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The Neoliberal Implementation of Housing First Principles and Chronic Homelessness in Women

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By

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Abstract

The existing literature has consistently established that homelessness is a status arrived at intersectionally (Calsyn and Morse 1991). Although the lack of adequate housing is a clear problem, the provision of housing may not solve the problems that may have contributed to rendering an individual homeless (Lenon, 2000). Downplaying the contributing factors, such as a lack of social capital, substance abuse, as well as the highly influential gendered inequalities of a male-dominated society that economically and socially disadvantaged women, allows for the problem of chronic homelessness to persist (Calsyn and Morse, 1991; Lenon, 2000). This research study explores gender, policy, and homelessness by examining the impact of the neoliberal implementation of Housing First principles on chronically homeless women. In this research, I ask whether this implementation contributes to chronic homelessness in women. Given the existing literature on the structural determinants of homelessness, I hypothesize for this Master's thesis that neoliberal practice in an ostensibly Housing First-oriented shelter contributes to chronic homelessness in women. This research employs qualitative methods. I have conducted an autoethnography at a Housing First emergency shelter through my position as Shelter Support Staff. I have documented my experience as an employee of this shelter, noting my interactions with fellow staff members and clients accessing the shelter services. These experiences have then been coded into four categories: Substance Use, Trauma, Excessively Forceful, and Willingness and Preparation to be Housed. Analysis of these themes support my hypothesis in demonstrating the impact of neoliberal practices.

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I.   Introduction

It is estimated that more than 235,000 individuals in Canada experience homelessness

yearly, with more than 25,000 people experiencing homelessness nightly (Rollo et al. 2022).

These numbers indicate a damaging and persistent problem impacting individuals,

communities, and the country as a whole (Saddichha et al. 2014). Incorporated in this high

number of people who are homeless, are people who are both homeless and suffering from

either mental health issues or engage in substance use – or both (Saddichha et al. 2014). These

factors, which are also correlated with neoliberalism, the feminization of poverty, and the

feminization of homelessness, support a vicious cycle of stigmatization, poverty, and

criminalization that expose people, specifically and disproportionality women, to the

vulnerabilities of housing insecurity and homelessness (Calsyn and Morse 1991; Bullock et al.

2020).

Women are disadvantaged in society in a way that contributes to their likelihood of

experiencing homelessness as a function of their gender (Bullock et al. 2020). They also vary

from men in the experience of homelessness as opposed to chronic homelessness (Bullock et al.

2020). There is also widespread confusion in the true number of homeless women, as the

experience of homelessness is also gendered (Bullock et al. 2020). Neoliberalism reinforces

economic insecurity attributed to the gendered division of society (Lenon 2000). The

movement away from the welfare state towards the neoliberal free-market mentality

negatively impacts women's access to economic and social security, as well as housing stability

in society (Lenon 2000).

Housing First principles were established in an attempt to house the chronic homeless in

government-funded housing (Stanhope and Dunn 2011). These principles aim to provide

immediate housing for this population that also identifies as experiencing mental health issues

and, in some cases, substance dependency (Henwood et al. 2014). It is expected that with

stable housing, the obstacles preventing people from securing and sustaining permanent

housing are effectively solved (Atherton and Nicholls 2008). However, the suggested

instrumental factors of homelessness represent the demand for considering the factors

contributing to homelessness intersectionally, with the exploration of the internal struggles

people are faced with, as well as the external elements obstructing obtaining housing (Calsyn

and Morse 1991).

This research incorporates a qualitative method to examine the impact ostensibly

Housing First principles, which in practice often stand in contrast to the actual principles and in

line with neoliberal governmentalities, have on women who are homeless. Does this neoliberal

application of policies contribute to chronic homelessness in women? Through the use of

autoethnographic research, the impacts of these principles are examined. For this Master's

thesis, I hypothesize that the neoliberal implementation of Housing First policy in a women's

shelter contributes to chronic homelessness in women.

II.   Theoretical Framework

1. Precarity in Neoliberal Policy

Neoliberalism is an economic approach to a political project that emphasizes a free

market, labour deregulation, privatization, public finances, funding isolated from government

intervention, liberal trading, and the promotion of economic competition to enhance market

profits (Wacquant 2010). Neoliberal policies are specifically built by four institutional logics

(Waquant 2010). These include economic deregulation, welfare state reduction, intrusive

justice systems, and the responsibilization of individuals (Wacquant 2010).

