Structural Barriers to Finding Home

Poverty Governance in a Housing and Homelessness 'Crisis'

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Abstract

This thesis examines the political changes and processes that impact people experiencing homelessness in the Halifax Regional Municipality (HRM) in Nova Scotia. Since 2019, the rate of homelessness in the HRM has been rapidly increasing, representing what has been deemed a housing and homelessness crisis. I use the theoretical lens of poverty governance to argue that the political response to these crises has introduced and solidified mechanisms to manage and control those experiencing homelessness, without leveraging long term housing solutions. I argue that the focus on market-based and temporary solutions to homelessness, at all levels of government, fail to address systemic factors supporting the proliferation of homelessness.

Based on qualitative interviews with those experiencing homelessness, as well as homelessness service providers, I have connected local processes to the poverty governance literature. In the HRM, those experiencing homelessness are medicalized, without access to comprehensive and appropriate medical care; they are criminalized, which hinders their ability to access housing and employment, and; they are socialized in off-street services to minimize their presence in public space, without a means of accessing permanent private housing. These mechanisms of governance are desirable to the state as they may reduce the public visibility of homelessness but are wholly detrimental to those attempting to exit homelessness.

List of Abbreviations Used

AHANS	Affordable Housing Association of Nova Scotia
AHDP	Affordable Housing Development Program
BNL	By Names List
CBC	Canadian Broadcasting Corporation
CIT	Crisis Intervention Team
CMHC	Canadian Mortgage and Housing Corporation
COVID-19	Coronavirus disease 2019
CRT	Co-Response Team
DCS	Department of Community Services
FoAP	Faculty of Architecture and Planning
GED	General Educational Development
HF	Housing First
HRP	Halifax Regional Police
HRM	Halifax Regional Municipality
MHMCT	Mental Health Mobile Crisis Team
MOSH	Mobile Outreach Street Health
NDP	New Democratic Party
NECHC	North End Community Health Center
NHI	National Homelessness Initiative
NHS	National Housing Strategy
NSAHC	Nova Scotia Affordable Housing Commission
NSOP	Navigator Street Outreach Program
OTC	Out of the Cold

PTSD   Post Traumatic Stress Disorder

RGI   Rent Geared to Income

RHI   Rapid Housing Initiative

VI-SPDAT   Vulnerability Index- Service Provision Decision Assistance Tool

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me with the social climate of the HRM and helped me to recruit others. My unhoused

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appreciate their forthcomingness and candor in our interviews. I hope that I can use the

information that they have provided me to leverage long-term, sustainable solutions to

homelessness.

Chapter I: Introduction

　　Municipalities across Canada are observing unprecedented levels of homelessness as costs of food and shelter continue to rise. In the Halifax Regional Municipality, an amalgamated region comprising Halifax, Dartmouth, and the surrounding suburbs of Bedford, Spryfield, Clayton Park, and Sackville, there are currently an estimated 1164 people experiencing homelessness (AHANS 2024). The Affordable Housing Association of Nova Scotia (AHANS) has maintained what is called the By Names List (BNL) since April 2019, gathering the names and demographic characteristics of those experiencing homelessness, and updating as new people become homeless or find housing. This dataset indicates that the rate of chronic homelessness, which is defined as that lasting six months or longer, has increased nearly 700% since 2019. Though the BNL is not a perfect instrument and is likely to have underrepresented rates prior to its more recent widespread adoption by community service providers, the fact remains that over 1000 people are without a home in a city of less than half a million.

　　All Canadians have felt the impact of steep inflation in recent years, which has contributed to rapidly increasing costs for housing and essential goods and services. Meanwhile, in Nova Scotia, the eligibility threshold for rent supplements has been raised (Seguin 2023a) and income assistance has remained stagnant (Seguin 2023b). Though I once supposed that the abrupt economic disturbance caused by the COVID-19 pandemic was the obvious catalyst for the present housing and homelessness 'crisis', it is more likely that it was simply the final destabilizing blow for those already deeply vulnerable to homelessness. As Dej (2020) observed, a growing number of Canadian households are living paycheck-to-paycheck, and are reliant on food banks to meet their basic needs.

Canadian and Nova Scotian policymakers may have assumed that the economic instability exposed in 2020 would be as fleeting as the total lockdowns presumed to have caused it. In 2021, the municipality assigned a three month role for emergency response to homelessness to the assistant chief of emergency management, and Halifax mayor Mike Savage told CBC that "we're treating it as a crisis" (Ryan 2021a). But as society has returned 'back-to-normal', the number of those sleeping outdoors has continued to grow. Though it has become clear that this is not a temporary crisis but a sort of new normal in the HRM, governments continue to provide short-term grants to accommodate unhoused locals in hotels (see CBC 2023; Seguin 2023c).

It is also important to note that the province of Nova Scotia has experienced significant population growth over the last decade, which has likely placed significant strain on rental and housing markets. The population increased by over 100,000 between July 2015 and July 2023, from an estimated 937,000 to 1,059,000 (Nova Scotia 2024a). The municipality and the province have also established population goals as part of their economic growth plans. Halifax, which currently has a population of approximately 420,000, hopes to reach a population of 525,000 by 2027, and 650,000 by 2037 (Halifax Partnership 2022). The province of Nova Scotia hopes to nearly double their population to a goal of 2,000,000 by 2060 (Adair 2022). With Halifax's current vacancy rate at 1% (CMHC 2024a) it is unclear how 100,000-200,000 new residents might be accommodated.

Though recent economic and demographic shifts may have exacerbated rates of homelessness in Canadian cities, homelessness itself is not new. Homelessness has been a feature of urbanity since the widespread restructuring of economic production and the social safety net spurred by the reactionary neo-liberal politics of the latter 20th century (Wacquant 2009; Dej 2020; Smith 2022). Yet politicians, journalists, social commentators and the like continually use

sensationalist language like 'crisis' and 'emergency' to describe what is inarguably a symptom of the social structure in which we reside (Tranjan 2023). Although housing affordability is a universally acknowledged social problem, there is little evidence that governments are considering advocates' and tenant's unions' demands for a robust system of rent control. Rents in Halifax have been steadily climbing, achieving the highest increase in the country in 2021 and 2022 (Armstrong 2023). In 2023, the average rent in Halifax climbed 11.9%, the city's highest one-year rent increase to date (CMHC 2024a). As demonstrated by Tranjan (2023), the words 'housing crisis' have returned to the front page of Canadian news media in regular intervals starting as early as 1910; this is a reflection of the fact that the private, free market will never– regardless of innovative subsidizing structures– be able to meet the needs of deeply impoverished Canadians.

In response to the rapidly changing political climate regarding housing and homelessness– in Canada broadly but Nova Scotia specifically– I have sought to examine the impacts of policy and process on those who feel their direct effects. During this project, I conducted 10 semi-structured interviews: three with those working to provide outreach and support services in the homelessness sector, and seven with those living in homeless shelters. Of support workers, I asked about changes to their work in recent years, funding changes in the suite of social services, newly emerging initiatives, and the current areas of deepest need for the clients that they serve. Of unhoused folks I asked about their experiences accessing services, their interactions with the police, and met and unmet health and subsistence needs. As hundreds of millions of dollars have been invested in solutions for housing and homelessness crises, but the actual number of those experiencing homelessness has continued to rise, I conducted these interviews to understand the management of homelessness in the HRM.

This project draws on the concept of poverty governance to understand current governmental responses to homelessness. Poverty governance describes the tactics by which the social disorder associated with urban poverty is mitigated without achieving any real material improvement for the individuals it affects. It includes medical measures, such as coerced psychiatric treatment that seeks to place the onus of homelessness upon individuals' mental state (see Dej 2020); punitive measures, such as the sometimes violent clearing of persons and their belongings from public space, and; social measures, which seek to contain those experiencing homelessness in off-street services, where their behaviour is to be reformed in accordance with middle-class norms. Poverty governance, then, prioritizes the maintenance of urban social order over addressing social conditions that contribute to homelessness. In doing so, it obscures the systemic creation of absolute poverty, ignoring the fact that the lion's share of employment available to those experiencing intergenerational poverty does not provide sufficient income for the necessities of life.

The literature on poverty governance is largely informed by Foucault's concept of 'governmentality', which, reduced to its most basic form, refers to the processes by which the state ascertains the social reproduction of wealth and prosperity (Foucault 1991). More broadly, governmentality refers to the gradual decentralization of state power over a series of interconnected institutions, such as education, healthcare, and the law, all engaged in processes of policing targeted at the promotion of health and prosperity in the population (Foucault 1991). This diffusion of what Foucault (1991) terms "tactics of government" results in processes of surveillance and control exercised by various institutions on a continuum between the state and civil society. As such, state actors, such as the police, quasi-state actors, such as educators or

medical professionals, and non-state actors, such as community service providers, are all engaged in processes of governance.

One of the preeminent scholars on contemporary governance processes, particularly those impacting the urban poor, is Loïq Wacquant. In his book *Punishing the Poor* Wacquant (2009) refers to three strategies for regulating the behaviours of 'undesirable' populations: medicalization, penalization, and socialization. These three categories struck me as a useful way to organize and analyze my data; accordingly, following a discussion of my recruitment and methodology in Chapter II, and contextual background in Chapter III, each chapter will address one of these dimensions.

Chapter III offers a historical account of Canada's public and social housing sector and homelessness policy. As this history reaches the present day, recent political developments in Nova Scotia and the HRM specifically will be highlighted. Featured in this discussion will be Nova Scotia's current plans for expanding their stock of affordable housing. I critically examine these plans by discussing the distinction between 'affordable' and social housing and the limitations of what has become one of the most pressing contemporary issues of urban planning: 'social mix'. Next, I will explore tenancy, eviction, and the rental market, with particular focus on tenant-landlord relations and power dynamics. Where relevant, accounts from study participants– primarily service providers in this section– will establish theoretical and policy issues in an on-the-ground context.

In Chapter IV I will address the health-related aspects of poverty governance. This chapter will foreground the voices of study participants in their attempts to access mental health and addiction services and address other primary health needs. This chapter demonstrates that, although mental illness and addiction are widely regarded as key factors increasing vulnerability

to homelessness, appropriate mental health and addiction supports are difficult to come by. I will also discuss what has become a contentious issue in Nova Scotia, and North America more broadly: the dispatch of police, sometimes but not always accompanied by mental health professionals, to emergency calls related to mental health crises.

Chapter V builds on this discussion and explores the criminalization of poverty and homelessness. This chapter begins with a brief historical account of 'anti-homeless' legislature in the form of 'quality-of-life policing' before discussing recent changes in the practice of policing the homeless in the HRM. Over the course of research and fieldwork, many participants made reference to a controversial encampment clearance that took place in downtown Halifax in August 2021 (Al-Hakim & Maclean 2021); this moment was described as a turning point in relations between the police and those experiencing homelessness. Though the police have not since cleared other encampments, they are still in frequent contact with those experiencing homelessness, as participants' accounts will demonstrate. I will then demonstrate that the stain of a criminal record, and lacking suitable housing post-release, sucks the most impoverished into unending cycles of incarceration and homelessness. Though theoretically under-explored, the notion of *prison as a temporary refuge* (Bucerius, Haggerty, & Dunford 2021) reflects the failure of the Canadian social safety net, resulting in the use of prisons as elective social services for the most disadvantaged.

Finally, chapter VI will discuss the way that the public visibility of homelessness is managed through social services. This is a process tightly linked to surveillance, wherein people are tracked, evaluated, and prioritized for services on the bases of demographic characteristics, support needs, and capacity for self-sufficiency. The HRM is one of many Canadian cities that has recently adopted a 'designated sites' approach to tent encampments. These closely monitored

outdoor social service hubs will be analyzed as off-street services despite their presence in public space. This chapter will end with a discussion of the potential for more positive, less stigmatizing approaches to socialization for those experiencing homelessness: judgement free community spaces focused on the creation of networks of support and care. A community hub in which one of my unhoused participants requested to interview will be showcased as a space for community building and social inclusion for a population particularly prone to social stigma and isolation.

Though homelessness is often understood as an emergency, there is little evidence that governments are working toward practical solutions as advocated by unhoused folks and the non-profit sector. Whilst emergency shelters reduce the number of people sleeping outdoors, they do not solve homelessness. In fact, AHANS (2024) data indicates that, since October 2022, the rate at which HRM residents became homeless consistently outpaced the rate at which homeless residents became housed. Lindblom (1959; as cited in Bendaoud 2021) coined the term 'muddling through' to describe policy decisions based on 'best judgement' in times of temporal and financial strain, as opposed to evidence based practice. As municipal and provincial policy makers in Nova Scotia muddle through their response to unprecedented increases in homelessness, the problem is no closer to being solved. The following chapters will demonstrate the ways in which the public visibility of homelessness is managed and minimized, without the advancement of practical long-term solutions.

Chapter II: Methods

      To understand the ways that poverty and homelessness are governed in the HRM, I set out to conduct semi-structured interviews with two samples. My first sample consists of those who provide, or have provided, outreach support in the form of referrals and system navigation to unhoused folks in the community. My second sample is composed of those who have experienced homelessness in the HRM, either sheltered or unsheltered, for a period of six months or more since 2020. My research design and methodology was approved by the Dalhousie Research Ethics Board, file #2023-6701.

      The purpose of this study is, first and foremost, to understand homelessness responses and governance processes from the perspective of those experiencing homelessness. Given the consistent increase in homelessness in the HRM in recent years, I have paid particular attention to governance processes that emerged or changed in reaction to the present 'crisis'. The primary research questions that guided me were: what forms of poverty governance do unhoused HRM residents most commonly experience? and; how do governance processes in the HRM impact unhoused residents' ability to meet their needs and find housing? In answering these questions, I proceeded deductively from the literature, identifying common governance strategies used in North American cities and asking questions to identify the extent to which they are employed in Halifax. This deductive strategy was primarily informed by *Punishing the Poor* (Wacquant 2009), from which the concepts of medicalization, penalization, and socialization came to structure my research process; I also sought to expand upon this framework by exploring contemporary manifestations of these dimensions. For example, though Wacquant (2009) did not discuss the processes of discipline and behavioural reform that take place in emergency shelters, recent scholarship (i.e. Dej 2020; Osborne 2019) has focused on the processes of *re*socialization

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embedded in the institutional mandates of homeless serving agencies. Through this collection of experiential knowledge, sociological scholarship, and local policy, I illuminate local governance processes, their impacts, and potential policy solutions.

I recruited my sample of outreach workers via cold calls and emails using referrals from other service providers in the community. The meetings with these service providers were between 30-45 minutes in length, and took the form of semi-formal communication about contemporary and changing governance processes in the city. I chose this sample because outreach workers are intimately attuned to the needs of unhoused individuals, and these interviews helped me to understand broader processes at the community level. These interviews also provided me direction for further policy research, and prepared me for my interviews with my unhoused cohort by alerting me to processes of which I may not have been aware. Finally, these interviews served as an entry point for the recruitment of my unhoused sample. At the end of these interviews, I handed outreach workers copies of my recruitment form for unhoused participants to distribute to their clients. This approach gave unhoused participants the opportunity to reach out to me without identifying their participation to others, though some who did not have a phone of their own asked service providers for help to facilitate meetings.

With most of my unhoused participants, our first point of contact was over the phone. During our initial phone call, I introduced myself and gave participants the opportunity to ask any questions about the project or about myself. When establishing a time and place to meet up, I informed participants that I could book a private room in a library to prevent our meeting from being overheard by others. Whilst many opted for the library option, others chose places in the community or private spaces to which they had access that felt comfortable for them. Allowing

participants to self-select their locations is a practice supported by the literature for ensuring participants' comfortability (Ellard-Gray et al. 2015).

Another practice supported by the literature is pre-interview casual conversation as a means of establishing trust with participants prior to data collection (Ellard-Gray et al. 2015; Valado & Amster 2012; Warren et al. 2015). I had originally intended to hold two separate meetings with participants: one that would consist of casual conversation, and another that would consist of the interview. What I found, however, was that participants were very eager to share their stories pertaining to the social controls they had experienced while homeless. I engaged in 10-15 minutes of casual conversation with each participant before showing them the consent sheet, after which I gave them the opportunity to schedule a follow-up meeting for the interview. Most participants, however, requested to complete the process in one meeting.

Interviews with unhoused participants lasted between 30-60 minutes, with the average length being approximately 40 minutes. I informed participants that they could skip any questions that they did not wish to answer, and were free to end the interview at any time. At times throughout the interview, particularly when changing the topic of discussion, I asked participants if they were comfortable to continue. Some participants became emotional over the course of the interview, but when I asked them if they would like to change the topic or take a break, they opted to continue as they thought it important that I hear their stories. At the end of each interview, unhoused participants were provided compensation at a value of $25 to thank them for their time. For participants that chose locations where food or beverages could be purchased, I offered to provide refreshments. At the end of the interview, I established with them what would be the best means of follow up communication if they or I had any further questions. I reconnected with many of my participants throughout the analysis and writing process to ensure

that their stories and ideas were being represented accurately, a process aimed at producing rigour through accountability (Warren et al. 2018). All interviews were audio recorded and transcribed verbatim, except for one participant with whom all communications were in written form due to her hearing impairment.

