-134). Bristol: Policy Press
- Patton, P. (2007). Agamben and Foucault on Biopolitics and Biopower. In Calarco, M. and DeCaroli, S. (Eds) *Giorgio Agamben: Sovereignty & Life* (pp. 203-218). Stanford, CA: Stanford University Press.
- Parr, H. (2000). Interpreting the hidden social geographies of mental health: ethnographies of inclusion and exclusion in semi-institutional places. *Health & Place*, 6, 225-237.
- Parr, H. (1999). Delusional geographies: the experiential world of people during madness/illness. *Environment and Planning D: Society and Space*, 17, 673-690.
- Parr, H. (1998). Mental Health, Ethnography, and the Body. *Area*, 30(1), 28-37
- Parr, H. (1997). Mental health, public space, and the city: questions of individual and collective access. *Environment and Planning D: Society and Space* 15, 435-454.
- Peck, J. and Tickell, A. (2007). Conceptualizing Neoliberalism, Thinking Thatcherism. In Leitner, H., Peck, J., and Sheppard, E. (Eds) *Contesting Neoliberalism: Urban Frontiers* (pp. 26-50). New York: Guilford Press
- Peck, J. and Tickell (2002). Neoliberalizing Space. *Antipode*, 34(3), 381-404
- Phelan, E. and Norris, M. (2008). Neo-corporatist governance of homeless services in Dublin: Reconceptualization, incorporation and exclusion. *Critical Social Policy*, 28(1), 51-73
- Phillips, S. and Levasseur, K. (2004). The snakes and ladders of accountability: Contradictions between contracting and collaboration for Canada's voluntary sector. *Canadian Public Administration*, 47(4), 451-474
- Phillips, S. (2004). The Limits of Horizontal Governance: Voluntary Sector-

- Government Collaboration in Canada. *Society and Economy*, 26(2/3), 383-405
- Pinch, S. (1997). *Worlds of Welfare: Understanding the Changing Geographies of Social Welfare Provision*. London: Routledge
- Pratt, G. (2005). Abandoned Women and Spaces of Exception. *Antipode*, 37(5), 1052-1078
- Rabinow, P. and Rose, N. (2006). Biopower Today. *Biosocieties*, 1, 195-217
- Rabinow, P. (2005). Artificiality and Enlightenment: From Sociobiology to Biosociality. In Inda, J.X. (Ed) *Anthropologies of Modernity: Foucault, Governmentality and Life Politics* (pp. 181-193). Malden, MA: Blackwell.
- Rose, M. (2002). The seduction of resistance: power, politics, and a performative style of Systems. *Environment and Planning D: Society and Space*, 20, 383-400
- Rose, N. (2000). Government and Control. *British Journal of Criminology*, 40, 321-339
- Rose, N. (1999). *Powers of Freedom: Reframing Political Thought*. Cambridge University Press: Cambridge
- Rose, N. and Miller, P. (1992). Political Power Beyond the State: Problematics of Government. *British Journal of Sociology*, 43(2), 173-205
- Rowe, S. & Wolch, J. (1990). Social Networks in Time and Space: Homeless Women in Skid Row, Los Angeles. *Annals of the Association of the American Geographers*, 80(2), 184-204
- Ruddick, S. (1996). *Young and Homeless in Hollywood*. Routledge: New York
- Saint-Martin, D. (2004). *Coordinating Interdependence: Governance and Social Policy Redesign in Britain, the European Union and Canada*. Ottawa, Ontario: Canadian Policy Research Network
- Scanlon, C. and Adlam, J. (2009). Refusal, social exclusion and the cycle of rejection: A cynical analysis? *Critical Social Policy*, 28(4), 529-549
- Sharp, J. Routledge, P., Paddison, R. (Eds) (2000). *Entanglements of Power: Geographies of Power/Resistance*. Routledge: New York

- Skinner, M. and Rosenberg, M. (2006). Co-opting voluntarism? Exploring the implications of long-term care reform for the nonprofit sector in Ontario. *Environment and Planning C: Government and Policy*, 23, 101-121
- Smith, S. and Lipsky, M. (1993). *Nonprofits for Hire: The Welfare State in the Age of Contracting*. Cambridge, MA: Harvard University Press
- Smith, N. (1984). *Uneven Development*. Oxford: Blackwell
- Snow, D.A., and Anderson, L. (1993). *Down on Their Luck: A Study of Homeless Street People*. Berkeley: University of California Press
- Takahashi, L. (1998). *Homelessness, AIDS, and Stigmatization: The NIMBY Syndrome at the End of the Twentieth Century*. Oxford, England: Oxford University Press.
- Thrift, N. (2004). *Non-representational Theory: Space, Politics, Affect*. New York: Routledge
- Tremain, S. (Ed) (2005) *Foucault and the Government of Disability*. Ann Arbor: University of Michigan Press
- Trudeau, D. (2008a). Towards a relational view of the shadow state. *Political Geography*, 27, 669-690
- Trudeau, D. (2008b). Junior Partner or Empowered Community? The Role of Non-profit Social Service Providers amidst State Restructuring in the US. *Urban Studies*, 45(13), 2805-2827
- Tsemberis, S., Gulcur, L., and Nakae, M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. *American Journal of Public Health*, 94(4), 651- 656
- Valverde, M. (1998) *Diseases of the will: alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.
- Veness, A.R. (1993). Neither homed nor homeless: Contested definitions and the personal worlds of the poor. *Political Geography*, 12, 319-340
- Veness, A.R. (1992). Home and Homelessness in the United States: Changing Ideas and Realities. *Environment and Planning D: Society and Space*, 10, 445-468.
- Wagner, D. (1993) *Checkerboard Square: Culture and Resistance in a Homeless*



Community. San Francisco: Westview Press

- Walks, A. (2009). The Urban in Fragile, Uncertain, Neoliberal Times: Towards New Geographies of Social Justice? *The Canadian Geographer*, 53(3), 345-356
- Wilton, R. and DeVerteuil, G. (2008). The Geographies of Intoxicants: From Production and Consumption to Regulation, Treatment and Prevention. *Geography Compass*, 3(1), 478–494
- Wilton, R. and DeVerteuil, G. (2006). Spaces of sobriety/sites of power: examining social model alcohol recovery programs as therapeutic landscapes. *Social Science and Medicine*, 63, 649-661
- Wolch, J.R. and Dear, M. (1993). *Malign Neglect: Homelessness in an American City*. San Francisco: Jossey-Bass
- Wolch, J. (1990). *The Shadow State: Government and the Voluntary Sector in Transition*. New York, NY: The Foundation Centre.
- Wright, T. (1997). *Out of Place: Homeless Mobilizations, Subcities, and Contested Landscapes*. Albany, NY, State University of Albany Press
- Wynne-Edwards, J. (2003). *Overcoming Community Opposition to Homelessness Sheltering Projects under the National Homelessness Initiative*. Ottawa, ON: Human Resources Development Canada