Economic deregulation assumes the form of market promotion through minimal

involvement by the government to allow for the market to regulate itself by developing

efficiency and organization through economic transactions separate from government

strategies and engagement (Wacquant 2010). This process of deregulation relegates the

government to the protection of the market, instead of supporting the individual due to

employment no longer being part of the government's agenda with reduced financial

interventions (Waller and Wrenn 2021). The reduction of the welfare state commodifies

individuals of society and their labour, which renders people of lower-class to subjects of the

state instead of citizens, as the retraction of safety nets and social programs situates people in

negative economic predicaments, demands some sort of workfare, and delegitimizes lower-

class individuals by associating income with morality and legality (Wacquant 2010). Reduction

in welfare services has resorted these services once provided by the government, to be

executed by organizations (Waller and Wrenn 2021; Young and Moses 2013).

This privatization of social services has unravelled assistance, as these services are being

operated as a business rather than facilitating survival and aid for individuals as a public good

(Waller and Wrenn 2021). Social issues are economized as structures once premised on the

political, but are currently replaced by economic framing, which resort people to the

expectation that they successfully maximize their value as capital in neoliberal society (Brown

2015). People then are managed in a way that is based on the economy and their potential

contributions to the market, mirroring the logics of the very outside organizations that operate

social assistance and services in order to maximize profit (Brown 2015). One of the realities of

this framework is that individuals who do not maximize their contribution to the state, or do

not contribute economically, become worthless and morally wrong (Brown 2015).

The intrusive justice system plays a significant role in neoliberalism (Wacquant 2010).

The economization of political life translates to the control of the public sphere as well (Brown

2015). This is because penal systems are used to control the disorders and social deviants of

society by enforcing mandatory disciplinary supervision over disarray and individuals that

contrast neoliberal ideologies (Wacquant 2010). This allows for the criminalization of

individuals who are primarily and negatively impacted by the shift toward neoliberalism as the

penal system is used to house people who suffer the most from neoliberal policies and who do

not subscribe to the capitalist agenda (Wacquant 2010; Galeano Monti and Delia Deckard 2021)

The responsibilization of individuals relies heavily on the expanding and competitive

market to ensure the liability falls solely on the level of the individual and their choices, as

opposed to the government being held accountable for personal instability and insecurity

(Wacquant 2010). The issue with responsibilization is it places the blame for people's

predicaments onto themselves, as it assumes their individual, social, and economic situations

are the result of their poor choices and preferred lifestyle (Galeano Monti and Delia Deckard

2021). This not only delegitimizes personal struggles by assuming it is the decisions of

individuals that allude to insecurity, but it determines individuals as the problem and therefore

the solution to their predicaments (Wacquant 2010 ;Waller and Wrenn 2021). This blame

confines people to their social status and demands an individualized plan to make better

decisions because the accountability falls on the individual, however, with the privation of

social services and welfare reductions, people are positioned in society in such a way that

disadvantages and penalizes people for being poor (Wacquant 2010).

The social services that are reduced and operated as a business no longer support or

assist people to climb out of poverty, but instead criminalize them with aggressive penal

systems and legislation (Wacquant 2010;Giroux 2016). Economic deregulations promote the

responsibilization of individuals who are poor and incarcerated, which places the blame for

people's economic and social positions in society on the person, which in turn diverts the

involvement and accountability of the government onto the individual (Wacquant 2010;

Galeano Monti and Delia Deckard 2021). This represents the uncertainty of neoliberal policies

and the outcomes of individuals disproportionality impacted by them (Wacquant 2010).

2. Feminization of Poverty

The feminization of poverty describes how women are disproportionately represented

in the percentage of the world's poor (Chant 2006). Though the term Feminization of poverty

was not established until 1978 (Dooley 1994), we see this trend in the shift from homelessness

being a male-dominated problem to becoming a women's issue in the 1960's (Peterson 1987).

There was an increase in poor families being headed by women, which was a dramatic change

to the existing homelessness struggle which was predominantly experienced by men.(Peterson

1987). In the 1980's, homelessness increased immensely (Rossi 1990). There was a distinction

between old homelessness, referring to mostly older men living in poverty in the 1950's, with

the idea that the new homelessness includes younger people, women, and children (Rossi

1990).