In total, I interviewed three outreach workers, all of whom were male and between the ages of 30-50. All three had been working in the field of homelessness for at least five years, and one stated that he had been working in the field for almost 30 years. Though I had attempted to recruit more participants from this sample, I had great difficulty establishing a line of communication with some of the city's busiest outreach workers. This was to be expected, and I am very grateful for those that were able to find the time to meet with me.

I interviewed seven unhoused participants who ranged between the ages of 30-80. The average age of participants was approximately 40, and the greatest share of participants were in their 30s. Five of these participants were female, and two were male. Four of my participants were white, one identified as Indigenous Canadian, one identified as Black, and another identified as Indian. Two of these participants were Canadian immigrants. At the time of the interviews, each participant was living in an emergency shelter, though all but one had experienced unsheltered homelessness at some point in the past 3 years.

Many of my unhoused participants had post-secondary degrees: though I did not ask specifically about this, five participants told me about their time in college or university, and all but one of these five had completed their degrees. The level of educational attainment for my other two participants is unknown. Finally, three of my participants had experienced homelessness for the first time in their childhood, one in young adulthood, and the other three experienced homelessness for the first time at some point in the last five years. At the time of the

interview, participants' current duration of homelessness was between 6 months and 30 years. All but one of my participants had been unhoused for three years or fewer, whereas one participant had not had independent housing since her childhood.

I have chosen not to provide biographies of my participants in order to protect their confidentiality. Halifax has a small, highly interconnected service provision community, and providing more specific information about participants working in outreach might render them identifiable to their peers or government overseers. As unhoused participants are known to and were referred by service providers, listing specific details may compromise their anonymity. I have connected participant names to demographic characteristics only when relevant to my analysis (i.e. mentioning a participant's race when discussing racism).

My use of qualitative interviews is informed by scholars of inequality, who insist that it is important to resist the hegemony of scientific objectivity and validate other types of knowledge production, particularly the experiential knowledge of the marginalized (Levac et al. 2022; Warren et al. 2018; Aldridge 2012; Valado & Amster 2012; Yarbrough 2020). Post-positivists, such as Bourdieu, believe that truth can be found in that which is agreed upon by those occupying the same social position (Tiles 1984, as cited in Jain 2013). Considering this, robust findings can be derived from common themes in interview transcripts.

I analyzed my data by coding responses across categories of 'medicalization', 'criminalization', 'socialization', and 'other', then looking for commonalities within them. For example: excerpts relating to doctor's appointments, medication, or health challenges would be sorted under medicalization; those relating to the police or incarceration would fall under criminalization, and; those related to the shelter system would be coded under socialization. Anything that did not fit under these categories but that I considered empirically valuable and

relevant, such as stories of rentals and eviction, were sorted into the 'other' category. The coding process was similar across the two samples; whereas unhoused participants described their own experiences, service providers reflected on their knowledge of the service provision infrastructure, and the service needs of their client populations. In analyzing local poverty governance processes, I paid attention to indications of social control, social pressures, rules, regulations, and restrictions, and avoidance of particular people or places. As I also wished to evaluate the impacts of poverty governance on ability to meet basic needs and exit homelessness, I identified common met or unmet needs, and investigated participant relationships to social services and the housing market.

Given my small sample size, there are inherent limitations to the empirical value of my data. I have interviewed only seven of the over 1100 unhoused people living in this city. Further, each of the three service providers I have interviewed work with only a subset of the unhoused population. It is unlikely that my participants' experiences are universal, nor exhaustive of all local governance processes. My recruitment strategy also poses limitations. As service providers represented my point of contact with potential unhoused participants, only those that were in frequent contact with service providers were recruited. And, as the recruitment method was flier distribution, only those with english literacy and interest in social research would respond. In this way, 'hard to reach' participants, such as those living in more remote areas, or those that are socially avoidant, would have been missed in the recruitment process. In recognition of these limitations, I have supplemented my interview data with references to local policy, news, and academic literature. Policy recommendations made in this thesis are, first and foremost, consistent with the needs of my participants, but are also broadly supported by decades of advocacy and academic research.

All participant names mentioned in this document are pseudonyms. All of the quotations presented in this document come directly from my participants, with minor exceptions. Minor grammatical changes were made in some quotations to improve clarity, and other changes have been made to obscure proper nouns for the purpose of confidentiality. In recognizing those experiencing homelessness as experts on the basis of their experiential knowledge, I have treated interview data and excerpts as empirically valuable pieces of scholarship, in and of themselves. As such, I have taken an integrated approach that presents participant responses alongside the related academic literature, and contextualizes it using local policy and news media. My data is thus presented in a narrative format, locating participant experiences both theoretically and contextually in broader systems of governmentality.

Chapter III: Housing and Homelessness in Nova Scotia

This chapter begins with a discussion of the rapid deterioration of Canada's social safety net in the transition away from the Keynesian economic era, defined primarily through its robust social welfare state and worker protections. After discussing the impacts of this shift, I outline the contemporary methods by which Canadian governments support the creation of affordable housing. I will then transition into a discussion of public housing, including its purported drawbacks and the solution levied to address them: mixed income development. Finally, I will discuss the rental market and tenant protections, arguing that Nova Scotia's current lack of rental market regulation supports the continued creation of homelessness. This should demonstrate that the complete freedom of the market, and governments' reliance upon it to address social problems, is irreconcilable with the protection of human rights.

Through the 1970s and 1980s, the shift to neoliberal ideals amongst Western political elites sought to decentralize state power and deregulate the market to promote individual freedoms. This political shift deferred responsibility for the delivery of social services largely to the (underfunded) nonprofit and charitable sectors, and gave employers and landlords alike a much greater capacity for exploitation.

One of the neoliberal political transformations most responsible for the rapid increase in Canadian homelessness was the transfer of social housing responsibility from public ownership and operation to the private nonprofit sector. Federal and provincial social housing development accelerated in the late 1960s, and peaked in the early 70s, which grew alongside the non-profit and co-op housing sector (Suttor 2016). However, fears about inner city decline, as well as grassroots pressure for community-level decision making capacity, led public housing development to cease entirely in 1978 (Suttor 2016). Suttor (2016) notes that these fears

originated in response to the American political climate of the 1960s and 1970s; Canadians worried that the prevalence of public 'projects' would lead to concentrated urban poverty, which was associated with the violence and disorder of the American 'underclass' (Wacquant 2021). As discussed later in this chapter, these fears continue to linger in the public imagination and influence the practice of urban planning to this day.

Following the public housing era was a period of high mortgage rates and stagflation, causing the baby boom generation to delay home ownership; this, combined with downtown gentrification resulted in a greater demand than supply for rental units, which increased rents and displaced low-income renters (Suttor 2016). The subsidies required to operate the nonprofit sector's market-based, rent-geared-to-income (RGI) units increased dramatically throughout the 70s and early 80s, becoming far more costly than the public model by 1984 (Suttor 2016).

Finally, in 1993 the Federal government made unilateral cuts to social spending, and ended its investment in social housing altogether; all provinces but British Columbia and Quebec would follow suit (Smith 2022). What remained of the social housing sector was targeted toward those perceived to have the most extreme need (Suttor 2016); governments were no longer prepared to support low-income individuals or families deemed capable of work, leaving them far more vulnerable to housing loss.

A lack of social housing, however, is only one of the innumerable factors that led to the exacerbation of homelessness as a social problem. Other facets of neoliberalism, such as cuts to social programs and welfare, deindustrialization, deinstitutionalization, labour market deregulation, and anti-unionism, compounded by persistent stagflation, have made it difficult for anyone without (and many with) a formal education to generate income consistent with the cost of living on the legal market. American poverty research, which exploded during the 1970s, was

focused on individual and community-based explanations such as Lewis' culture of poverty thesis, which framed the poor as a distinct group that refused to assimilate to mainstream, middle class values (Wacquant 2021). The popularity of these ideas effectively severed poverty from the aforementioned structural explanations, validating the implementation of job skills training, education programs, and increased police presence as the primary responses to poverty (Wacquant 2021).

Canada's shelter system found itself in crisis as homelessness grew rapidly in the 1990s, and a lack of federal or provincial involvement forced community organizations and municipalities to invest their limited resources into increasing shelter beds and opening food banks (Smith 2022). As the turn of the century neared, mayors around the country declared homelessness a national disaster, which eventually led to the establishment of the National Homeless Initiative (NHI) in 1999 (Smith 2022). Although accompanied by much-needed transfers to community-based program developers, the fact that funding was only renewed for three years at a time, and that the federal government saw homelessness as an individual problem unrelated to housing, funding was primarily invested into emergency responses (Smith 2022).

Though emergency responses are still a dominant component of Canada's homelessness response, the adoption of the National Housing Strategy (NHS) in 2017 represented a change in the way that the Federal government perceives homelessness. This strategy included plans to preserve and add to the existing housing stock, introduced new rent supplements, and officially acknowledged (for the first time) that homelessness is connected to systemic housing issues (Smith 2022). In recognizing that homelessness is caused by more than individual problems, the Federal government provided more funds, provided longer term grants, and allowed for more flexibility in the ways that this funding could be used to address homelessness (Smith 2022).

A key aspect of the NHS is the Rapid Housing Initiative (RHI), which provides grants to private and non-profit housing developers for the construction of affordable housing (Smith 2022; Nova Scotia 2022). This has allowed the government to fund the creation of new housing, without taking on the costs of construction, maintenance, or property management, and preserves the neoliberal idea that systemic social issues can be solved in the private market. Another key aspect of the NHS is the provision of rent supplements to households struggling to afford market accommodations (Smith 2022; Bendaoud 2021). Bendaoud (2021) describes the reasons that politicians prefer these market based strategies to the construction of public housing: chief among them are cost and efficiency in implementation, broader coverage, and greater flexibility for both governments and supplement recipients. Bendaoud (2021) indicates, however, that these solutions may be cheaper than construction in the short term, but more costly in the long term. A closer examination of the ways in which these programs are implemented at the local scale will reveal deeper challenges associated with these models.

In April 2023, the provincial Municipal Affairs and Housing Minister John Lohr stated in a budgetary debate that there were no plans to increase Nova Scotia's stock of public housing, and that $50 million would instead be allocated to improvements for the existing stock (Gorman 2023a). While obviously necessary, as some of the province's public housing is frankly unsafe for human habitation (see MacInnis 2023; Seguin 2023c), the need for more units of public housing in the province is high. Whereas market-based housing solutions, such as individual subsidies, are dependent on the availability of appropriate units on the market (Phillips 2017; Kohut & Patterson 2022), public housing guarantees that appropriate units are specifically designated to the poor. Though it was announced in September 2023 that the Federal government

and the provincial government of Nova Scotia would be jointly funding 222 new units of public housing, it will not be enough to meet the needs of the nearly 5000 eligible households on the waitlist (Gorman 2023a; Gorman 2023b). Grants to private developers remain as the key strategy for the construction of 'affordable' housing.

As a subsidiary of the RHI, the municipality accepts applications from private companies and non-profit organizations for funding for the construction of affordable housing (Halifax 2022). The province has a similar program, which now receives NHS funding, but has been operating since 2007 (Nova Scotia 2022). Whereas public/social housing gears tenant rents to incomes, 'affordable' housing is an ambiguous term that is often determined based on average or median market rents (Tranjan 2023). Whereas the 'Cities Stream' of the RHI requires that all of those living in new developments pay no more than 30% of their income towards rent (Halifax 2022), the provincial government's Affordable Housing Development Plan (AHDP) does not require all units in the development to be 'affordable', and affordable rent is that which is no more than 80% of the CMHC's average or median market rent (Nova Scotia 2022). However, the AHDP does stipulate that priority will be given to projects that propose the highest number of affordable units at the deepest rate of affordability (Nova Scotia 2022).

Land For Housing is another contemporary government process, also emerging out of the NHS, that is clearly at odds with the development of more public housing, and serves the interests of the real estate development and construction industries. Through this program, the province of Nova Scotia provides provincial lands to private developers for the construction of affordable housing. The NHS also offers federal lands through a similar program, though none is currently available. For both the provincial and federal models, the affordability threshold places rents at no greater than 80% of the average market rate, and not all units in the development need

to be affordable. In fact, developments on this formerly government land need not even be 100% residential. In the federal model, only 30% of units must be affordable, and up to 30% may be commercial or otherwise non-residential; though this degree of specificity is not available on the provincial website, it is likely similar on account of its NHS funding (Nova Scotia 2022; CMHC 2018).

Though these initiatives are bringing new 'affordable' units to the market– the ADHP has funded 2,710 units, 1,965 of which are considered 'affordable', since the program began in 2007 (Luck 2023)– it is of concern that these agreements have an expiry date. The aforementioned federal programs require that units must remain affordable for 20-25 years (Halifax 2023a; CMHC 2018), whereas the AHDP and provincial Land For Housing has a minimum affordability period of 15 years (Nova Scotia 2022). Accordingly, some of the earlier AHDP agreements have begun to expire; by 2024, the program will have lost 270 affordable units from its portfolio (Luck 2023). The fact that public land is being used for the purpose of temporary affordability permanently reduces the government's capacity to provide public and/or affordable housing in the future.

The service providers who participated in this project were forthcoming with their skepticism toward these impermanent projects vulnerable to market pressures. Though they indicated that many of those that are currently unhoused work full time jobs, others live off of welfare and/or disability benefits. Greg told me that low income housing, rather than affordable housing, is what we truly need. Many of his clients are on income assistance and cannot afford 'affordable' housing. Whereas a single person in Nova Scotia makes up to $686 a month on Income Assistance (Nova Scotia 2024b), or $950 a month on Disability Support (Nova Scotia 2024c), 80% of the average market rent for a bachelor apartment is approximately $880 (CMHC

2024b). Similarly, Marshall told me that what we really need is non-market housing. These men

have nearly four decades combined experience working with unhoused folks in Halifax, and to

them the solution was clear: build public housing, and lots of it. In the words of Marshall:

> We need to stop giving [and] selling land to private developers and then renting it back
> from them at a huge markup with a rent subsidy. [...] Any land that we have from old
> schools, old arenas, anything like that [...] instead of selling those to private landlords *we
> should keep our own land*. And I think finally the province is building its own public
> housing, but I think it's only like 200 units which isn't enough. We need thousands and
> thousands of units, and I think that's the only solution, just build as much as we possibly
> can.

Indeed, as Marshall stated, the federal and provincial governments have finally accepted

the call for new public housing. However, the proposed 222 units is not nearly enough to meet

the province's needs. And, reflecting the fact that this is the first time public housing has been

built in Nova Scotia since the 1990s, it remains surrounded by palpable stigma. Though he very

promptly apologized for his Freudian slip, Lohr, in 2022, expressed hesitancy concerning the

creation of a 65 unit supportive housing site because "the province doesn't want to create a low

income ghetto" (Armstrong 2022). The concept of ghettoization is a spectre that has loomed over

public housing since the perceived failure of some of America's most 'notorious' housing

projects (Bloom et al. 2015).

There has been strong opposition to Canadian social and public housing since before

construction even began, originally due to local governments' and the private sector's opposition

to federalism (Suttor 2016). Nevertheless, post-war era census surveys demonstrated housing

need at all income levels, and resulted in a system of federally (CMHC) owned and provincially

and/or municipally operated public housing (Suttor 2016). For middle income earners rent

covered operating costs, and for low income households rents were below the cost to operate, but

were not geared to income (Suttor 2016). However, economic shifts and suburbanization led to homeownership amongst the middle class, and by the late 1960s, as in America, public housing became the domain of the very poor, the disabled, and seniors whose rents were then geared to their (very low) incomes (Suttor 2016). Fed by the fears concerning political unrest in American inner-cities with failing, crime-ridden projects, middle class Canadians in major cities began protesting new public housing developments (Suttor 2016).

Though true that many American public housing developments were in a state of disrepair, this should not be blamed on the supposed social pathologies of the poor. Rather, as Heathcott (2015) demonstrates, the dereliction of the most infamous public housing towers can be attributed to their funding structures and their inability to adjust to demographic shifts. The operating costs of public housing in America were always intended to be paid by tenant rents, with only a small subsidy to fill the gaps; as new suburbs drew middle income earners out and deindustrialization led to urban unemployment, high vacancy and low RGI rents made developments in many urban centers impossible to maintain (Heathcott 2015). Of the public housing developments that did not 'fail', primarily in New York City, high standards of maintenance, the availability of nearby (sometimes on-site) employment and social services, and tenant advocacy and involvement in decision making are associated with tenant satisfaction and the maintenance of social order (Bloom 2015). Indeed, the poor reputation of Canadian social housing can be largely chalked up to poor standards of maintenance and property management (Tranjan 2023). For tenants to embody care for their community, they must feel a sense of control of their surroundings; when neighbourhoods are neglected, feelings of boredom and anomie may lead to acting out.

The idea that public housing complexes are hotspots of crime and disorder is a rather taken-for-granted social 'fact'. Despite this, attempts to measure actual rates of crime and victimization in public housing compared to surrounding areas, or areas of similar demographic makeup have delivered mixed results (see Umbach & Gerould 2015). There is a paucity of research on crime and victimization in Canadian public housing. One study found that, in general, public housing residents are significantly more likely to be victimized than the general population, but the reason for this is more complex than "public housing breeds crime" (DeKeseredy et al. 2003a). A common explanatory tool among scholars for the perceived social decline in public housing is their residents' limited capacity for collective efficacy, which, among other factors, is largely created by the disinvestment, deprivation, and isolation of these neighbourhoods.