This significant increase in women's poverty can be attributed to gendered

discrimination that takes the form of wage gaps, gendered divisions of labour, a lack of

accessible child-care programs, as well as policies and principles that negatively impact

women's physical, social, and financial positions in society (Wallis andKwok 2008).   Women are

more likely to be involved in the informal economy, which consists of a lack of social security,

safety protections, health benefits, maternity leave, and child-care accommodations (Galeano

Monti and Delia Deckard 2021). This establishes an even greater disparity in gender wage gaps

and occupational security as women are overrepresented in informal employed work that is not

regulated or registered; therefore, this locks women in insecure economic predicaments

(Galeano Monti and Delia Deckard 2021). Not only are neoliberal policies deeply gendered with

the promotion of success attributed to male-dominated occupations, but women are pushed to

the private sphere by staying home and raising children which inequitably impacts women as

social and economic beings in society because they are excluded from the market and the

public sphere (Waller and Wrenn 2021).

The confidence in the completion of unpaid labour placed on women in neoliberal

societies represents a reliance on gendered work that does not contribute to the market

(Galeano Monti and Delia Deckard 2021). Women are considered the producing class that

practice domestic labour and birthing the next generations, in addition to tending to them at a

cost born by the non-market family (Walby 1990). Not only does this assume women will fit

into roles subordinate to working men, but it relegates women to solely having a place in the

household completing domestic unpaid labour (Galeano Monti and Delia Deckard 2021). This

delegitimatizes and economically miscalculates women's true contributions to their families

and society as they are assumed to take on domestic labour and receive no compensation or

economic acknowledgment (Galeano Monti and Delia Deckard 2021). Housework completed

typically by women is as much production as formal employment, yet there is no financial

acknowledgment. Women perform this labour under and for the working man which furthers

and continues their subordination under their male partners, and men of society (Walby 1990).

Furthermore, the devaluation of women's work disassociates women from the labour

market; therefore, this translates to women becoming poor as they tend to the needs of the

family that support the market (Galeano Monti and Delia Deckard 2021). In many ways, this

creates a gendered dependency as women's work is deemed economically worthless in a

capitalist patriarchal society (Galeano Monti and Delia Deckard 2021). Women tend to the

family and receive maintenance or a form of allowance from their husbands (Walby 1990). The

issue associated with dependency is that it places women in a vulnerable position, reliant and

subordinate to men, as women are deemed economically worthless (Galeano Monti and Delia

Deckard 2021). Gendered dependency is attributed to the feminization of poverty as a

consequence of the vulnerable position women are confined to which increases women's

exposure to gendered violence, economic insecurity, and housing insecurity (Wallis and Kwok

2008). Not only are women financially immobile when being supported by men on a contingent

basis, but women are confined to feeling physically stationary in these vulnerable positions in

the home and society (Lister 1990). This represents the societal acceptance of the

subordination of women, which promotes the impoverishment of women (Lister 1990; Galeano

Monti and Delia Deckard 2021).

The reduction in social safety nets excessively impacts women due to the legacy of

oppression that is failed to be considered in current neoliberal times (Galeano Monti and Delia

Deckard 2021). This proposes that the historical discrimination and the lack of access to

property ownership, legally paid employment, education, and bodily autonomy are discredited

from women's social and economic positions in current society (Galeano Monti and Delia

Deckard 2021). This victimization of women by the state takes the form of exclusion (Galeano

Monti and Delia Deckard 2021). Women were historically excluded from financial and physical

independence, which pre-conceives women's exclusion in not only paid labour, but with social

support, as the reduction in social safety nets excessively excludes women from self-

determination and individualism (Galeano Monti and Delia Deckard 2021). The safety nets

designed for protection and support are now used as a weapon of the state as they are being

reduced and destroyed, which unequally impacts women, with the majority of recipients being

women who have low or no income (Waller and Wrenn 2021; Galeano Monti and Delia Deckard

2021).

      Intersectionality explores the interactions between systems of oppression (Goertz and

Mazur 2008). Intersectionality considers identity in complexity and examines marginalization

through many lenses such as race, gender, and sexual orientation to bridge the gap between

social beings and experience (Nash 2008). The focus is on how different social factors intersect

and make up the experience of being (Nash 2008). The need to consider multidimension

marginalization allows for the consideration of oppression and identity (Nash 2008). Established

out of feminist and critical race theory, intersectionality investigates the relationship of multiple

dimensions, social relations, and social formation (Nash 2008; McCall 2005). In the hopes to

avoid observing social factors like gender in a binary light, intersectionality was created to

tackle feminist hierarchy, hegemony and promote inclusion (Nash 2008). It emerged in the

1980s and early 1990's as a way to impede race and gender binaries, combat identity politics,

and to identify the exclusory history (Nash 2008).

3. Neoliberalism and Homelessness

Neoliberalism proposes a free market with minimal state interventions, which results in

the privatization of community and social services (Lenon 2000 ; Waller and Wrenn 2021). The

government's flexibility and reserved or lack of involvement in the labour market decreases

social institutions (Standing 2014). The inevitable consequences of these policies support the

decrease in social welfare funding that support programs (Lenon 2000). The reduction of state

regulation and assistance has decreased public benefits with this shift in the privatization of

services (Young and Moses 2013). People who fall through the cracks of neoliberal policies are

excluded from the competitive labour market, in addition to being left to their own devices

with the narrowing of available safety nets attributed to neoliberal policies (Young and Moses

2013). Individuals that contrast neoliberalism face decreased legitimacy, impoverishment, and

in some cases risk of survival (Brown 2015). The promotion of deregulation and emphasis on

personal responsibilization and privatization that is paired with decreasing social service

funding results in the minimization of the protection of populations that benefit from these

services (Johnstone, Lee, and Connelly 2017). Financial cutbacks and the diminishing of

programs, such as housing services, shelters, and support, have impacted the homeless

population immensely (Johnstone et al. 2017).

People who are homeless are considered surplus in the capitalist neoliberal society;

therefore, they are outcasted by society and blamed for their lifestyles due to the neoliberal

promotion of self-regulation and responsibilization (Johnstone et al. 2017). People who are

homeless are blamed for their position in society through pessimistic public opinion and

restricting legislation which promotes responsibilization and the suggestion of a lack of self-

regulation (Lee, Lewis, and Jones 1992). It is evident there is a link between public opinion and

the development and impact of social policies regarding the homeless population (Tompsett et

al. 2006). Public opinion of the homeless population includes this subgroup being a detriment

to the economy, dirty, in addition to their homelessness being contingent on individual factors

(Brinegar 2000). This pressures social policies to "clean up" communities by enacting

legislations that banish the homeless population from the public eye - out of sight out of mind

in many cases (Brinegar 2000). The population of people who are homeless are banished due

to their inability to contribute to the market, and are considered a strain on the system, which

creates a dislike by the remaining population who call on the government to take action

(Brinegar 2000).

Once outcast from the society, people who are homeless are considered social pariahs,

stigmatized, and isolated from their communities (Johnstone et al. 2017). This is because the

homeless population is perceived as being immoral and problematic(Parsell and Parsell 2012).

This is due to homelessness being observed as a choice (Parsell and Parsell 2012). This

translates to individuals believing people who are homeless are deviant and powerless as they

have not been able to make societal approved decisions (Parsell and Parsell 2012). This

rejection of the homeless population drives a greater wedge between the people who are

homeless, the government, and the rest of society (Johnstone et al. 2017).

Homelessness is met with private welfare organizations and punitive criminal justice

practices to manage this population (Stuart 2016). Welfare organizations use their influence to

pressure police and legislation to "deal" with the homeless population by oppressing people

who beg and loiter (Stuart 2016). The prohibition of loitering, being intoxicated in public, and

vagrancy were put in place to control the public space, and this is enforced by police. This

represents the deadly combination of social welfare organizations and local police departments

as involvement with the homeless population is met with decreased tolerance and empathy

(Stuart 2016). This is because welfare organizations pressure police to handle the situation

with individuals failing to complete the welfare programs and their ideas of success (Stuart

2016)

Not only are the population who are homeless considered deviant, but they are

considered worthless in the economic sphere as they do not contribute to it (Parsell and Parsell

2012; Brown 2015). This represents the dynamic between the individual and state as being

purely economic as people are resorted to their contribution to the market (Brown 2015). This

attempts to explain the out casting of the homeless and chronic homeless populations as their

existence is controlled by intrusive justice systems and legislation to maintain order and

enforce neoliberal-compliant citizens in the public space (Brown 2015 ; Johnstone et al. 2017).

4. Homelessness and Chronic Homelessness

The American Homeless Society defines homelessness on a spectrum that includes

rooflessness, which is identified as sleeping rough or in public areas and benches, and

houselessness which represents people living in institutions, shelters, or short-term

accommodations such as couch surfing with family and friends (Springer 2000). The last two

categories tend to overlap with the descriptions defined as insecure accommodations or

substandard housing (Springer 2000). Although there is a physical shelter, the home may be

insecure and substandard, which would still be categorized on the homelessness continuum

(Springer 2000). The Department of Housing and Urban Development (HUD), established by

the United States of America's Federal Government defined chronic homelessness as long-term

or repeated circumstances of being homeless (Byrne and Culhane 2015). Homelessness is

considered long-term when someone has been consistently homeless for one year (Byrne and

Culhane 2015). Repeated homelessness is defined as homelessness that is experienced four

separate times, within three years (Byrne and Culhane 2015).