As described by DeKeseredy et al. (2003b), collective efficacy involves trust and social cohesion between neighbours, participation in community organizations and collective decision making, and networks of informal social control supported by mutual values and care for community wellbeing. When one has negative perceptions of their neighbourhood, i.e. that there is no work, that there is nothing to do, that social services are lacking, that they are being surveilled and scrutinized, or that standards of maintenance are low (all factors common among public housing developments), residents are less likely to invest their time and energy into its maintenance (DeKeseredy et al. 2003b; Hunt 2015; Levenstein 2015). This then feeds a self-perpetuating cycle, wherein antisocial behaviour spurned by boredom and joblessness, such as vandalism and drug use, beget antisocial behaviour born of fear of victimization, such as self isolation and social avoidance (Alvi et al. 2001; DeKeseredy et al. 2003a). In this context, behaviours considered deviant may become normalized (DeKeseredy et al. 2003a).

Evidence suggests that investment in community services and organizations, creations of tenant advocacy boards, and employment of residents on-site in roles such as maintenance, caretaking, or policing (as has been the case in aforementioned relatively successful New York projects; Bloom 2015) are associated with better outcomes in public housing (DeKeseredy 2003b; Umbach 2015; Vale 2015; Joseph 2006). However, the key strategy in many Western nations for combating the supposed ghettoization of public housing has been the deconcentration of poverty toward mixed-income neighbourhoods (Lees 2008).

The Affordable Housing Association of Nova Scotia (AHANS) is a non-profit organization committed to the development of affordable, accessible, and sustainable housing (AHANS 2023). They are also proponents of the mixed-income model; at a housing forum hosted by Dalhousie's faculty of architecture and planning, an AHANS spokesperson explained that a range of incomes, from deeply affordable to near-market, allows rents to cover the cost of property management (FoAP 2023). But another aspect of his reasoning was shocking to me: that social proximity to those in professional occupations gives aspirations, or role models, to those paying deeply affordable rents (FoAP 2023). This, he said, was the main reason he does not advocate for significant investment in public housing; it is not a good idea to have whole communities with rents geared to income (FoAP 2023). In this, he constructs mixed-income, privately owned and operated (and thus marketized) in opposition to public housing.

The development of diverse, mixed income communities is included amongst the key goals of the NHS (CMHC 2018), and the Nova Scotia Affordable Housing Commission explicitly prioritizes a mixed-income approach (NSAHC 2021). Obviously, there is nothing inherently negative about diverse neighbourhoods; early public and social housing in the United

States, Canada, and Britain, much like AHANS, included a range of incomes such that higher rents would compensate for the lower ones in the coverage of operating costs (Blomley 2004; Suttor 2016; Heathcott 2015). However, many scholars note that this new wave of social mixing, also referred to as urban revitalization or renewal, has taken on a newly neoliberal flavour; some argue that renewal and revitalization are simply positive euphemisms for gentrification (Blomley 2004; Lees 2008; Belanger & Renaud 2022). Further, there is little evidence that this model results in favourable social outcomes and upward mobility among the poor.

The task of social mixing was widely undertaken in the United States in the 1990s as a reactionary response to the social ills of concentrated urban poverty (Smith 2006; Lees 2008; Vale 2015). By the late 1990s, many Canadian municipalities had followed suit (Lees 2008). Social mix policies take two main forms. The first involves dispersing low income households into middle income communities by subsidizing their rents; this method is more commonly used in America through their HOPE VI program (see Vale 2015), but is used in Canada and the United States when housing the homeless (i.e. Housing First, discussed in chapter VI). The other model is essentially state sponsored gentrification, wherein historically poor neighbourhoods are redeveloped to attract middle-income buyers (Lees 2008; Blomley 2004; Bucerius et al. 2017). Scholars have long observed that processes of gentrification tend to displace the poor by contributing to increasing costs for housing, goods, and services (i.e. Slater 2004; Lees 2008; Chum 2015). However, politicians argue that social mix policies are to improve cities and the lives of all that live in them (Belanger & Renaud 2022; Joseph 2006; Smith 2002).

Smith (2002) identified three main drivers of social mix policies: to mitigate the social problems associated with concentrated poverty; to provide better quality housing to the poor, and; to add to the stock of affordable housing. To the former point, Smith (2002) adds that this

may be accomplished through access to social networks to facilitate employment and instill normative behaviours. In addressing the latter point, Smith (2002) accuses 'not-in-my-backyard' (NIMBY) sentiment as the primary roadblock to the development of housing that is affordable for those with lower incomes, as the proximity of 'projects' threatens property value and middle-class quality of life. Evidently, mixed-income development is then a way to house the poor in a way that is (more) acceptable to those with higher incomes, and means of reforming them through physical proximity to other ways of life.

Joseph, Chaskin, and Webber (2007) expand upon the work of Smith (2002) and others, to identify the theoretical basis for the claim that mixed-income development can alleviate poverty (and its associated challenges) and improve the general well being of the poor. They identify four key methods: the development of social networks that may provide access to employment and resources; stronger forces of informal social control based on higher standards for social order among higher income residents; behavioural reform via role modeling by wealthier neighbours, and; access to higher quality goods and services, as wealthier neighbours have greater political and economic power to leverage investment in the community (Joseph et al. 2007). The evidence that supports (or refutes) these claims is varied. There is evidence that greater capacity for collective efficacy among wealthier communities facilitates high standards of social control and greater investment in the community (Sampson et al. 1997 as cited in Joseph 2006; Slater 2004). There is, however, little evidence that new social networks will develop in ways that improve the social mobility of the poor.

The example of Regent Park in Toronto problematizes the key tenets on which income mixing is based. The Regent Park community, Canada's oldest and largest social housing community, has been undergoing a process of revitalization for nearly two decades (Bucerius et

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al. 2017). This community was once entirely RGI, but has undergone intensive redevelopment to improve the quality of units and attract middle-income buyers (Bucerius et al. 2017). After periods of displacement, original tenants were reintroduced to Regent Park alongside their new middle income neighbours. However, contrary to the beliefs of social mix proponents, social ties did not form among the new neighbours; in fact, the authors found that the two groups remained distinct and tended to deliberately avoid each other (Bucerius et al. 2017). Though some developments where income levels exist on a narrow spectrum are able to facilitate new social networks (i.e. Chicago's Lake Parc Place, see Vale 2015), most studies on mixed-income redevelopments report little social contact between differing income groups (Vale 2015; Rose 2004 as cited in Lees 2008; Joseph 2006; Smith 2006). This is further complicated in that new social spaces that emerge as a result of greater community investment, such as cafes, bars, and recreation facilities, tend to cater to middle-class interests and require free time and disposable income to enjoy (Bucerius et al. 2017; Freeman 2006 as cited in Lees 2008). It is curious, then, that affordable housing proponents still argue that physical proximity is a bridge to social capital.

The notion that private enterprises, whether they be charitable non-profits or otherwise, are better able to meet the needs of the disenfranchised is something which critics of neoliberalism have long disputed. That AHANS (2023) holds that housing is a human right, but does not believe that we should call on the state to provide it, raises questions about whose responsibility it should be to ensure that the rights of the people are met. Further, that housing should be used as a means to correct problematic behaviour and provide role models is a paternalistic proposition grounded in the culture of poverty thesis– that the poor are unable to succeed because of their sociocultural values, beliefs, and practices, rather than a long history of disenfranchisement and exploitation. This, then, situates the mixed income model within the

spectrum of governmentality, as the very neighbourhoods designed to improve the lives of the poor are also to regulate their behaviour.

Exploitation is an inherent feature of the rental market. Tranjan (2023) observes that the rate of rent increase in Canada has long outpaced that of wages and inflation. So long as people need housing, and they always do, landlords are able to appropriate the fruits of a tenant's labour at the threat of eviction and homelessness. Owners of rental properties often describe them as a source of 'passive income'; indeed, once their mortgage is paid off (by tenant rents) landlords continue to raise rents, with the market, and profits are all but what goes to property maintenance. Economists are quick to blame rent increases on low vacancy rates, indicating that supplementing supply begets affordability. However, Tranjan (2023) demonstrates that in 2021, even as national vacancy rates increased, the average national rent continued to rise. As of Tranjan's (2023) publication, only four provinces in Canada have rent controls on occupied units; Nova Scotia is one of them. Rent controls limit annual rent increases to a certain value, intended to preserve the affordability of the rental market. Despite this, Nova Scotians continue to be priced out of their housing, due in part to a known loophole that the province refuses to close (Woodward 2023).

The power dynamic between landlords and tenants is deeply inequitable. Buhler and Barkaskas (2023) acknowledge that residential tenancies acts in Canada tend to be understood as documents that "balance the interests of landlords and tenants" (p.35). They argue that this language of "balance" casts the interest of having safe shelter as equivalent to the interest of profiting from property investments; whereas the former is a basic human need, the latter is a luxury of wealth (Buhler & Barkaskas 2023). And, because landlords have the right to cast

tenants out due to 'behavioural problems', so that the building can be renovated, or, in Nova Scotia, to take advantage of vacancy decontrol (via fixed term leases, discussed below), tenants often feel that they cannot raise concerns about housing conditions or maintenance out of fear of retaliatory eviction (Buhler & Barkaskas 2023; Desmond 2016; Rosen & Garboden 2022). Landlords' power also comes from their wealth, in that they are far more likely than their tenants to have legal representation in eviction hearings (Collins et al. 2022; Desmond 2016). Further, they are represented in government; both housing minister John Lohr, and premier Tim Houston are landlords (Mastracci 2021; Bousquet 2021). When landlord groups make the case to their government that the rent cap should be thrown out, or that it is far too difficult to evict (Gorman 2023c; Laroche 2021; Seguin 2023d), they are making that case to their peers.

Of the seven unhoused people I interviewed, five informed me that they had been evicted at some point in the last three years, some of them more than once. Brittany, Richard, Marie, and Henry had been evicted from market apartments; Brittany, Henry, and Patricia had been evicted from a shelter, boarding house, or group home, and; Patricia was priced out of her apartment after a new company purchased the building. Richard told me that his eviction was illegal, in retaliation for complaints that he had made, but that his life demands and a recent head injury rendered him unable to advocate for himself and get the legal counsel he needed. This eviction began Richard's first experience of homelessness.

Evictions are not only associated with vulnerability to homelessness; the stress and anxiety caused by the forcible removal from one's home leads to physical health challenges, like high blood pressure, mental health challenges, like suicidal ideation, and may increase risks associated with drug use (Tsai & Huang 2018; Desmond 2016). Desmond (2016) also notes that evictions make one more likely to lose their job, and fractures networks of community support.

Further, eviction blights one's tenant history, making landlords less likely to accept applications, and often forcing tenants to accept poorer quality housing (Desmond 2016; Xuereb 2021). Serby et al. (2006), a group of psychiatrists who observed repeated instances of suicide in the days preceding their patients' evictions, wrote "Eviction must be considered a traumatic rejection, a denial of one's most basic human needs, and an exquisitely shameful experience" (p.273).

Evictions were banned during the start of the COVID-19 pandemic to protect tenants during a time of financial strain. Whilst the ban on all evictions only lasted for three months (Woodford 2020), a ban on evictions due to renovations, or 'renovictions', was in place until the state of emergency ended in March 2022 (Montague 2023). Montague (2023) notes that, between March 2022 and July 2023, 200 renoviction applications were made in Nova Scotia. Though only 31 were approved, it is certain that many more tenants were impacted, as tenants who agree to leave and do not take the matter to court are not counted in these statistics (Montague 2023). Renovictions are typically performed such that property owners can make cosmetic changes to the building in order to increase the rent and attract higher income tenants (Seguin 2023e). Despite the three months rent payment to which evictees are entitled, those facing eviction from deeply affordable and/or rent controlled apartments are unlikely to find another unit they can afford in this tight rental market (Seguin 2023e).

But in Nova Scotia, rental arrears, bad behaviour, or renovations are not the only reasons why one may be forced to leave their home. Though fixed term leases have long been used in Nova Scotia, they were once primarily used by landlords to 'test' potentially risky tenants (i.e. those without Canadian rental history or a good credit score); if the tenant was well behaved and paid their rent on time for the fixed-term period, they would be offered an automatically renewing lease (Woodford 2023). However, since the institution of a 2% rent cap in 2020

(Woodford 2020), legal aid workers and those looking for rentals have observed that automatically renewing month-to-month or year-to-year leases are not being offered, regardless of credit score or rental history (Woodford 2023). This is because Nova Scotia does not have vacancy control, meaning that landlords can refuse to renew a fixed-term lease, cast out their existing tenant, and charge the next one as much as they would like (Woodford 2023). This, of course, defeats the purpose of the rent cap; instead of keeping rents affordable, it gives landlords an incentive for high turnover. These are not considered evictions, but simply the end of contract, meaning that those forced to leave their home have no legal reprieve. Though the NDP have requested that the provincial government close this loophole, either by instituting vacancy control or specifying new conditions under which fixed-term leases may be used, the proposed policy amendment was denied (Woodford 2023). In an attempt to maintain the affordability of rental housing, the provincial government has instead cultivated a climate that discourages residential stability.

Desmond (2016) notes that residential instability is in direct opposition to the development of community networks and collective efficacy. As the poor tend to exhibit greater levels of residential mobility, whether due to evictions or voluntary moves due to poor housing conditions (Desmond 2012; Desmond 2016), it becomes clear why poorer neighbourhoods are often characterized by social disorganization. In the mission to reduce homelessness and stem disorder by creating strong communities with the capacity for informal social control, residential stability should be prioritized. Though tenant friendly legislation may compromise a landlord's ROI, that profit, like that of any other investment, ought to be seen as a privilege, not a right. Tranjan (2023) tackles the 'what about landlords' argument head on, saying "they will be fine!" (p.45). He argues that to own multiple residences is a marker of great wealth, and if forced to sell

their property they may even profit. The losses for tenants in climates of landlord friendly legislation are far more grave.

Politicians at all levels of government have expressed commitment to ending the housing and homeless crisis, but until recently, have been unwilling to do so outside the confines of the market. When politicians give loans or government lands to developers for the creation of affordable housing, the word 'affordable' is a misnomer. When rents are geared to income the threshold is set at 30%, as this is what has been (albeit arbitrarily) deemed a reasonable amount for a person to pay (Tranjan 2023); however, in Nova Scotia, rent supplements are only available to those paying more than 50% of their income on rent (Seguin 2023a).

When affordable housing is that which is no more than 80% of the average market rent, the very poor are left unaccommodated. And, the market rate continues to rapidly increase; it will continue to do so until the provincial government rectifies policy that essentially encourages residential turnover. Though communities with rents entirely geared to income are decried for their creation of poverty pathology, evidence supporting the benefits of the mixed-income model or of rent control are mixed at best. I have, however, provided evidence that supports the possibility for public housing that facilitates collective efficacy. I hope to have demonstrated that the practice of accruing profit by gatekeeping housing is irreconcilable with the recognition of housing as a basic human right

Chapter IV: Homelessness and Health

Those experiencing homelessness are known to have complex physical and mental health needs. Unfortunately, they also experience pronounced barriers when accessing healthcare. AHANS (2024) reports that over 250 of those currently experiencing homelessness in Halifax have two or more chronic mental and/or physical health challenges. There are many reasons, both identified by my participants and in the literature, why unhoused people may be unable to meet their health needs. It is also true that the types of mental health support available to them may be inadequate or make them feel stigmatized. In some cases, mental health response is distinctly punitive; in the HRM, as in many other municipalities, the foremen of mental health crisis response are the police. This chapter will begin with a discussion of the historical practice of medicalizing homelessness. It will then outline the health challenges faced by unhoused folks and their difficulties in addressing them. This chapter will argue that, in the relative absence of comprehensive and compassionate healthcare, medical interventions available to those experiencing homelessness (prescription medications, the emergency department, and police-led crisis intervention) emphasize the control of disruptive behaviours over care.

Deinstitutionalization in the late 20th century is thought to be responsible for the high rates of mental illness amongst the homeless population, as the community supports implemented to replace psychiatric hospitals were not able to meet their needs (Marr 2015; Smith 2022; Dej 2020; Waegmakers Schiff & Schiff 2014). Consequently, in the absence of appropriate clinical care, emergency shelters and prisons have replaced the psychiatric hospital as a means of containing those deemed abnormal, unstable, or volatile (Dej 2020; Smith 2022; MacNaughton et al. 2013). Scholars warn, however, that overstating the impact of deinstitutionalization on rates of homelessness supports the idea that individual pathologies,

rather than the capitalist social structure, are the leading cause of homelessness (Ben-Moshe 2017, as cited in Dej 2020; Smith 2022).

Homelessness itself tends to be considered a disease, or at least a collection of pathological behaviours that result in a lack of conformity to middle-class norms. Key responses, then, have historically included 'treatments' for the symptoms of this disease. For example, transitional housing was the most commonly used means of connecting homeless people to permanent housing in the early 2000s (Suttor 2016; Smith 2022). Transitional housing places unhoused folks in a congregate living arrangement and enrols them in mandatory programming that promotes 'housing readiness' (Smith 2022; Waegmakers Schiff & Schiff 2014; Kohut & Patterson 2022). These programs typically require that residents: maintain sobriety and attend addictions counselling; control their emotions and avoid conflict; participate in psychiatric treatment; attend job readiness and/or educational programming, and; comply with curfews and complete chores (Marr 2015; Padgett 2007; Lopez 2020; Collins et al. 2012). Marr (2015) found that these disciplinary techniques often push participants to accept whatever job they can find, which typically does not generate sufficient income to afford housing. So, despite the persisting rift between wages and cost of living upon 'completion' of these programs, service users are presumed to be capable of living independently having addressed the pathological foundations of their homelessness.

Macnaughton et al. (2013) note that the politically entrenched conflation of mental illness with homelessness has historically attributed validity only to those interventions with a central mental health component. And, although unhoused folks are often seeking out talk-therapy or counselling, psychiatric medication is often the only treatment available (Karabanow et al. 2018; Marr 2015; Dej 2020; Clifasefi et al. 2016). Such medication is cheaper to provide than intensive

therapy, and more immediately capable of normalizing subjects by silencing disruptive symptomatic behaviours.

Homelessness is also pathologized by the wording with which it is described. The term 'chronic' homelessness, in Canada, describes homelessness lasting six months or longer (Dej 2020), as compared to transitional homelessness which resolves relatively quickly (Smith 2022). Though chronic is a word that describes a long-lasting issue, scholars problematize its medical connotation. Periods of homelessness lasting six months or longer have become increasingly common in the HRM's present iteration of the housing crisis, but chronic homelessness has historically made up about 15% of total homelessness (Dej 2020). Whereas transitional homelessness was experienced by the 'average citizen' quickly able to get back on their feet, chronic homelessness was primarily experienced by those with disabling health complications (Marr 2015; Smith 2022; Katz et al. 2017). As such, the term 'chronic' becomes a double entendre, describing both the length of homelessness and its confounding conditions. Katz et al. (2017) argue that this medical rhetoric obscures the role of unaffordable housing and structural disadvantage in the creation of long term homelessness.

This being said, it is well known that unhoused folks place a great demand on emergency services; one study (Willse 2015, as cited in Grainger 2022) estimated that those experiencing chronic homelessness consume 50% of emergency resources. It was for this reason that the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT), a survey used by homelessness service providers to assess their clients' 'vulnerability' scores, became the main instrument for determining who should receive the limited services on offer (Kohut & Patterson 2022; Osborne 2019). This tool is composed of two metrics used to determine overall vulnerability scores: the presence and acuity of any disabling conditions (such as mental illness,

physical disability, or addiction), and; membership to one of the recognized 'vulnerable populations', including the elderly, and families with children (Osborne 2019).

This measure of vulnerability holds striking similarities to the categorization of the 'deserving poor', in that service recipients must possess characteristics that indicate their homelessness was not caused by personal failures, but was out of their control. As the creators of the VI-SPDAT have begun to disavow their own instrument for this very reason, vulnerability remains a salient metric for allocating services while minimizing public costs (Shinn & Richard 2022; Kohut & Patterson 2022; Grainger 2022). Vulnerability assessment is thus a thinly veiled form of medical triage, identifying whose homelessness is most severe and treating the symptoms. In this, both the literal and figurative social costs of homelessness are minimized without addressing its systemic underpinnings. The question of who should be prioritized for services has been an emergent theme in the course of my research, and will be addressed in further detail in chapter VI.

A lack of stable housing is a predictor of health problems and mortality (Collins et al. 2012). Living outdoors in particular exposes one to the elements, whether that be extreme heat, extreme cold, or heavy rain or snow, which can lead to conditions such as heat stroke, pneumonia, and trench foot, among others. So too is it difficult for those experiencing homelessness to meet nutritional needs or get good quality sleep. Basic needs, such as food, water, clothing, and shelter, often supersede or distract from one's challenges with mental or physical health challenges (Fleury et al. 2021); this leads to delayed or foregone treatment, allowing conditions to worsen. Furthermore, lacking a cell phone, a permanent address, and/or a means of transportation makes it difficult to schedule and attend doctor's appointments. Due to

these factors, the only treatment option for many unhoused folks is the emergency department (Fleury et al. 2021).

A lack of stability, consistency, privacy in, and control over one's environment is also associated with psychological distress. Padgett (2007) identifies these as some of the basic conditions for what is called 'ontological security', a term which refers to the well-being derived from the capacity for self-determination and the day-to-day predictability of life. The feeling of ontological security provided by a home allows individuals to pursue needs beyond the basics, allowing them to address health needs, build or rebuild relationships, reconnect with oneself, and make plans and goals for the future (Kirst et al. 2014; Padgett 2007). This is the premise of Maslow's hierarchy of human needs: basic physical needs must be met before one can address the other challenges in one's life (Fleury et al. 2021). Based in part on this philosophy, homelessness solutions that provide independent housing placement in advance of treatment are now regarded as best practice in the policy sphere (Waegmakers Schiff & Schiff 2014).

Many of the individuals that I interviewed told me of their various mental and physical health problems and the challenges that they have faced in addressing them. One of the most pronounced barriers, identified by both support workers and unhoused participants, are the long wait times to access mental health and addiction services.

A couple of my participants reported difficulty addressing primary care concerns. The shelters at which all of my participants lived during their interviews had medical staff that were employed full time at the site and/or staff that visited the site at regular intervals. Despite living at a site that had both an on-site nursing team, and was regularly visited by a mobile primary care team (a model discussed below), Marie told me that she was unable to access foot care. Foot care

is something that unhoused folks often require due to a history of exposure to the elements. As Henry told me, trench foot is a common outcome of living in a tent; it is very difficult to keep your socks and shoes dry in the midst of a storm, and impossible to get them dry without electricity amid a continuing downpour.

One participant, Brittany, recounted a long history of being ignored and dismissed by doctors. In 2011, she experienced a traumatic head injury, and has since been battling uphill for a brain scan and appropriate treatment. When she was initially hospitalized for her injury, she felt that she was rushed out of the hospital without adequate testing or care. In 2013, her injury was re-aggravated, and she went to several doctors in an attempt to get evaluated. She gave up when a doctor said to her "you were dealt a shit hand, live your shit hand". Though her post concussive symptoms make it difficult to focus and hold down a job, she has never once obtained a referral for a brain scan.

Brittany also told me that she was experiencing various negative health outcomes due to poor nutrition. She told me that she had been experiencing an eye twitch and was frequently becoming ill. Though she had gone to both the staff at the shelter, and the health team on site for something to prevent her eye twitching and relieve her nausea, they were unable to help her. Even though she experienced recurrent vomiting, the staff dismissed her and told her to go buy some gravol; without money to pay for medicine, or the strength to walk to the store, she would simply return to her room. She said that whatever illness shelter residents were facing, whether it be covid, the flu, or food poisoning, they were to cope with it on their own, and made to feel like asking for help was an unreasonable request.

Finally, I asked Brittany if there were mental health and addiction services available to her if she needed them. She laughed loudly and said "There's supposed to be. Honestly. But I've

yet to really find any real service of that". She told me that she has been trying to quit smoking for several years, but the only support available are over the counter drugs that she cannot afford. She pointed out what she saw as a fatal flaw in her shelter's addiction support infrastructure: "We here are provided with anything we want, if there's a pipe for crack, as long as it's a clean, capable crack pipe, they provide it. Anything, they apparently make it so that it's healthy. I wanna quit smoking? There's no access". She told me that smoking is the way that she copes with her stress, and without access to nicotine substitution and constructive coping skills, smoking will continue to compromise her health. And, the mental health services that she was able to access certainly did not help her to implement positive coping mechanisms.

Brittany had also visited several psychologists and counselors over the years, but none that provided her any real benefit. She said to me, "I've been through mental health for years now. And I know that a lot of psychologists, mental health counselors, all of that, they're taught to teach you that it's an illness, to people like me". She told me that she experienced a pronounced lack of empathy because the doctors have no idea what it's like to be poor. When she has gone to people for support with the things that are troubling her, she is told to be grateful: "at the end of the day, it's to hush, it's to act fake, pretend the world is the most pleasant place to be. That's how mental health likes to 'help' I guess". And she said to me, that in 2019, after telling a doctor about all the different ways that she had been kicked while she was down, she was prescribed psychopharmaceuticals, because "a psychologist [told] me I have a chemical imbalance and that's what's wrong with me. Gaslit, to the full extent darling"!

For Brittany, many of the things that she needed to support her health and wellbeing were unavailable to her. And, though mental health support was available to her at many times throughout her life, that which she could access was stigmatizing and unsympathetic. Looking

for ways to cope with the trauma she had experienced, she was instead told that her misfortune was an illness, and that medication would fix her problems. Though her anger and frustration are reasonable responses to the systemic mistreatment and inequalities she has faced, they are recast as symptoms to be medicated as a means of suppressing her resistance. The attitudes that wealthy doctors hold toward the poor and to the homeless, for Brittany, is a pronounced barrier to care.

But for others, barriers prevent them from engaging in care in the first place. Henry told me that in his searches for mental health and addictions support, he was offered waiting periods ranging from six months for detox, to three years for a psychologist. Henry told me that he had attempted suicide three separate times; he told me that in 2015, shortly after the deaths of both of his parents, he was unable to find a service to help him cope so he jumped off of a bridge. He said that what he would really like to see in Halifax, and what would have helped him in that time, is a center where someone can drop in and speak to a counselor. When one is actively suicidal, they do not have three years to wait before seeing a psychologist. And, though there is a crisis phone line available, many unhoused folks do not have a phone, or the means to keep it connected.

For others, the phone line is accessible but simply not enough. Richard told me that talking about his deepest personal problems over the phone just does not work for him, and that he needs to connect in person. Further, it is important for Richard that whoever he talks to about his personal life be bound by doctor-patient confidentiality, as it makes him very nervous that his personal details could get out. Richard expressed a need for real trauma based support in the shelter. He has noticed that when people at the shelter are experiencing trauma-induced episodes, there is not always someone around who can appropriately de-escalate the situation. He said,

> Y'know like somebody's traumatic episode where they get into this trauma rage and screaming and yelling and that's met with aggressive assertiveness, that's, it's the

complete opposite of what they should be doing right? You don't intensify by throwing more logs on the fire, that's not how you stop a fire.

He, like Brittany, expressed that people are expected to act appreciative of those who support them, but that it is almost impossible to embody appreciation with untreated trauma.

Patricia's biggest challenge in accessing care was that she did not have a phone or permanent address. As such, until she was able to find a long-term place to stay, she would not be able to receive communications from a doctor's office. She also told me that her mental health was never a priority while she was looking for somewhere to stay, and that her basic subsistence needs took priority. She said that once she found a shelter she was able to access medication with which she is satisfied.

Finally, Roslyn experiences barriers to care because she is hard of hearing, and accommodations are hard to come by. Roslyn's preferred method of communication is sign language, but there is no one at the shelter who can interpret for her. As such, she and the staff pass hand-written notes– the method through which she and I conducted our interview– but she finds it to be mentally draining. This, for her, is a pronounced barrier to addressing her addiction. She told me that many detox centers do not allow interpreters for privacy reasons, but that this makes it difficult for her to communicate and engage in care. Each of the stories that my participants told me of their struggles in accessing healthcare illustrates a robust need for compassionate care specifically tailored to those impacted by structural disadvantage. While some such services do exist, they do not have the capacity or funding to serve everyone who needs them.

Though many unhoused folks in the HRM experience persistent difficulties in addressing their primary medical and mental health needs, there are organizations in the community

dedicated to addressing the health needs of unhoused and underserved populations. The North End Community Health Centre (NECHC) is a non-profit medical clinic located in the North End of Halifax on Gottingen street amid a network of other social services. This clinic provides primary care, nutrition support, obstetrics, mental health counselling and social work, and harm reduction informed support for drug users. They also run supportive housing programs, and provide occupational therapy and primary healthcare at shelters around the city.

The Mobile Outreach Street Health (MOSH) team, working out of the NECHC, travels to shelters, encampments, and service hubs around the city to engage unhoused folks in primary care and address their health needs. Gloria, an elderly woman who had been living at a shelter for just over a year, gave me a long list of all the health needs the MOSH doctors helped her to address. Amid details about dental work, blood pressure monitoring, and medication management, Gloria said, "They are very good to me, very very good to me, they are wonderful to me. So I know all of them, I know all the names of the nurses. They love me, I love them". She then showed me a picture of her with a group of MOSH nurses on her phone. Though Gloria did not have a negative word to say about much of anything during our interview, it was very clear to me the profound impact that access to comprehensive, non-judgemental medical treatment had on her.

The only negative thing there is to be said about the NECHC and MOSH is that they do not have an unlimited capacity and cannot be everywhere at once. I asked Duncan, an outreach service provider, if there were any available mental health crisis intervention resources that unhoused folks could access that do not involve police. He said that yes, there are helplines they could call, or that they could go to wherever the scheduled MOSH pop-up site was for that day, but if they needed someone to come to their location then the police would be involved. While

the Halifax police are often accompanied by mental health workers when they respond to mental health calls, neither the public nor the police themselves believe it is a duty that should be performed by the police (Welland 2023; Hoffman 2023; Ajadi et al. 2022; Koziarski et al. 2020). And, although police serving on the city's Mental Health Mobile Crisis Team receive 40 hour crisis intervention training (Kinsella 2023), police presence carries heavy symbolic weight that can be distressing and stigmatizing.

As aforementioned, the deinstitutionalization of psychiatric patients and the lack of community support established in its wake is one of many explanations for the high prevalence of mental illness among the homeless population. So too does it explain the high rate of contact between those experiencing mental illness and the police (Shore & Lavoie 2018). Halifax Regional Police (HRP) data shows that they respond to between 2,000-2,500 mental health related calls per year (Hoffman 2023). Further, data from a 2008 study estimates that 15% of calls for police are related to those with mental illness, and that those with perceived mental illness are two to three times more likely than the general population to come into contact with police (Cotton & Coleman 2008 as cited in Koziarski et al. 2018)– as this data is outdated, and the RCMP indicates that mental health related calls have increased in recent years (Hoffman 2023), it is likely that these statistics are underestimations.

Lavoie and Shore (2018) argue that with a paucity of mental health crisis support resources in the community, the police have had to assume the role of 'frontline mental health workers'. This, of course, is not the function for which the institution of policing was intended. It is also jarring, as many officers do not receive comprehensive mental health training (Lavoie & Shore 2018). Livingston et al. (2014) conducted interviews with individuals with mental illnesses living in Vancouver about their police contact; although over 70% of respondents were broadly

satisfied with their most recent police interaction, many believed that mental illness training was insufficient. Many respondents felt that the police did not understand even the basics of mental illness, and believed they required training about how these illnesses are experienced and expressed (Livingston et al. 2014). Others believed they required better training in communicating with compassion and respect and approaching situations non-aggressively and non-violently; a quarter of the participants in this study had been injured by police, and a third believed they had been subjected to excessive use of force (Livingston et al. 2014). Nicholson & Marcoux (2018) found that of the 460 people killed in Canadian police encounters between 2000 and 2018, 70% had a mental health issue. As many people with and without mental illness are (justifiably) terrified of the police, it is possible that just the presence of a badge and gun can escalate a crisis.

In recent decades, in an attempt to address the known issues concerning police response to mental illness, training in crisis intervention and specialized crisis roles have been added to police departments in Canada and abroad. There are two common models for these specialized teams: the crisis intervention teams (CITs), which are comprised of officers with comprehensive crisis and mental illness training, and; co-response teams (CRTs), which comprise crisis trained officers and community mental health workers (Koziarski et al. 2018). The HRP team follows the CRT model and is called the Mental Health Mobile Crisis Team (MHMCT).

Thinly spread services with long wait times, often more difficult to access for the poor and/or homeless than for anyone else, make for a prevalence of untreated symptoms in a population with limited access to private space. Officers tend to respond to repeated calls from or regarding the same individuals, as homelessness makes their symptoms and crises publically apparent, and may make it difficult to access and maintain treatment in the community, even with

a referral (Koziarski et al. 2018; Shore & Lavoie 2018). And, though referral to community services is identified as the optimal outcome of these encounters, Lavoie & Shore (2018) replicated the results of previous Canadian studies indicating that such referrals only occur in approximately 40% of cases resolved without apprehension.

Also replicating previous studies, they found that apprehension for the purpose of an involuntary 72-hour psychiatric hold under the Mental Health Act was the most common outcome of these calls; in half of such cases, patients are deemed ineligible for involuntary treatment and subsequently dismissed from the hospital without treatment or a referral (Lavoie & Shore 2018). That the most common outcome of these mental health calls involves detention in a hospital waiting room, and does not guarantee access to treatment, indicates persisting flaws in the model. Though this study was conducted in a small Ontario city and cannot be generalized to Halifax, that this study replicated the findings of previous like studies [(Charette et al. 2011; Dyer et al. 2015) as cited in Lavoie & Shore 2018] indicates that these are common pitfalls in policing mental illness.

It is also problematic that, for many, calling the police is the only way to facilitate referrals to community mental health resources. One of my participants, Richard, told me of two times he had the police called on him for mental health reasons. The first time, the call was made by a doctor who had seen him earlier that day and suspected he was having mental health challenges. When an officer– with a gun in his holster –showed up at his apartment door, Richard was surprised and intimidated as he did not know why they were there, or who had called them. Though he told me that they spoke respectfully, Richard also told me that their meeting occurred in his apartment building's hallway, and that he was concerned what private information his neighbours might overhear. He was worried that the things he said in this meeting may put him

on bad terms with his property manager and lead to his eviction. This meeting ended without a referral to mental health services.