It is important to define and differentiate between the terms homelessness and chronic

homelessness because chronic homelessness is not a temporary state of homeless, but is

defined as a persistent housing issue over an extended amount of time, or a recurring problem

within a short amount of time (Willse 2010). Defining homelessness and chronic homelessness

allows for the collection, analysis, and understanding of this population's needs and concerns

which aid in the development of policies and principles, as well as the improvement and

enhancement of housing programs (Turner, Albanese, and Pakeman 2017) Defining these

terms promote the establishment of homelessness as a problem, identify who is impacted by it,

and helps to determine the extent and reach of this pressing community issue (Echenberg and

Munn-Rivard 2012). This contributes to the development of strategies and interventions, as

well as allows for the measurement of specific policies, principles, and existing interventions, to

determine their effectiveness in the community (Echenberg and Munn-Rivard 2012).

This thesis will specifically focus on the principles of housing initiatives and chronic

homelessness. Chronic homelessness can be attributed to a lack of human capital, such as low

education levels and minimal professional skills, and abilities, social alienation due to a lack of

social support and connections, psychiatric and psychological needs failing to be met, substance

abuse, as well as unexpected financial events that can resort individuals to many spells of

homelessness (Calsyn and Morse 1991). These factors resulting in homelessness are attributed

to the individual, their choices, and their experiences, which according to the majority of

society, produces their homeless (Tsemberis 2011). The movement away from personal factors

resulting in homelessness considers external factors such as neoliberal policies, the housing

market, exclusion from the housing market, unemployment or low income, and housing

discrimination due to previous evictions that result in a vulnerability in securing stable housing

(Tsemberis 2011).

   5. Women and Homelessness

       The feminization of homelessness establishes a difference between how women and

men become homeless, experience being homeless, as well as identify as homeless (Bullock et

al. 2020). Reasons contributing to women becoming homeless include the factors above that

suggest a lack of human capital, social alienation, psychiatric issues, and substance abuse;

however, it is their gender that plays an extremely impactful role in the contributing factors to

homelessness (Calsyn and Morse 1991). Women experience unequal and lower pay, unpaid

household labour, financial dependency, gendered discrimination, and intimate partner

violence (Bullock et al. 2020). This establishes the added layers of resistance women endure

that disproportionately disadvantage them which contributes to the rise in the population of

women who are homeless (Bullock et al. 2020).

       Homeless women are more likely to claim family and economic issues as contributing

factors to why they are homeless (Richards et al. 2010) This suggests that though family

breakdowns and economic issues can be experienced by all people who are homeless, these

factors are heavily influenced by gender as women who are homeless claim poor financial

situations, economic dependency, and relationship breakdowns that influence their

homelessness documented more so than men in similar positions (Richards et al. 2010).

Women are more likely to be left shorthanded by the breakdown of relationships, encounter

sexual assault and harassment, experience employment issues and a lack of income, in addition

to specifically experiencing the repercussions of the reduced amounts of social support and

safety nets which all assist in the heightened vulnerability of women becoming homelessness

(Lenon 2000).

The contributing factors that may facilitate homelessness are gendered, and this

translates to how homelessness is experienced (Bullock et al. 2020). Women who are homeless

have a persistent fear of being physically and sexually assaulted, as well as being robbed in

shelters, and on the street (Klodawsky 2006). The gendered victimization of sexual harassment

and sexual assaults are prevalent and immensely endured by women who are homeless which

represents that homelessness is not only experienced by women differently, but it could be

suggested that homelessness has greater consequences experienced by women which may

have a more severe toll on their mental and physical well-being as homeless women in

comparison with homeless men, due to the higher frequencies of sexual and physical assaults

women live through (Lenon 2000). This can be looked at intersectionally due to their gender

and social location in society. Because of these factors, which influence and intersect as their

gender influences their social location and their social location is impacted by their gender,

women experience homelessness differently. Considering their social location as having to stay

in shelters, and their gender, we look at their existence in the world and how they experience

it. Gendered violence and the homelessness experience endured by marginalized individuals is

being looked at intersectionallly because it allows for the consideration of how each social

factor impacts their oppression and identity (Nash 2008).

The ability to determine the number of women who are homeless is extremely difficult

and also gendered (Milaney et al. 2020). The difficulties in identifying the number of homeless

women are a consequence of the outcome of hidden housing situations and the ability of

women to fit through the cracks to avoid sleeping on the street, or in shelters, yet, by the

definitions above, are still considered homeless (Baptista 2010). Women are often

unaccounted for when examining homelessness because in some cases, women use their

domestic labour and sexually gendered learned roles to satisfy their urgent need for housing

which avoids them staying in homeless shelters, yet temporary and unstable housing is still

considered homeless (Lenon 2000; Milaney et al. 2020). The difficulty in not having concrete

ways to account for the homeless women population can result in these women failing to get

the necessary resources and services they require, as their homelessness is unknown according

to government funding and programs (Baptista 2010).

III. Housing Policies Throughout Canada

There was a rapid growth in homelessness from the 1980's to the 1990's (Gaetz 2010).

In the 1980's homelessness went from an individual male problem, to impacting many different

members of society (Piat et al. 2015). In the mid 1980s, the term homeless referred to men

without social support and family ties, rather than meaning unhoused as it does at pesent

(Hulchanski et al. 2009). In 1987, the United Nations focused attention on homelessness faced

in developed countries, including Canada (Hulchanski 2009). Efforts were created to combat

this growing problem by the National Homelessness Initiative which was a three-year initiative

that promoted community responses to homelessness at the local level in 1999 (Gaetz 2010).

This response included funding community entities to disperse the allocated budgets

locally, where these entities saw fit (Gaetz 2010). This was seen to be an investment in

community priorities. The issue with this Initiative was it did not provide strategic responses to

the problem, but instead provided funding to a broken system (Gaetz 2010). It should be noted

that the focus on managing the problem with emergency services in the community left for an

uneven distribution of funds towards preventive programs as well (Gaetz 2010). Due to a focus

on managing the problem after the fact, preventive measures were left out of the financial

equation (Gaetz 2010). Resources were put towards the issues that were occurring, which

failed to provide resources for preventing this issue before it arises (Gaetz 2010). Emergency

service funding was used to deal with the present problem, where funding for preventing

homelessness before it occurred was not as present (Gaetz 2010). This is important because

the approach of reacting and managing the pressing issue is receiving a heavier amount of

funds leaving preventive measures less funded which would contribute to avoiding this

problem before it starts. The heavy emphasis on dealing with the issue of homelessness

disproportionately impacts the funds that are allocating to managing the problem before it's a

problem.

The Homelessness Partnering Strategy was then established and suggested to promote housing that is both safe and affordable, in addition to ending chronic homelessness(DesBaillets and Hamill 2022). This strategy supported evidence-based practices to ensure models, policies, and programs are backed by research, which would provide current and productive support (Gaetz 2010). The Homeless Partnering Strategy introduced preventive measures which incorporated the idea that homelessness has many contributing factors and that this demands different services and approaches for proper support (Gaetz 2010). Yet, the heavy reliance on municipalities and communities to carry out the deed of housing the homeless has led to an implementation of individual and diverse services and programs to combat this problem (Gaetz 2010). This is problematic because there lacked a national strategy, organization, and plan to take on these growing numbers; therefore, this resulted in an uncoordinated response that was heavily focused on investment and expansion (Gaetz 2010).

In 2013, the Housing Partnering Strategy was renewed for five years with the inclusion of the Housing First approach in the strategy. This meant the Housing First approaches were to be implemented throughout Canadian communities (Gaetz 2010). Now being recognized by the government of Canada, the Housing First approach is observed to be an imperative response to homelessness (Gaetz 2010).

Reaching home was established in 2019. This is a federal homelessness strategy based

on preventing and reducing homelessness in Canada (Canada 2022). It is a community-based

program that aims to fund urban, indigenous, rural, and remote communities to combat

homelessness and address specific needs of the community (Canada 2022). Through working

with communities, this program aims to develop and produce community plans and successful

outcomes (Canada 2022). To achieve this, the government suggests working together to

establish and deliver coordinated plans and concise outcomes (Canada 2022). This is an

outcome-based approach that allows the local level to make decisions based on the needs of

the community (Canada 2022). Although Reaching home eliminated the funding requirement

of Housing First, Housing First is still present at the local level (Canada 2022)

IV. Housing First Principles

Housing First principles assist people who are homeless with securing permanent

housing through the transition from shelter stay to independent housing (Hennigan 2017;