His second police wellness check also occurred unexpectedly. Richard believes that someone he had spoken with had called the team after his post-concussion symptoms had made him seem aggressive and unwell. An officer came and spoke with him, and after some time, invited the mental health team to join. Richard told them that he wanted a referral to a psychologist or psychotherapist and was given a phone number to call and set up an appointment. He was given a month to call this number, but was unable to do so in time and lost his referral. He told me he would have to call the MHMCT again if he wanted them to renew the referral, which he did not believe was worth it.

Marie told me of a time that she had the police called on her when she was in the library. One of the staff said something that was triggering, and caused her to become manic. She was arrested, handcuffed, and taken to jail, and never spoke to a mental health professional.

Henry, a young Indigenous man, also had experience with police while experiencing a mental health crisis. Henry has PTSD, both from his time in the military, and from being subject to police use of force on a few occasions. He also told me that one of his cousins was killed by police in Moncton during a wellness check. As such, Henry is deeply fearful of the police, and panics when they approach him. He had a wellness check called for him and the caller stated that he had a weapon. As such, several police showed up with weapons ready, and he was taken to lockup. He demanded for several hours to be taken to the hospital for a mental health assessment and was only taken once he called his lawyer to advocate for him. He was deemed ineligible for admittance for psychiatric treatment and was sent home later that night. Both he and Richard

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agreed that the way that the Halifax police approach and communicate with people with mental illness has the potential to escalate, rather than remediate the situation.

Of great concern in each of these stories is that the police first arrived unaccompanied and invited the mental health team in at a later point. In Marie's and Henry's cases, the mental health team was not brought in at all, despite their communication that they were in crisis. The MHMCT are not designed to be first responders in an emergency; they are only available 12 hours a day (from 1pm to 1am) and are dispatched situationally based on the nature and acuity of a situation (Ajadi et al. 2022). Iacobucci (2014), who conducted an evaluation of a similar program in Toronto, indicated their inability to act as first responders as a limitation of the model. He writes "it is unfortunate that police officers without specialized training in mental health crises are required to make a crisis situation safe before the professionals most capable of managing and de-escalating that crisis—the [Mobile Crisis Intervention Team] unit—are allowed to intervene" (Iacobucci 2014, p.225). Indeed, Henry told me that he wished a street navigator or mental health professional had attended the aforementioned situation from the start, as a friendly face would have eased his fear. As referrals to community services are far more likely to occur when a service provider is present to advocate (Shore & Lavoie 2018), it is possible that their presence could have resolved the incident with treatment, rather than jail.

When, in 2022, a committee tasked with defining what it would mean to defund the HRP released their final report, the role of the MHMCT was called into question (Ajadi et al. 2022). Though they agree that a police-mental health expert partnership is preferable to a police only response, they urge that a civilian only mental health crisis response team be implemented in the HRM. Echoing the previously discussed literature, this committee found that the most common outcome under the MHMCT involves waiting in a hospital emergency room (Ajadi et al. 2022).

Livingston, a committee member and criminology professor at St. Mary's University in Halifax, argued that the current mental health response continues to support the over-representation of people with mental illness in jails and prisons (Ajadi et al. 2022). The fact that two of my participants had been taken to jail amid a mental health crisis supports this claim.

People experiencing homelessness typically have greater health needs than the general population, but more pronounced barriers to care. Indeed, that homelessness in and of itself is regarded as pathological makes it difficult to access care that is compassionate, non-stigmatizing, and non-judgemental. That psychopharmaceuticals are often the only mental health support unhoused folks can access (Marr 2015; Dej 2020; Clifasefi et al. 2016) demonstrates that medicalizing homelessness is about managing potentially disruptive symptoms and behaviours, rather than providing comprehensive, trauma-informed care.

All but one of my participants described barriers in accessing the medical care that they needed, whether they be availability, wait lists, costs, a lack of accommodations, or a lack of empathy. Though Gloria expressed deep satisfaction for the care she received at the North End Community Health Center, their capacity cannot accommodate everyone in the HRM. For many, a lack of care available in the community renders interactions with the police completely inevitable. And, although police serve as front line mental health workers due to a lack of available mental health resources, their service rarely translates to legitimate connections to care. Unfortunately, contact with the police is common amongst those experiencing homelessness and/or mental illness. The criminalization of the poor will be further deconstructed in the following chapter.

Chapter V: The Criminalization of Poverty

As discussed in the previous chapter, those experiencing homelessness, particularly when in conjunction with perceived mental illness, are more likely to come into contact with the police. Indeed, the formation of the police in early 17th century Britain served the primary purpose of ensuring that men were working under the newly established system of industrial capitalism (Gordon 2004). Later appearing in Canada as well, 'vagrancy laws' established the distinction between what are now described as the 'deserving' and 'undeserving' poor; the former were widowed women and their children, orphans, and the disabled and received charity, and the latter were able-bodied working-age men forced to work for their place in society or be cast out (Gordon 2004). Though these laws faded from the Canadian ledger in the mid 20th century, they returned with a vengeance at the turn of the 21st. This chapter will begin with a theoretical and historical discussion of the criminalization of poverty before delving into my findings in the HRM context. In doing so, I will argue that punitive responses to poverty only make poverty worse by exacerbating and solidifying barriers to employment and housing. For those who are criminalized, a lack of social support, income, and housing, can lead to perpetual cycles of incarceration and homelessness.

As argued by Wacquant (2009), political and economic transformations that occurred through the late 20th century exacerbated the prevalence of urban poverty. Deindustrialization occurred alongside the erosion of labour protections, resulting in a dearth of secure and well-paying 'unskilled' labour; that this also occurred alongside retrenchment of the welfare state left many households without the means to meet their basic needs on the legal market (Wacquant 2009; Stuart 2016). This, of course, led to a spike in socioeconomic insecurity, which posed a great threat to the social order and necessitated new mechanisms of control (Wacquant 2009;

Stuart 2016). Garland (2002) explains that the shift from the welfare era came along with new modes of criminological thinking; while the previous generations of criminologists saw improper socialization and relative deprivation as vectors of crime, new criminologists postulated that crime was caused by ineffective mechanisms of social control. The police, then, were to mobilize at the bottom of the social structure to ensure that waged work be the only accepted means of survival under capitalism, and that any who resist its moral imposition be removed from society via incarceration (Wacquant 2009).

Amid a new criminology of control, new theories for the management of urban disorder would emerge. And, as mass media expanded by the day, public opinion became more politically salient, and the fear of crime became a social problem in and of itself (Wacquant 2009; Garland 2002). Garland (2002) notes that populist politics led to the adoption of crime- and policing-related practices based on popularity among the public, rather than evidence of their efficacy. Wilson and Kelling's 'broken windows' theory and the ensuing practice of 'zero-tolerance policing' are among these. Broken windows theory maintains that minor crimes which contribute to social disorder, such as vandalism and public intoxication, if not intervened upon, would lead to more violent and dangerous forms of crime (Yarbrough 2020; Stuart 2016). Though completely unfounded (Harcourt & Ludwig 2006), 'broken windows' informed policing took hold as social disorder is unsightly and contributes to fear of crime, making attempts to mitigate it politically popular (Stuart 2016). Homelessness advocates, however, recognize it as one of the key contributors to their ongoing criminalization (Yarbrough 2020).

Inspired in part by broken windows, Canadian cities launched policies that aimed to reduce inner-city disorder by cracking down on 'quality-of-life crimes' like panhandling, sleeping on public property, and public urination. Ontario and British Columbia did so by

establishing Safe Streets Acts in 1999 and 2004 respectively (Dej 2020), and several

municipalities enacted by-laws and ordinances targeting the same behaviours (Gordon 2004).

But these laws are not just about mitigating the vectors of serious crime, they also serve a

symbolic purpose of delineating who is allowed to occupy public space, and how they are to

behave (Dej 2020; Wacquant 2009; Stuart 2016; Gordon 2004). Implicit in the label "Safe Streets

Act" is the notion that behaviours like sleeping on sidewalks and panhandling pose a danger to

society. So, as those living outdoors are branded as vectors of crime, inherently dangerous, and

prone to aggression, the symbolic barrier between the very poor and the middle class is

reinforced. Gordon (2004) describes these laws as the "muscle behind gentrification" (p.35) in

that they purge 'undesirable' presences that threaten property values and intimidate potential

middle-class consumers. It should be obvious, however, that these laws do not actually address

homelessness, and in many ways make it worse.

Laws that punish the poor for their existence in public space may, theoretically, discipline

them into becoming market participants under capitalism (Wacquant 2009). In reality, however,

that is far from the case. Landlords and employers are legally allowed to deny housing or

employment to those with a criminal record (Phillips 2017; Grainger 2022), meaning that the

criminalization of behaviours associated with homelessness has a permanent impact on a

person's ability to survive under capitalism. But short of incarceration, any contact with police

can be destabilizing: for those without a steady income, an unaffordable fine for jaywalking turns

into an arrest warrant (Stuart 2016); for those with unstable employment or housing, a brief

period in remand could result in loss of either, or both (Gaetz & O'Grady 2009), and;

encampment and sidewalk clearances, which often result in seizure of important items, such as

tents, clothing, cellphones, medication, and identification, can sever connections or impose new barriers to sources of employment, housing, or care (Chang et al. 2022; Stuart 2016).

Laws that forbid sleeping, camping, or otherwise loitering in public space appeared in municipalities across Canada at the turn of the century (Gordon 2004), and have made it incredibly difficult for those experiencing homelessness to establish stability. To avoid contact with police, Chang et al. (2022) note that unhoused people often sleep in places such as the deep forest or near train tracks, where they are unlikely to be found by others. These places are not only dangerous, but far from supportive service infrastructure and outreach workers who tend to be located in the city's downtown core (Chang et al. 2022). Further, as the criminalization of the poor leads them to avoid the police, they are susceptible to abuse, victimization, and death, as fear of calling first responders often supersedes the desire to report violence or injury (Chang et al. 2022).

Though Halifax and many other municipalities across Canada have recently adopted a 'human rights based approach' to encampments (see Farha & Schwan 2020), forceful encampment clearances were the norm as little as three years ago, and for decades before. Two of the three outreach workers I interviewed identified the forceful encampment clearances that occurred on August 18th 2021 as a turning point in the way unhoused folks are treated by police in Halifax. For many of my unhoused participants, the systemic violence enacted against vulnerable people on this day weighs heavy on their minds.

Throughout the spring and early summer of 2021, HRM staff began to notice and receive public nuisance complaints about the number of tents and wooden shelters that had appeared in parks and greenspaces throughout the city. A statement from the municipality on July 6th 2021

states: "From the outset, the approach has been to allow occupants of homeless encampments to remain until adequate housing has been identified and offered, or until the health and safety of the occupants or public are at risk" but that "housing as a human right does not mean that this right can encroach upon the rights of others. With the safety of all residents as a top priority, encroachment must be acted upon by appropriate enforcement of existing laws and regulations" (Halifax 2021a).

Indeed, HRM by-law P-600 prohibits camping in parks, though this statement makes it clear that this by-law is selectively enforced. Another statement, made in the morning of August 18th, reads, "The municipality continues to balance its obligation to enforce the rules and regulations with its commitment to an empathy-based approach to homeless encampments that recognizes the human dignity of people experiencing homelessness" (Halifax 2021b). In this case, housing as a human right applies in encampment settings only insofar as the general populace is comfortable with it; as was the case with the landlord's right to profit, the citizenry's right to enjoy a park experience free of 'undesirables' is constructed as equivalent to the right to claim shelter. That this statement, and others from the municipality allude to 'health and safety' in no more specific terms than that means that these concerns could be as little as fear of crime fed by stigma.

It was on this moral charge of protecting the health and safety of the populace that the city decided it was time to do something about encampments. The statement made the morning of August 18th notes that "steps were taken earlier this week to provide tent occupants with written notice to vacate and remove all belongings from municipal property immediately," and that, "This morning, Municipal Compliance officers are following up with tent occupants to aid the safe removal of tents from municipal parks" (Halifax 2021b). However, when many declared

they were not given suitable options for relocation and refused to surrender their belongings to municipal staff, unhoused folks and their supporters began protesting against their removal (Al-Hakim & MacLean 2021; Ryan 2021b). Though many were offered a bed in a shelter or a room in a hotel– options that advocates have long noted do not work for everyone (see Dej 2020; Stuart 2016; Fleury et al. 2021)– others have stated they were not given any options at all (Ryan 2021b). But, as protests escalated on Spring Garden rd., police donned riot gear and sprayed irritants into the crowd, arrested several protestors, and removed all tents, shelters, and belongings that remained on the encampment site (Al-Hakim & MacLean 2021; Ryan 2021b). One of my participants, Henry, was active at these protests and told me that he was arrested and charged with disturbing the peace.

But even those who did not resist the evictions could not avoid criminalization. Though Halifax mayor Mike Savage was quoted only a month earlier saying, "We don't want to criminalize homelessness" (Ryan 2021c), several individuals, including those that packed up their belongings and left willingly, were given $237 tickets for violating the parks by-law (Ryan 2021b; Al-Hakim & MacLean 2021). One couple, for whom shelters nor hotels were feasible options because of their pet cat, told journalists that the police threatened to take all of their stuff, including their cat, and send them to jail; this couple, without any other options, said that they intended to move their tent further from public view (Ryan 2021b). Unsurprisingly, the events of August 18th 2021 spurned intense and immediate backlash.

The day after this event took place, HRP chief Kinsella, despite not being at the scene himself, stated that his officers "acted appropriately" when they pepper sprayed "confrontational" and "assaultive" protestors (Woodford 2021a). One such protestor, who required medical attention, was a 10-year-old girl, and Woodford (2021a) himself photographed

an officer without a name tag spraying people who were helping others. Though Kinsella agreed to conduct a fulsome review of the day's events, he would not guarantee that that review be presented to the Board of Police Commissioners (Woodford 2021b). In response to a petition on change.org that received nearly 5000 signatures, the Board ordered an independent review of the incident to be conducted starting June 1st 2023 (Halifax 2023b). Though there were no public statements issued about any changes that would be made to policing practices in the wake of this event, the city has not carried out another forceful encampment clearance since.

In the months following, as winter approached, the city's main focus was to identify sites that could be converted into temporary shelters for the winter (Halifax 2021c). When it was clear that, after the winter had passed, people would once again be tenting in parks and other public lands, Halifax adopted a designated sites approach to encampments (Halifax Regional Council 2022). Alongside this approach, the city budgeted $60,000 toward the provision of 'living rough kits', which include a tent, an inflatable mattress, a sleeping bag, and a tarp (Petracek 2023). In the adoption of this approach, the city acknowledged that the housing options that are available are not suitable for everyone, as well as the fact that the city, at that time, only had 200 shelter beds and over 600 people on the BNL (Halifax Regional Council 2022). As such, it would be impossible to prevent people from setting up tents around the city.

In Canada, legal precedent dictates that forcing unhoused folks to move without offering a suitable alternative is a violation of charter s.7, the right to life (DesBaillets & Hamill 2022). Though the city did not repeal the by-law that prohibits camping on municipal lands, they granted special permission, within the conditions of the by-law, for individuals to erect their tents on designated sites (Halifax Regional Council 2022). As such, the designated sites approach is not to be seen as a decriminalization of sleeping rough, but as a means of retaining a modicum of

control over the unsheltered homeless while respecting their rights. While this new approach initially permitted camping in four designated locations, service providers indicated that since August 18 2021 the police have generally left unhoused folks alone, throughout the city.

When I asked Greg if the police were a big presence in his clients' life, he told me "Not really, not after that episode down there on Spring Garden Rd. The police have been told to keep their distance". He told me that people are now only asked to move if they are on private property. When I asked Marshall if his clients experience any hostility or aggression from the police, he told me

> I think the pandemic and the clearing the encampments really put a little bit of a chill on police, because they got so much of a backlash from how they handled that. So now I think police are a lot less likely to beef with homeless folks, and I don't think they're nearing encampments at all anymore

When I asked Duncan if police are hostile or aggressive with those living outdoors, he said that it was something he had heard his clients complain of in the past, but not often. He also said he knew of some people that were moved from non-designated sites, but that tents remain present throughout the community. Unhoused interviewees, however, were quick to tell me about their problems with the police. Though Marshall told me that he did not believe people were being ticketed for panhandling anymore, Henry told me that one of his friends had been just a week prior.

When I asked my unhoused participants about their interactions and experiences with police, it painted a bit of a different picture. I tested the notion that policing had changed after August 18 2021 on a few of my participants. A couple of them agreed but in a very uncertain tone; the consensus was that the police are no longer tearing down tents and seizing belongings, but they are always watching. They are still at the encampments, just a bit further away. The

notion that the poor and the homeless are vectors of crime is thus demonstrably salient among

the HRP.

Each of my participants had had recent interactions with the police; when I asked Patricia

how often she had contact with the police, she told me:

> Well it feels like every month, or every.. it feels frequent. Like I never ever interacted
> with the police until I left school and lost my job [...] and now it feels like a regular thing.
> Cuz the police are always around that building, wherever you live.

I asked her about the nature of those interactions– whether they were respectful or aggressive–

and she said:

> They're mostly aggressive. I don't know what it is, the power and their history, or where
> they're coming from– a lot of them are military it seems and PTSD, I don't know– but
> they come off aggressive, they show up aggressively. Especially when it comes to my
> interactions, most times, 9 out of 10 they come up aggressive for no reason, and you can't
> calm things down, for no reason.