Gilmer et al. 2014). Once housed, it is expected that people who were homeless, now have the

means to become self-sufficient with the expectation that internal issues cannot be solved

before being housed (Hennigan 2017). These programs and services include interviewing

clients and then assertively engage with clients, as well as facilitating individualized planning for

self-sufficiency and personalized housing goals (Gilmer et al. 2014). Housing First principles are

founded by case management services, and generally offer harm-reduction options, as well as

social services and programs that are available but not mandatory (Hennigan 2017; Milaney et

al. 2020). Housing First principles do not require drug or alcohol abstinence as the belief is

rooted in there being no deciding factor to whether people are housed (Hennigan 2017). These

principles emphasize safe and stable housing as a human right, whereas traditional housing

initiatives consider housing to be earned through sobriety, therapy, or employment (Hennigan

2017).

Housing First models support the idea that housing is a human right (Kertesz and

Johnson 2017). This model believes housing should not depend on sobriety, has an emphasis

on immediate placement of individuals into permanent housing, and the backing of supports

customized to the individuals needs and wants (Kertesz and Johnson 2017). Paired with

Housing First principles is the inclusion of harm reduction efforts, separation of treatment and

housing, and a recruitment system that aims to incorporate the most vulnerable to receive

housing in priority (Kertesz and Johnson 2017). Keeping treatment isolated from housing is

perceived to tend to the needs of the clients accessing these services (Kertesz and Johnson

2017). In many ways this puts people in control of their housing situations, as individuals

accessing Housing First are considered the consumer with housing being the product

(Tsemberis, Gulcur, and Nakae 2004). Specifically, people are able to define their own goals

and needs in housing without going through sobriety or counselling prior to being housed

(Tsemberis et al. 2004).

However, these principles' perceived solution to homelessness is to provide a home, but

in reality, this mentality only masks the persistently present problem (Lenon 2000 ; Willse

2010). Downplaying the contributing factors such as a lack of social capital, substance abuse, as

well as the highly influential gendered inequalities of a male-dominated society that

economically and socially disadvantaged women, allow for the problem of chronic

homelessness to persist (Lenon 2000 ; Calsyn and Morse 1991). The assumption that housing is

a solution to homelessness identifies homelessness as an economic issue (Willse 2010). This

assumption is the core of Housing First principles, as they do not seek to elucidate the core

problems and factors of individuals seeking shelter and these services (Willse 2010). The

gendered differentiation of the impact of legislation on social and political forces are rarely

considered (Walby 1990). This is evident in housing initiatives as applications of models and

practices are rarely considered with the inclusion of both sexes (Walby 1990).

Housing First principles were established to house the chronic homeless population,

increasingly who also engage in substance use and who have mental health issues (Namian

2020). The Service Prioritization Decision Assistance Tools (SPDAT) are used to rank the chronic

homeless population by measuring the vulnerability of individuals in this population (Namian

2020). Individuals are assessed based on their vulnerability and given a number which

determines their need and eligibility for long-term housing with the Housing First principal

model (Namian 2020). SPDATS are used in cities across Canada, the United States, and

Australia (Namian 2020). This tool is used to prioritize who receives Housing First principles

(Namian 2020)

The ranking of chromic homelessness represents how the state and organizations who

work with these populations at the street-level distinguish who needs housing based on their

score from the SPDAT conducted (Namian 2020). It is argued that this score seeks to rank the

chronic homeless population as they consume the greatest number of social and welfare

services, reserve a great deal of beds in hospitals, and use emergency services (Namian 2020;

Rickards et al. 2009; Hoch et al. 2008).   This can be considered an economically strategic plan

to reduce the cost of the chronic homeless population by ranking the most vulnerable and

putting them in permanent long-term housing (Namian 2020).

The implementation of SPDATs and Housing First principles can be attributed to

neoliberalism due to the reduction in welfare and social programs that assist this population

with survival and viewing the chronic homeless as an economic issue that needs to be ranked

and reduced (Wacquant 2010; Namian 2020;). The SPDAT is being used as a cost-conscious

application to reduce the economic burdens of the chronic homeless population (Namian

2020). The SPDAT is then a product of neoliberal ideology as this tool assesses the burden with

an economic lens and employs shelters and agencies to conduct these assessments and

transition the chronic homeless population into permanent housing using Housing First

principles (Waquant 2010; Namian 2020). Neoliberalism approves economic strategies that

reduce costs attributed to government funding; therefore, Housing First is a function of

neoliberalism (Namian 2020). This is not an objective application of Housing First benefits, but

a strategic outlet to reduce costs for the government (Namian 2020).