Others told me about times they had been asked to move along; Marie, who had lived in her car

for 10 months, told me that they would knock on her window while she was sleeping and force

her to move; she told me that she accumulated $1300 worth of parking tickets during this time.

Brittany told me that the police had told her to move along several times when she was living

outdoors, and when I asked her if they were respectful, she laughed at me and said, "No, by far

no. They are not". And, though Roslyn stated that police communicate respectfully with her

through an interpreter, she also told me that she was frequently asked to move along and had

been charged for engaging in sex work multiple times.

Henry was my participant who had had the most experience with the police. As

mentioned previously, Henry is Indigenous, has served in the military, and has multiple mental

health challenges including PTSD. He told me of a time he had been tackled from behind in front

of a bar which had broken several bones in his face. Though the police had tried to get his

attention, he had not heard them. Another time– the time that he had been detained during a mental health crisis– he told me,

> I ended up getting two more charges put on me because the cops was really pissing me off at the hospital and wouldn't take the handcuffs off me and kept them very tight behind my back. I was very upset and I ended up hitting a cop because they told me to *shut up about my treaty rights* and to shut up about serving people, shut my damn mouth about serving people. They moved me up the hallway away from people and I said I don't wanna move. They ripped me and dragged me down the hallway then they throw me to the ground and throw handcuffs on me really tight and make my wrists almost bleed.

Henry expressed that he is known to the police, and has been arrested several times over the years. He is not given the courtesy to tell his side of the story, and is met with immediate use of force which escalates the situation and makes him more likely to react. Others who had been arrested conveyed similarly that the police were unwilling to hear their concerns, or their side of the story.

Patricia received her first criminal charge and spent two months in a remand facility after a man allowing her to couch surf with him lied to the police to get her out of his apartment. When I asked her if the police had been willing to hear her side of the story, she told me,

> No. Cuz I had a phony warrant from a lie someone else told years ago, yeah no they weren't willing to believe me at all. But it is a black thing, like they tend to not respect blacks on the streets too hard, I didn't realize it was on that level, but it's on THAT level with the police and the blacks. There's too much- everybody in jail was black and native which is not proportional to the crimes.

When I asked how the communication was in that situation, she said, "they came off aggressive right from the start and there was no calm, there was no consideration or understanding whatsoever". While we spoke, I could see, on the wall of the library, a painting of police in riot gear with the phrase 'Colour is not a crime'. But Patricia spent two months in jail for getting in an argument while homeless and black.

Brittany received her first and only criminal charge after acting in self defense. She told me that the police arrived after she had hit a man who had raped her, harrassed her, and stalked her. She was arrested on a weapons charge after they searched her apartment and found a pocket knife in the inside pocket of a purse. I asked her if the police were of any help when she was being stalked and harassed, which prompted her to tell me,

> No! No! It comes down to, during the time that I got arrested there was no female officer that was brought in on that situation, and I was threatened by, I do believe three male officers, to be strip searched in my apartment. Which they had no legal right to do.

So, in a situation where she was being stalked by her rapist, Brittany was arrested for possessing a means of self defense. Furthermore, she was sexually re-victimized by those who should have been there to help her, when they forced her to undress in front of them. The fallout from this incident is what caused her to lose her job and subsequently her apartment, marking her return to homelessness.

Even those who had had interaction with the police that were generally respectful were reluctant to call them in times of need. I asked Richard if he sought out any help from the police while he was being illegally evicted, and he said,

> Because of other things that were taking place at the time like the encampment that they pepper sprayed a 10 year old, and y'know became aggressive and violent towards vulnerable people, there's no way that I could seek that agency out for anything. Y'know, seriously make an effort and find them to help me because I don't believe that I would've gotten any help, I would've just exposed myself and been subject to some form of abuse.

Indeed, the systemic mistreatment of the poor, the vulnerable, and the disenfranchised renders them reluctant to reach out for help amid their victimization. Worden & McLean (2017) explain that citizens are more likely to trust and respect the police when they are treated in a procedurally just manner. Among the key criteria for perceived procedural justice are dignified and respectful treatment, clearly explained motives and judgements, and ability to tell one's 'own side of the

story' (Worden & McLean 2017)– few of my participants have ever been afforded this treatment. For my participants who have experienced harassment, use of force, arrest, and incarceration in times of need, the police are to be avoided at all costs.

Revolving door imprisonment describes a situation where vulnerable individuals get trapped in perpetual cycles of homelessness and imprisonment. Canadian research has found that homelessness is associated with incarceration, and incarceration is associated with homelessness, exposing this cyclical process (Kellen et al. 2010). Research from five Toronto prisons indicates that the number of men entering prison with no fixed address increased 64% between 2001 and 2004 (from 174 to 286; Novac et al. 2009), a figure that correlates closely with the passage of anti-poverty laws in Ontario. They also observed that these were often repeat admissions; from 2004-2005, there were 496 admissions of those with no fixed address, representing only 286 unique individuals (Novac et al. 2009). Though this data is outdated, it represents the stark increase in punitive poverty governance at the turn of the century.

More contemporarily, the NHS website posits that approximately 30% of those leaving prison do not have a home at which to stay upon their release (NHS 2021). A longitudinal cohort study conducted by To et al. (2016) found that those who had experienced incarceration within 12 months of the baseline survey were significantly less likely to find housing than their non-incarcerated counterparts in the two year follow up period. Criminal records make it more difficult to access housing and employment upon release, a fact affirmed both by the literature (see Western 2018; Marr 2015; Dej 2020) and by Duncan, a service provider who works with clients that have experienced incarceration.

The John Howard Society of Toronto (Kellen et al. 2010) conducted interviews with 363 male prisoners in the days leading up to their release with the goal of determining the correlation between imprisonment and homelessness. They collected information about these men's housing and employment prior to their incarceration, and their projected needs upon their release. They found that 22.9% were homeless upon admission, and 32.2% expected to be homeless upon their release– another 12.4% said they did not know where they would live (Kellen et al. 2010). From their sample, they noticed those that were homeless upon admission tended to serve shorter sentences than the general population, indicating more minor offences (Kellen et al. 2010). Those who were experiencing a mental or physical chronic illness or disability were more likely to anticipate homelessness upon release (Kellen et al. 2010), indicating insufficient social support for those who are unable to work.

In his longitudinal study of prisoner re-entry in Boston, Western (2018) found that supportive family connections were the largest predictor of stability in terms of employment, housing, and community integration in the year after prison release. However, he found that those who experienced the largest barriers to community reintegration– those struggling with mental illness and/or addiction– were less likely to be employed or have family support, and thus less likely to have financial support and somewhere to stay (Western 2018). Both Kellen et al. (2010) and Western (2018) identified comprehensive release planning and transition support as important mechanisms for assuring social stability and community reintegration.

Almost all of those surveyed by Kellen et al. (2010) indicated that they required assistance accessing resources and services upon their release, but none indicated that they had access to discharge planning that could help them do so. The most commonly requested services were transportation and subsidized housing, though participants also required assistance

obtaining identification documents, upgrading education and work skills, finding employment, getting food, and applying for income assistance (Kellen et al. 2010). Relatedly, Western (2018) noted that the stress and anxiety of transitioning from prison to the community created barriers to meeting housing, healthcare, and subsistence needs. Both authors expressed the need for a 'one-stop shop' after prison release with compassionate staff who can provide resources and referrals to services. Such a service may be vitally important for those being released from remand facilities, who may be released without notice and are almost never (with the exception of one facility in Winnipeg) provided discharge planning or support (Dej 2020; Gaetz & O'Grady 2009).

Remand facilities, often referred to as 'jails' (as opposed to prisons) in Canada, hold persons awaiting trial; as they have not yet been tried, they are legally considered innocent (Dej 2020; Gaetz & O'Grady 2009). Dej (2020) notes that remand accounts for 60% of those incarcerated across Canada and that the remand rate has increased 355% since the 1980s. Scholars have observed that, following arrest, those experiencing homelessness are far more likely to be held in a remand facility than the general population (Novac et al. 2009; Gaetz & O'Grady 2009). This is, in part, due to inability to make bail payments, but many homeless arrestees are also deemed ineligible for bail altogether (Novac et al. 2009; Gaetz & O'Grady 2009).

Myers (2009) discusses the 'risk assessment' procedures undertaken by the courts to determine whether one is eligible for bail, primarily determined based on likelihood of reoffending, and likelihood of attending court hearings. Housing and employment are among categories used to determine this risk, meaning those without a fixed address are almost guaranteed to be held in remand while awaiting trial (Myers 2009; Gaetz & O'Grady 2009;

Novac et al. 2009). Detention is a point of separation from one's community, accommodations, and networks of services and care, but for some it may also represent a guaranteed roof over their head, three hot meals a day, and an opportunity to detox from drugs.

Bucerius et al. (2021) are members of a research team called the University of Alberta Prison Project, representing the largest qualitative social research project to take place in Canadian prisons. They interviewed hundreds of prisoners and correctional staff in men's and women's federal prisons, provincial jails, and remand facilities. Among the female prisoners in particular, they noticed that many described the positive opportunities posed by imprisonment, chief among them the relief from the negative circumstances of their day to day lives (Bucerius et al. 2021). They noticed that, in the deep winter when the temperature dipped as low as −30°C, some women would commit petty crimes for the promise of a warm, safe place to sleep (Bucerius et al. 2021). They also observed staff in the male correctional facilities making preparations for this seasonal influx of homeless prisoners (Bucerius et al. 2021). But protection from the elements is not the only gainful opportunity to be had in prison for those experiencing homelessness.

Though food and shelter are the most obvious potential benefits of imprisonment, these women also told researchers that prison represents an escape from abusive situations, detox from drugs and potential for sustained sobriety, and the ability to access dental and primary health care (Bucerius et al. 2021). In prison, primary care doctors and nurses, as well as dentists, are available on site, and relief from the chaos of everyday life on the outside allows prisoners to address health needs that may be long neglected (Bucerius et al. 2021). Though mental health, addictions, dental, and primary care services in prison do not tend to be of high quality, such services may be entirely inaccessible in the community (Bucerius et al. 2021). The inability of

the Canadian social safety net to address the needs of the most deeply disadvantaged recasts the prison as one of the only available sources of care.

Service providers Greg and Duncan both confirmed that their clients have admitted to committing crimes as a claim to shelter. Henry, who had been to prison himself, also commented on the pressure to reoffend when one is released from prison without money, food, or shelter. He also observed that prisons no longer provide rehabilitation, something that scholars such as Garland (2002) and Wacquant (2009) have commented upon for decades. Garland (2002) explains that as control theories came to replace relative deprivation theory as the primary explanations for crime, the purpose of the prison also shifted from rehabilitating offenders to punishing, deterring, and containing them. For Henry, the lack of rehabilitation was an obvious reason for the cyclical imprisonment of the poor; he said to me,

> Something I would love to see happen in the Nova Scotia government is just law. The way people are getting thrown in the prison system and never getting rehabilitated back into communities or nothin like that. Back in the 1980s we could take programs in jail, we could take the GED, we could take college programs to actually better our life when we get out of prison. Now they cut all them programs out in 1995, they cut the programs away from the prison system. How are people gonna rehabilitate themselves when they're comin outside and they got nothing? They go to the streets with no home, most of the time homeless, they got no shirts, no shoes, nothing on their backs.

> Henry, like Kellen et al. (2010) and Western (2018) emphasized that transition support is vitally necessary for those leaving prison. Henry and Western (2018) both commented on the case of solitary confinement, noting that those who have been isolated require support to manage stress and anxiety while reentering and navigating populated areas. Henry's suggestion was actually quite similar to those from the literature:

> Why can't there be a place where, not a halfway home, like a rehabilitation place for someone that just got out of isolation from the prison system? Why can't there be

somewhere where they have navigators who help them get back into communities, help them get a job and that before they get out of the prison system? The government don't wanna look at that, [it costs] 286 thousand dollars a year to keep someone in prison, why can't they take 100 thousand dollars a year and give them something to live for? Give them a job, give them a home, give them somewhere to rehabilitate.

Though I cannot confirm the accuracy of Henry's figures, the sentiment that housing someone in the community would cost less than their return to prison is one shared by Novac et al. (2009). They provide figures from 1999 which, albeit severely outdated, indicate that the monthly cost of housing someone in a non-profit housing unit is over three times less costly than holding them in prison. Echoing Henry, Kellen et al. (2010) argue that in order for prisoners to successfully reintegrate into society, they must be provided rent-geared-to-income housing upon their release.

Duncan explained that his organization was once able to provide comprehensive transition support starting prior to release, connecting clients to services and housing options in the community. However, this process has been compromised by COVID-19 related restrictions, many of which are still in place. These restrictions limit their ability to provide case management support inside the prison and can cause some to 'fall through the cracks'. He told me that this case management is now conducted almost entirely over the phone, and that they are lucky to get even one call with a client prior to their release. These calls, he said, typically pertain to placement in a transition home or shelter. Furthermore, he said that the present housing market and rate of homelessness means that some of those eligible to serve the remainder of their sentence in the community are unable to do so, as there are no suitable housing options in which to place them.

This chapter has described the ways in which those experiencing homelessness are criminalized, both in general, and in the HRM specifically. As basic subsistence behaviours like

sleeping in public parks and panhandling have been criminalized, unhoused people feel pressured to avoid public places and avoid the police. The major encampment clearance on August 18 2021 represented a turning point in the city, after which police became less likely to hassle those sleeping in tents. It is clear, however, that the poor and homeless are still experiencing violence and harassment at the hands of the police. Three of my female participants were arrested in times of need, and not given the opportunity to explain their account of the situation. Alternatively, Henry has been sucked into a cycle of homelessness and incarceration.

The current climate concerning housing and homelessness in the HRM has created what might be crudely explained as an incentive to commit crimes as a claim to shelter and care. The criminalization of homelessness only exacerbates its severity, as individuals are left with unpayable fines, criminal records which foreclose housing and employment opportunities, and isolation from networks of community and services that could help them to regain stability.

Chapter VI: Managing the Homeless

As with criminalization, regulation of the ways in which public spaces are used is the primary function of socialization. In his tripartite conception of poverty governance, Wacquant (2009) defines socialization as a tactic for minimizing the public visibility of those experiencing homelessness through social services. The process of socialization, however, goes further than the mere containment of homeless people in off street services; Dej (2020) describes the ways that those accessing these services are re-socialized to accept mainstream middle-class values of individual responsibility, productivity, consumption, and self-improvement. Most homeless shelters, including each of those inhabited by my participants, have staff on site to facilitate transitions into appropriate forms of permanent accommodation. As such, those accessing shelters may be evaluated to determine their vulnerability and/or capacity for self-sufficiency for the purposes of housing or service allocation (Dej 2020; Osborne 2019; Kohut & Patterson 2022; Marr 2015). This chapter will first discuss contemporary housing services for the homeless and their theoretical implications through the lens of poverty governance, before discussing the novel approach of designated encampment sites. In this chapter, I will argue that current mechanisms of accommodative support for the homeless emphasize containment and control over care, and tend to fracture community networks. It will conclude on a positive note, with a discussion of the potential for community and inclusion to facilitate social stability.

Emergency shelters have existed in Canada since as early as the 19th century, with the initial purpose of housing individuals facing exceptional circumstances for very short periods of time (Smith 2022). In the present day they are widespread, and though still intended to be temporary, they increasingly accommodate people for months or years (Smith 2022; Dej 2020; Phillips 2017). Smith (2022) explains that shelters became increasingly prevalent through the

1990s as the rate of homelessness rose rapidly in Canada. Due to government austerity, community groups and municipalities did not have the funds for permanent solutions; even after Federal funding came, organizations were typically provided small three-year grants which limited their capacity to plan for the future. Current HRM governance mimics these arrangements, as the municipality uses its limited funds to put temporary shelter over peoples' heads while calling on the province and Ottawa to do more.

Shelters are by no means desirable housing. Many sleep outdoors to avoid staying in shelters, whether it be due to: fear of theft or victimization (Fleury et al. 2021); lack of space to store belongings; sex segregation disallowing people to stay with opposite-sex partners (Smith 2022; Dej 2020); inability to keep pets; lack of privacy due to congregate living and staff surveillance; no visitor policies; sobriety requirements; or lack of autonomy due to highly regimented schedules, which reminds many of their time in prison (Dej 2020; Stuart 2016). Shelters may host, or facilitate access to programs such as job skills training, addictions and/or psychiatric counselling, and educational upgrading, though they are not typically mandatory (Dej 2020). However, Dej (2020) has commented on a pressure to engage in this 'self-improvement' programming to gain favour among staff and facilitate access to services and housing. In the transitional housing framework, however, such programs are mandatory.

Transitional housing was once the predominant means of connecting those experiencing homelessness to permanent housing. It is similar to emergency shelters in that individuals live in a congregate home, and that they are subject to myriad rules and regulations. Rules in this model tend to be more strict than in shelters, residents are often required to complete chores, and programs that promote 'housing readiness' are mandatory (Marr 2015; Lopez 2020; Grainger 2022; Waegmakers Schiff & Schiff 2014; Kohut & Patterson 2022). Scrutiny and evaluation are

inherent to this model; once staff deem residents stable and capable of living independently, they will attempt to transition them into a permanent, independent accommodation (Waegmakers Schiff & Schiff 2014; Marr 2015).

The transitional housing model has been problematized and largely phased out due to its paternalistic nature, and because evidence suggests people are better able to address personal challenges once they have permanent housing of their own (Fleury et al. 2021; Waegmakers Schiff & Schiff 2014; Tsemberis 2011). However, the model remains useful for targeted populations; those leaving prison may require support in re-acclimating to their community (Kellen et al 2010; Western 2018), and; homeless youth who came of age in foster care, juvenile detention, or abusive families may require support with skills not taught or modeled in their childhood (Karabanow et al. 2018). In the present day, Housing First (HF) is the predominant model for housing those experiencing chronic homelessness.

The HF model was popularized by Pathways to Housing founder Sam Tsemberis as a low barrier, harm-reduction informed housing model specifically targeted at those with mental illnesses and/or addictions (Kohut & Patterson 2022; Waegmakers Schiff & Schiff 2014; Katz et al. 2017). Individuals are typically selected for this model by housing support workers at community organizations or emergency shelters, and are prioritized based on vulnerability assessments (Grainger 2022; Osborne 2019; Kohut & Patterson 2022). There are two main varieties of this program: scattered site, which places individuals in market apartments with either a rent subsidy or representative payee, and typically includes a mobile case management team to support residential stability (Kirst et al. 2014; Grainger 2022; Waegmakers Schiff & Schiff 2014), and; single site, in which all residents live in the same building or complex, and

staff are available on site at all times (Clifasefi et al. 2016; Collins et al. 2012). This latter model is also known as permanent supportive housing.

Smith (2022) uses the term "coalition magnet", coined by Beland and Cox (2016), to describe the idea of ending homelessness through the HF model (p. 194). This term describes the way that government and community stakeholders collaborated in forming 10-year plans to end homelessness through HF. The most attractive aspect of this model for policymakers was that it would mitigate unhoused peoples' reliance on emergency services, thereby decreasing public expenditure (Smith 2022). As such, in 2014 the NHI mandated that 65% of its funding transfer be spent on HF programs (Smith 2022), and the model has been labeled 'best practice' by various housing and homelessness organizations across Canada and the US (Waegmakers Schiff & Schiff 2014).

It is true that the HF model significantly reduces emergency services use, and related costs, among the 'chronically homeless' (Grainger 2022; Katz et al. 2017; Smith 2022), and has proven effective at facilitating housing retention amongst this population (Waegmakers Schiff & Schiff 2014; Marr 2015; Collins et al. 2013, as cited in Clifasefi et al. 2016). But, despite its success in these metrics, the marketized nature of the scattered site approach limits its capacity to 'end' homelessness– as many 10-year plans to end homelessness have run their course, homelessness has not gone away, and in many cities the rate continues to increase (Smith 2022). In cities with low vacancy rates, such as Halifax, the lack of reasonably priced rental units brings HF programs to a halt (Phillips 2017; Kohut & Patterson 2022). Phillips (2017) indicates that when vacancy is low, HF candidates may be offered units in substandard condition, or in suburbs that are distant from established networks of community and services. Further, landlords are not obligated to rent to those receiving rent supplements, including HF clients, and may discriminate

against those experiencing homelessness (Phillips 2017; Bendaoud 2021; Grainger 2022; Osborne 2019).

Scholars also note that the focus on cost-benefit analysis in the provision of HF programs promotes the objectification of those experiencing homelessness (Hennigan 2017; Grainger 2022). Grainger (2022) describes the way that potential HF clients are evaluated based on their character, preferences, and psychiatric conditions to determine how best to house them while minimizing costs. As such, clients who are viewed as 'non-compliant' are unlikely to be placed in an independent rental unit due to projected service costs in mediating conflicts with landlords (Grainger 2022; Osborne 2019). In her article on the evaluation process for HF prioritization, Osborne (2019) describes a group of men at a shelter who were deemed "willfully ineligible" for housing placement based on their erratic or aggressive behaviour. The evaluation process thus objectifies potential HF clients by recasting them as a set of symptoms and behaviours with associated costs, rather than human beings deserving of care (Hennigan 2017).

Osborne (2019) also discusses the "regretfully ineligible" who do not meet the eligibility/vulnerability threshold for housing assistance and are thus 'on their own'. Kohut and Patterson (2022) notice this inherent problem with HF prioritization, in that those who commit to the institutionally encouraged 'project of the self' thus decrease their own vulnerability and become ineligible for housing assistance. Attempting to access independent housing through HF, then, is a delicate balance between appearing vulnerable enough to qualify for housing, but not so vulnerable to be deemed incapable of living independently (Kohut & Patterson 2022). This also poses challenges for those who have disabling conditions that would connote vulnerability, but have struggled to get an officially documented diagnosis (Kohut & Patterson 2022; Osborne 2019). Although this programmatic framework is highly selective, and severely constrained in its

reliance on the private housing market, it is the primary mechanism through which the Canadian government 'upholds' its citizenry's right to housing.

In 2019 the National Housing Strategy Act explicitly committed the Canadian Federal government to "further[ing] the progressive realization of the right to adequate housing as recognized in the International Convention on Economic Social and Cultural Rights" (NHS Act 2019, as cited in DesBaillets & Hamill 2022, p. 274). Despite Canada's recognition of adequate housing as a human right, however, this right is not legally enforceable. Rather, the right to housing in Canada is classified as a "programmatic right", meaning that so long as there is a policy framework with a timeline, measurable goals, and accountability procedures, the government is upholding their commitment (DesBaillets & Hamill 2022). It is also worth noting that, under the International Convention on Economic Social and Cultural Rights, the right to housing includes the right to legal security of tenure (DesBaillets & Hamill 2022). As such, ongoing failure to address the fixed term lease loophole in Nova Scotia could be construed as a violation of human rights. So too does the practice of financing accommodative services via short-term grants with uncertain renewal negate the promise for security of tenure.

During our interview, Marie expressed concern that the funding grant for the shelter at which she lived would be expiring in four months, and that staff were uncertain as to whether it would be renewed. She expressed great anxiety about this, as if the funding were not renewed, she and her neighbours would experience the traumatic process of eviction once again. Though I have since confirmed with Marie that the funding for her shelter was renewed, those living at other shelters were not so fortunate. In June of 2023, the provincial funding grant for a shelter in Dartmouth expired, resulting in its closure (Glass 2023). Though all the people living there had

been promised a bed somewhere else, many were never relocated and ended up accepting living rough kits from the city (Glass 2023).

This year, the CMHC reported that only 2.4% of rental units are affordable to those in the lowest income quintile, and the vacancy rate in Halifax remains at 1% (CMHC 2024a). This may result in long stays at shelters, as there are very few suitable housing options for the hundreds of people who need them. Marshall told me that shelters often have 'time-out' periods, meaning that individuals are only allowed to stay for a designated period of time, but that shelters have had to abandon those policies "because we know that there's not any reliable places that people can go to". One shelter for women and children fleeing domestic violence, however, was forced to reinstate their maximum stay policy in late 2023, giving those living there two months to leave (Seguin 2023f). The director of this shelter expressed that they must have beds available to take in women needing immediate reprieve from intimate partner violence (Seguin 2023f). Many of the shelter's residents had been living there for six months to a year, all the while looking for suitable apartments to no avail; some feared they would need either to return to their abusive partner, or become homeless (Seguin 2023f). And, although people fleeing domestic violence are put on the priority waitlist for public housing, even the prioritized face an average wait time of over 18 months (Seguin 2023f).

Seemingly, when insufficient permanent housing options are available to those experiencing homelessness, interventions designed to be temporary must fill that gap. And Marshall rightfully pointed to shelters as a money pit:

> [pop up shelters are] great for folks but it's really really expensive to rent out hotel rooms. Putting homeless people in hotel rooms works for the short term but really people need their own apartments and that's the only way we can do this.

Pop-up shelters are not desirable housing, and represent perpetual expenditure of public funds. But when units of affordable market or RGI housing are unavailable, or have average waiting periods of over 2 years (Department of Municipal Affairs and Housing 2022), shelters become permanent housing. At the time of our interviews, four of my unhoused participants had lived at their shelter for over a year, and the other three for approximately six months. Marie told me that she had been living at her shelter for a year, and had completely given up on looking for market housing, telling me "there's nothing". She told me that she would like to move into one of the city's new 'tiny homes' when they open.

One 'innovative' solution for homelessness jointly funded by the municipality and the Nova Scotia government is a community of 52 tiny homes built in the town of Lower Sackville (Cooke 2023). These tiny homes are intended to be temporary housing, will have rents geared to incomes, and will have staff on site to provide support services and facilitate programming (Cooke 2023). Though the service providers with whom I spoke were broadly supportive of any initiative that provides housing for unhoused people, they expressed a bit of skepticism about the implementation of the tiny homes community. Marshall expressed frustration that this large parcel of municipal land was being used for temporary dwellings, saying,

> For the tiny home communities, you have to ask yourself is that the best use of that space? Like look how much money they're putting into it, and like, could you just build an apartment building for that amount of money? There's a lot of novelty around tiny homes, like look how cool it is, we give these people little sheds that have a small little bathroom and stuff, but homeless people would almost always choose an apartment too. These tiny homes, are they gonna last 30 years or are we gonna have to buy new ones in 5 years that'll end up costing us more? Whereas if you build an apartment building that was just like, nothing huge, just like small bachelor apartments is also a really good use of space, and I would say you could probably put more folks into one apartment than into the equivalent amount of land that that many tiny homes takes up.

Greg and Marshall also expressed concern about who might get selected to live in the tiny home community. Greg said,

> Any time you can provide housing for somebody it's a good idea. The thing with that though is like who, who are gonna be selected? Do you go on the By Name List, do you create a list? Cuz it's a dire situation right now there's a lotta folks.

And Marshall worried that, depending on who is making referrals or selecting people from the BNL, certain 'types' of homeless people may get skipped over. He said,

> And these tiny home communities are they gonna go to people that really need that or are they gonna go for folks that are, y'know, liked by the service providers and get along well with their neighbours? And if that's the case, what are we gonna do with people who don't get along with their neighbours?

He then explained that,

> A lotta times I think service providers can just choose who they kind of wanna help. If someone presents not very well it's like- I understand we have rules and staff have to be safe and all that but we need to support the folks that are the most vulnerable. Cuz some places have this idea they only wanna help the deserving poor, people who can get a job and just need to get back on their feet and need a hand up. And those people I guess need help too but there's a huge segment of the population that needs housing and just isn't getting it because they have issues and they're hard to work with.

The people Marshall describes here as 'hard to work with' are reminiscent of the 'willfully ineligible' as described in Osborne's (2019) work. Marshall gestures to the fact that those who are polite, cooperative, and follow the rules are seen as more deserving of housing than those who, for whatever reason, have difficulty getting along with others.

One of the questions I asked my unhoused participants was if they felt pressured to communicate in a specific way when accessing services. Patricia told me that she used to "let things go a lot" and "wouldn't speak up for [her]self" when she first experienced homelessness. She said that, "as a black woman my mom told me from a very young age that I have to act differently when I'm around in society, just in general. I have to put on a show because you get

very reprimanded for the slightest little thing". Though she told me that she is now much better at standing up for herself and advocating for her needs, she also used the phrase "beggars can't be choosers" when I asked her if she had difficulty meeting her basic needs. When I asked Brittany of the social pressures she experiences, she responded,

> I am told to be appreciative of a system that has failed me. I've been right down to being told that I'm supposed to appreciate a system that tries to make me incompetent, for their own benefit, of their own pay. And that's what it comes down to. And if I say anything about that, well jeez, I'm hurting their feelings.

Like Patricia, Brittany recognizes that advocating for herself and speaking out about injustices she has experienced can put her on bad terms with service providers and compromise her access to services. Finally, when I asked this of Richard, he explained that the level of empathy among staff varies greatly, and people experiencing crises related to trauma or mental illness get misinterpreted as being unappreciative. He told me that he thought many of his shelter's staff were not adequately trained to work with traumatized people.

Relatedly, both Marshall and Greg noted that there are not enough housing options for those who are deemed 'hard to house'. Greg said,

> There's folks with high acuity, whether it's addiction or mental health, we gotta look at more facilities where there's 24/7 care. And house them, y'know, with staff onsite 24/7. You can't take folks like that with a worker comin by once or twice a week or something like that, they'll fall through the cracks. So, the Overlook, from MOSH housing, great facility, the staff there are supporting the folks that reside there and working towards better choices that they would make. But we need some more facilities like that cuz its a high rate of folks experiencing challenges in their addiction and mental health.

But this Overlook facility that Greg mentions is the same one that Housing Minister Lohr feared might become a "low-income ghetto" (Armstrong 2022). So too has another supportive housing facility in the HRM faced significant scrutiny from the province.

In November 2021, the municipality announced their plan to purchase and install modular housing units at two locations, one in Dartmouth, and one in Halifax (Halifax 2021d). Then, in January 2022, the municipality announced that wraparound services at these sites would be funded by the province, and provided by Out of the Cold (OTC), a non-profit organization in the community (Halifax 2022). These sites now operate as harm reduction informed permanent supportive housing for at-risk unhoused people. However, in August of 2023, the provincial Department of Community Services (DCS) sent a letter demanding that OTC address concerns related to complaints of criminal activity, and of inadequate staff training, or lose their funding (Rankin 2023). The organization was given two weeks to respond to the concerns, during which time they were not to fill any vacant units at their site, nor provide assistance to others in the community (Rankin 2023). Though little information is available about the resolution of these concerns, as of October 2023 19 of 62 units remained vacant (Rankin 2023). The DCS did offer financial assistance to address those concerns, and the sites remain operational, but it is jarring that the province seemed prepared to opt for the nuclear option– to defund a non-profit organization and return their 40+ residents to absolute homelessness.

Unaware of what was happening at the time, I reached out to OTC in September to ask if one of their outreach workers was available for an interview. At this time, I was informed that their outreach team had been defunded. My participants that perform outreach work expressed that the OTC outreach team was sorely missed, as a removal of workers from the community represents an increased caseload for those that remain. Marshall told me,

> I do think overall there's a lack of outreach services. The city has a couple positions, the province funds a couple positions, different organizations do outreach in different ways to reach different populations, [but] it's not coordinated at all. The street navigator, that was a co-op, an initiative that was funded jointly by the city and the business commissions and they still have two outreach navigators, one's in Dartmouth and the other one's in Halifax and they kinda do their own thing. They do a lot of outreach but not coordinated

and they stick to their spots in the city, but there's lots of people doing different things [and] I think a lot of folks get missed.

He went on to explain that because each organization that provides outreach has their own funders, overseers, and mandates, there is no common higher-level leadership. Though there is inter-organizational communication, Marshall does not believe it is structured enough to ensure that no one 'falls through the gaps'.

The street navigators to which Marshall referred are part of the city's Navigator Street Outreach Program (NSOP). This program was launched in 2008, funded jointly by the HRM, and two business associations in downtown Halifax (Halifax Regional Council 2017). Street navigators help to connect those experiencing homelessness with housing, employment, and social services such as income assistance. Although the street navigators are incredibly helpful to those experiencing homelessness in the community, their programmatic mandate is a prime example of neoliberal poverty governance. A report from the Halifax Regional Council (2017) reads,

> NSOP, in helping to transition street involved and homeless off the street, has the potential to advance Council's economic development priority outcome. NSOP was launched to reduce panhandling in Halifax's urban core that reduces business district attractiveness. NSOP staff work with individuals to provide alternatives to panhandling through employment support. (p.3)

Thus, though the NSOP is a publicly funded social service, it is also a privately funded agent of social control targeted at removing undesirable populations from prime urban space. While the police punish panhandling, the street navigator ushers panhandlers toward waged labour as a means of avoiding further punishment. This should not, however, be read as a condemnation of the individuals walking city streets providing support to unhoused people; though the program

may be part of the city's broader landscape of social control, it is clear that the service providers themselves are valued stewards of the community.

Three of my participants– those who had spent the most time living outdoors– expressed gratitude for the assistance they had received from street navigators. Brittany told me that a street navigator "has gone over and beyond to make sure I have what I need". She told me that he had once fixed her phone, and that he had given her a gift card so she could buy herself vitamins. Roslyn told me that the navigators had contacted housing organizations for her in the past, and helped to get her placed in shelters. Henry was very grateful for the services he had been provided by outreach workers while he was living in a tent. He said,

> Tenting is not the way to live, they was meant for a weekend, or go for a week and have fun at the campsite. And it was never meant to live in. And my tenting life was very hard. Thank god for the Halifax Street Outreach team who is helping us homeless people on the streets, god bless you Lucas, love you to death, and Eric Jonsson, all the people who was helping us people on the streets.

Though, echoing Marshall's sentiment that there are not enough outreach workers, Henry said,

> It's very hard to get a hold of the street navigator teams. I find that it's very poor communication in calling people and stuff like that. They don't call. When we call Lucas it can take two or three days to get back because he got so many people on the streets.

Henry also told me about a time that he tented near the railway for privacy, but that the street navigators did not know where he was. He said that there are some people who do not want the street navigators to know where they are because they want to be private, and do not want help. The street navigators are the primary mechanism through which the city channels those sheltering outdoors into off street services, but many would prefer to stay in their tents.

In Halifax, people living in Grand Parade park in the downtown core are choosing to stay in volunteer-funded ice fishing tents, rather than move into a newly opened shelter in the city's North End (Sampson 2024; Armstrong 2024). Those interviewed by journalists affirmed that

shelters feel like jail, as there is no privacy or security (the new shelter consists of cots separated by curtains), and they would not be allowed to come and go as they please (Sampson 2024; Armstrong 2024). Further, people living at Grand Parade told journalists that they did not want to leave the community that they had built or the nearby services they frequented daily– that the encampment felt more like 'home' than a shelter ever could (Sampson 2024; Armstrong 2024). One man told Armstrong (2024) that the province should have used the $3 million for the new shelter towards increasing income assistance and rent supplements, such that he and his neighbours in Grand Parade might be able to afford housing of their own.

This latter point– that the money used for the shelter should have instead supported people to access their own permanent housing– paints the refusal to leave the encampment as an act of resistance against the government's reliance on temporary measures to address homelessness. The impact of this resistance is bolstered and magnified by the presence of this encampment directly in front of the mayor's office. But short of a political uprising, as emphasized to journalists by the encampment's residents, the refusal to leave the site is also a claim to community. However, as of February 7 2024, those tenting in Grand Parade and four other encampment sites in the city have received eviction notices, zip-tied to their tents, informing them that they must leave by February 26th or be subject to fines and/or arrest (Thomson 2024). As the city has made more indoor sheltering spaces available, they are once again able to forcibly remove people from public parks.

As mentioned previously, legal precedent has dictated that municipalities cannot remove unhoused people from public parks unless another suitable alternative has been identified. For this reason, the municipality adopted a designated locations approach to encampments in the spring of 2022. This approach initially designated four locations that could accommodate 30

people, following the guideline that no more than four tents could be clustered together; as the prevalence of outdoor sheltering grew, seven additional locations were added (Halifax Regional Council 2022; Halifax 2024). The municipality selected locations based on the proximity of toilets, waste disposal, running water, transit lines, and community services, and distance from sites where recreational activities are held and/or where children are present (Halifax Regional Council 2022). As with most other responses to homelessness, this approach is a mechanism of control disguised by appeals to dignity and human rights.

The document outlining policies associated with this approach vacillates between statements which recognize structural inequality and emphasize human rights, and those that explain the procedures that will be undertaken to maintain 'compliance'. A passage in the introduction of the document reads,

> Current encampments are a consequence of a lack of coordinated and sustainable housing options for those who are unhoused and those who are vulnerable to become homeless. When people sleep rough because they have no other options it means that society has not yet developed or provided the wrap-around services needed for individuals to be and remain housed successfully (Halifax Regional Council 2022, p. 3).

The report also states that,

> Working with those sleeping rough should start with learning from them and their experiences, working together to help them improve their living situation as opposed to compliance and enforcement (Halifax Regional Council 2022, p. 6).

But it is only two pages later that the headings "Compliance and enforcement", "Involuntary compliance", and "Monitoring and Enforcement Related to Designated Locations" (p.8) appear. As the report delineates the surveillance and compliance procedures that will be undertaken at these sites, the encampment is recast as an outdoor emergency shelter where residents are monitored, scrutinized, and when necessary, disciplined.

Brittany was my only participant who had lived at a designated camping site. Patricia had lived in an encampment before, but prior to the establishment of the designated sites approach. Henry and Roslyn had both avoided the designated encampment sites because of the drama and commotion that surrounded them, instead opting for secluded areas with more privacy. Brittany expressed that her biggest challenge at the designated site was the general public, who would sometimes use the resources such as toiletries that had been provided to be used by unhoused folks. She also told me of a time a young man had come up to the site and began harassing the people living there. She said that when police came to address the disturbance they immediately assumed the encampment residents had started the conflict, and threatened to charge them. This, Brittany said, was a reminder that poor people have no rights.

The eviction notices zip-tied to tents on the morning of February 7th 2024 signals the beginning of the end for designated encampment sites. The introduction of the policy report acknowledges that emergency shelters are not a suitable option for everyone, and that encampments indicate that necessary services are unavailable (Halifax Regional Council 2022). However, people are once again being forced to leave the sites that they still believe are the best available option. But just as shelters are not suitable for everyone, neither are encampments. Though Patricia told me of the social support she received while living in an encampment, from helping her to set up her tent, to sharing resources, she also talked of the fear inherent to living outside as a woman. The inherent danger of living in a tent, especially in the winter, should not be overlooked; in the announcement related to the closing of designated sites, the municipality stated that there had been over 110 emergency calls from encampments over the past year (Halifax 2024). Among these are calls regarding tent fires caused by heaters, as well as violence and medical issues (Halifax 2024). Regardless, there are people that wish to continue sleeping in

tents due to the undesirability of shelters, and the sense of community felt at encampments. The importance of social inclusion cannot be understated in facilitating successful exits from homelessness.

The current Federal definition of homelessness, updated in 2019, includes a lack of permanent address, and/or an absence of stable, permanent, appropriate accommodations caused by systemic barriers or individual challenges (Smith 2022). This definition is comprehensive, but fails to mention community integration; Quebec's provincial definition of homelessness, for example, includes social disaffiliation and lack of safe and stable relations in the community (Smith 2022). Many homeless individuals and advocates agree that social inclusion is crucial for successful exits from homelessness (Dej 2020; Karabanow et al. 2018; Kohut & Patterson 2022).

So too are community integration and social support important aspects of 'home'. Valado (in Valado & Amster 2012), for example, mentions that some 'homeless' individuals that she met in the course of her research insisted that they had a 'home' in the absence of housing. Relatedly, Dej (2020) notes that some people who are housed continue to identify as homeless because they do not have a sense of stability or security in their accommodations. A sense of control over one's environment and day-to-day activities is strongly correlated with feelings of stability and well-being (Collins et al. 2016; Kirst et al. 2014; Padgett 2007). Because of the lack of privacy and self determination inherent to emergency shelters, for many, including those sheltering in Grand Parade, a tent encampment is the closest those experiencing homelessness can get to a feeling of 'home'. This is made abundantly clear by the fact that loneliness and social isolation is a common explanation individuals provide for leaving housing programs (Kohut & Patterson 2022; Kirst et al. 2014; Phillips 2017; Smith 2022; Valado & Amster 2012).

Both Marie and Patricia discussed the loneliness and isolation that they felt, in part due to no-visitor policies at their shelters. Marie told me that her early days in her shelter were characterized by boredom, as there were no social activities facilitated by the staff. She explained that the main social activity amongst shelter residents was smoking, in which she did not partake. She told me that the provision of social activities was improving after a committee was formed to hold events such as bingo and karaoke. Patricia told me that her shelter held events like movie nights sometimes, but that she would spend a lot of time alone in her room. She said that she had been advocating for her shelter to allow visitors for one or two hours during the day time, but that she was not hopeful it would change. She said that she did not feel there was anyone she could trust at her shelter. Gloria similarly explained to me that she does not keep friends because she does not trust others. She said,

> I don't have a habit of gossipping, people talk to people, I mind my own business. I don't have friends. Here, or anywhere I am. I am that kind of a lady. I have no friends, I don't want to keep any friends. God said best friend is Jesus, no trust in anyone. Jesus Christ said people can deceive you, and tell you lies, they can deny you. But Jesus can't deny you. Jesus can never deceive you, Jesus can never forsake you.

Although Gloria insisted to me that she did not have any friends, it was very clear to me that she felt at home in her community.

Gloria requested that we hold our interview at a community space in which she felt comfortable. The organization is a non-profit targeted at community building through knowledge and skills exchange; they hold workshops, hosted by community members, on skills such as whittling, cross stitching, and screen printing, and encourage sharing of cultural knowledge and traditions. They also have a community kitchen, in which visitors can cook themselves a meal, or have coffee or tea; Gloria insisted that I have a coffee while we talked, and got up to make one for me. When I asked her about the space, she told me,

Okay let me tell you, when we are talking about this one tears are coming to my eyes, automatic tears. I am here by the grace of God. You see, I always come here. I started living in [the shelter] in May, I started coming in June here. So I did a lot of things here. Cross stitching, sewing, knitting, all those things I did a lot. Using a cross stitch I did, they kept it there. They know me very well because I come a lot.

She then showed me the cross stitch project that she had done. She also made sure to introduce me to the staff, all of whom she knew by name, and they knew her. She also told me quite a bit about her Church, and that she attended services three days a week. But, not only did the community she had found clearly support her happiness– it also connected her to housing. She told me that she had acquired three letters of recommendation for a subsidized, independent apartment, one from the social worker at her shelter, one from the staff at the non-profit organization, and one from a leader at her Church. Once she had some paperwork processed, she said, she would be able to move into her apartment.

There were multiple factors that may have supported Gloria's success in finding housing. Firstly, she was the eldest of my participants, and seniors in Canada are often prioritized for housing and social services (Suttor 2016; Smith 2022; Bendaoud 2021). She was also incredibly friendly and kind; as Marshall stated, clients that are liked by service providers may be more likely to get a housing referral. But, as indicated by the referral letters from the community organizations in which she participated, community membership was a vital part of her successful connection to housing.

It may be difficult for those experiencing homelessness to participate in the community due to costs associated with recreational activities. Though many housing services host social activities on site, Clifasefi et al. (2016) indicate that they may be offered inconsistently, or that service users would prefer to participate in their own leisure off-site. Churches or other religious temples are typically free of cost, and welcoming to those looking to join, but some people are

not religious or do not have a temple representing their faith nearby. Places that are devoted to community building, and facilitate social activities that are free of cost and available to everyone, are vital in facilitating social inclusion and wellbeing. Collins et al. (2022) even identified community building as an eviction prevention strategy in social and supportive housing, as it contributed to greater feelings of stability, home-ness, and belonging. As individuals participate in their communities and build trust with those around them, networks of social support and collective efficacy emerge.

The current emphasis on temporary, emergency measures in response to homelessness keeps roofs over people's heads, but does not address the systemic explanations for homelessness. Without mechanisms to ensure that there is sufficient housing that remains affordable for those with the lowest incomes, costly emergency shelters designed to be temporary become permanent housing. The primary model for housing the homeless in Canada, Housing First, depends on the availability of units on the market, which compromises its effectiveness in rental markets as tight as the HRM's. As such, those experiencing homelessness are surveilled, scrutinized, and disciplined to determine who should have access to the very limited resources. In this environment of scant housing options, living in a tent through the winter remains the best available option for a segment of the unhoused population. Though the right to tent was once supported, granted compliance with municipal guidelines, unhoused folks are once again being forced to enter shelters or otherwise remove themselves from public view. But community engagement and social inclusion are important components of both individual wellbeing and collective efficacy, indicating that efforts should be made not only to provide people housing, but to support them in feeling 'at home'.

Chapter VII: Conclusion

The Halifax Regional Municipality and the province of Nova Scotia have been managing a homelessness 'emergency' for years, while the rate of homelessness in the city continues to rise. Though these governments have been advancing novel responses, such as hotel-based shelters, tiny home villages, designated encampment sites, and sleeping rough kits, all of these responses are designed to be temporary. It is without question that the steep rate of market inflation has made it much more difficult for Canadians to meet their basic needs. However, little is being done to supplement wages or regulate the rental market such that people can find housing that they can afford, or retain the housing they already inhabit. Rather, the primary mechanism for improving the affordability of rental housing, at all levels of government, is providing financial incentives to private developers. Though it was evidently the free market that cultivated this affordability 'crisis', governments remain highly reluctant to implement permanent, non-market solutions.

One non-market solution that is guaranteed to add permanently to the stock of housing affordable to the poor is public housing. The Canadian Federal government is funding public housing for the first time in decades, representing a small win for housing and homelessness advocates. The proposed amount of new units as compared to the number of households on the waitlist, however, is small. The stigma that surrounds public housing is pervasive, held not only by policymakers, but even by the leadership of homeless-serving organizations like AHANS. Though social mix is often heralded as a recipe for healthy cities, and a solution to poverty pathology, it is not an evidence based practice. I have presented evidence to suggest, however, that public housing communities can flourish when units are well maintained, community and social services are provided, and tenants are involved in governance and advocacy.

Communities also have greater opportunity to flourish when tenants have residential stability. In Halifax, the current combination of rent cap and vacancy decontrol has created a climate that incentivises landlords to end leases, whether it be through the use of fixed term contracts or renovictions. Unfortunately, the provincial government has refused to close the fixed-term lease loophole that all but defeats the purpose of the rent cap. As many of my participants' homelessness began with their eviction, a focus on rent control and promotion of residential stability could prevent further entries into homelessness. Governing bodies, however, have opted to manage homelessness as it comes rather than address the structural factors that enable its perpetuation.

According to scholars of poverty governance, homelessness is managed through processes of medicalization, criminalization, and socialization. Medicalization describes the ways in which homelessness is treated as an illness. My findings are consistent with those in the literature, in that those experiencing homelessness often have mental and/or physical health challenges, but they often cannot access care. The 'care' that they do receive is often focused on changing their behaviour. All of my unhoused participants told me of the health challenges they have faced, and their difficulties in accessing adequate care. For some participants, the medical care that they required was inaccessible; my participants struggled to access foot care, concussion treatment, talk therapy and counselling, and drug detox. For others, the medical care to which they had access was unhelpful and stigmatizing. Further, a paucity of mental health resources in the community led to police contact for three of my participants, two of which were detained during mental health crises. Only one of my participants reported comprehensive, compassionate medical care, which she received at the NECHC. Expanded provision of

healthcare specifically designed for disadvantaged populations has the potential to improve health outcomes for those experiencing homelessness.

My research findings also echo processes of criminalization discussed in the literature, though to a lesser extent than expected. Criminalization describes the ways in which basic subsistence and survival strategies associated with homelessness, such as panhandling or sleeping outdoors, are punished under the law. On August 18th 2021, dozens of unhoused HRM residents were criminalized as they and their belongings were forcibly removed by police from public parks. The backlash from this incident halted future encampment clearances, but did not fully decriminalize sleeping rough. My unhoused participants described the ways in which the police were present in their lives, including surveillance, fines, move along orders, aggression, and harassment. Though only one of my unhoused participants had an extensive history of criminal justice contact– which was unexpected based on my prior research– the service providers with whom I spoke confirmed the prevalence of revolving door imprisonment. Further, these service providers noted that some go to prison on purpose for food and a warm place to sleep. As such, a paucity of care in the community recasts the prison as a social service of last resort.

Though all of my participants had stories of contact with the police, they reported a lesser degree of arrest and incarceration than I had expected based on the literature. This may reflect the shift in policing practices following the backlash from the August 2021 encampment clearance. It may also reflect my recruitment method; as service providers distributed recruitment sheets to those they thought likely to participate, they may have implicitly selected those with little criminal involvement. Further, those living at shelters are less likely to have police contact than those living outdoors; all of my participants were sheltered at the time of their

interview. It is also possible that those with more extensive criminal justice histories were less interested in participating, and chose not to reach out.

Finally, my findings regarding socialization both correlate with and expand upon Wacquant's (2009) poverty governance framework. Wacquant (2009) describes socialization as the process by which unhoused people are ushered into off-street services to minimize their presence in public space. In the 15 years since his publication, other scholars have explored the processes of behavioural reform and resocialization in these settings. In Halifax, temporary and emergency housing options, as well as designated encampment sites, allow for the surveillance and control of the behaviours of those experiencing homelessness. Those experiencing homelessness are surveilled and scrutinized such that service providers can allocate housing resources while minimizing public costs. My participants spoke to the social pressure to be passive, polite, and appreciative of shelter staff, even when they felt their needs were unmet or their rights were violated. They also spoke of loneliness and social isolation due to rules that prohibit hosting visitors, and a lack of trust in those around them. One participant, however, told me of her community. The community networks in which she participated provided her both social support, and access to resources and services. This case demonstrated the importance of concentrated efforts to build community, and their translation to collective efficacy.

Wacquant's (2009) theoretical framework of poverty governance seems to still accurately reflect the experiences of those experiencing homelessness. However, while much of the North American homelessness response has remained consistent over the last 15 years, such as the criminalization of subsistence behaviours, and the use of psychiatry as a mechanism of control, much has also evolved. It has become common in recent years for government stakeholders to emphasize the dignity, autonomy, and human rights of those experiencing homelessness in public

statements and policy documents. In those pertaining to the HRM's designated encampment sites approach, for example, appeals to dignity, autonomy, and rights accompany discussions of compliance, enforcement, and surveillance. Future research might investigate novel responses to homelessness in greater depth and examine the ways in which appeals to morality are used to conceal, justify, or pacify resistance to emergent mechanisms of social control.

This project has examined the contemporary social context amid recent policy transformations in the HRM. Of key importance to me was to hear and amplify the voices of those who have been impacted by recent political decisions, reflecting my choice to conduct qualitative interviews. I acknowledge that the empirical value of my findings is limited by my small sample size and my recruitment methods. However, these qualitative accounts supplemented with policy and news sources should make clear that unhoused HRM residents are subject to multiple forms of poverty governance. Through processes of medicalization, criminalization, and socialization, the public impact and visibility of homelessness is minimized, while those experiencing it are without reprieve. Whilst the current state of affairs is failing those experiencing homelessness, promise lies in public housing, tenant friendly legislation, compassionate medical care, decriminalization, rehabilitative prison release services, and community building.

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