In many ways, the SPDAT is a tool used to govern the chronic homeless population due

to their consumption of resources and services by accessing their vulnerability and placing them

in housing accordingly (Namian 2020). SPDATS seek to rationalize the cost of public services

and resources which are associated with the neoliberal agenda (Namian 2020). SPDATS fail to

consider the homeless populations failing to access shelters to complete SPDATS; therefore,

supports are not being delivered to the less visible populations of the homeless and chronic

homeless sectors, specifically women and youths who are homeless (Namian 2020).

As chronic homelessness is an experience lived separate from a single spell of

homelessness, it has significantly more detrimental impacts on the individuals themselves, the

community, as well as government funding and resources (Rickards et al. 2009). The toll on

individuals' mental and physical health, victimization, and stigmatization are direct

consequences of being homeless (Rickards et al. 2009). To be more specific, chronic homeless

populations have increased risks of prolonged exposure to extreme elements, poverty,

substance use and dependency, poor oral and bodily health, as well as identify with having

severe psychiatric disorders (Rickards et al. 2009). These repercussions are exacerbated due to

an absence of an address from a permanent residence and creates a lack of access to affordable

services and insurance (Rickards et al. 2009; Figueiredo, Hwang, and Quiñonez 2013). Many

mental health disorders and conditions are manifested and aggravated by homelessness which

strengthens the vicious cycle between hospital stays, shelter stays, and chronic homelessness

(Rickards et al. 2009). Women who are homeless are significantly more likely to experience

physical and sexual violence, exposure to sexually transmitted infections, and feminine health-

related issues when compared with women who have stable housing (Roy et al. 2014).

The stigmatization of people who are homeless labels individuals as dangerous and

delinquent, in addition to restricting people to stereotypes that determine how the rest of the

community sees them (Gaetz 2013). The stigma and stereotypes surrounding homelessness

associate crime and danger with people who are homeless which produces the acceptance of

harsh and punitive approaches used by community members and law enforcement on this

population (Gaetz 2013). This creates a lack of social solidarity and mistrust between the

homeless population and society, as well as the homeless population and law enforcement

(Gaetz 2013).

The chronic homeless toll on the community is evident with the emergence of minor

offences directed toward the criminalization of homelessness (Rickards et al. 2009).

Neoliberalism diminished social services and safety nets which influences the economic and

social positions of people who are homeless; however, these policies are also responsible for

the punitive approach to interacting with the homeless and chronic homeless populations

(Gaetz 2013). Legislation is used to criminalize the homeless, and police are left with the

discretion and duty of enforcing these laws (Gaetz 2013). Laws that target minor offences that

can be attributed to certain lifestyles such as public drinking, loitering, and jaywalking, are used

as a means to control public spaces and regulate who is allowed to be in these public spaces,

which inevitably targets the homeless population due to their inability to go home (Gaetz 2013).

It is apparent that legislation and minor offence criminalization are a way to invisiblize

homelessness by either putting them in jail or shifting them out of public spaces (Gaetz 2013).

This represents the amount of funding, resources, and police attention that is negatively

directed towards this population which furthers their marginalization, stigmatization, and social

isolation (Stuart 2016).

The double victimization of this population includes the chronic homeless population

being categorized as criminal since they are considered surplus in capitalist society (Matos,

Conde and Peixoto, 2013). This population is produced as victims by the state and are then

criminalized for their victim positions in society and are then dealt with by the punitive criminal

justice system and legislation that restrict their movement and freedoms (Matos, Conde and

Peixoto, 2013). Due to the reduction in social safety nets, and an increase in carcerality of

vulnerable populations impacted by neoliberal political ideology, neoliberalism inevitability

controls populations that do not fit into the capitalist agenda through incarceration, specifically

criminalizing the chronic homeless population (Waquant 2009). This is because the state is

reduced to managing economically deviant populations with incarceration (Waquant 2009).

The chronic homeless population consumes a consistent and significant amount of shelter beds

per night (Rickards et al. 2009). Homelessness and chronic homelessness is a pressing issue in

modern society due to the amount of consistent shelter use, physical and mental illness,

substance use, and emergency resources such as hospital beds, and emergency medical

services which are in many cases paid through the shelter's funds (Hoch et al. 2008). The

homeless population absorbs a great percentage of the costs of health care and services (Wiens

et al. 2021). This percentage is significantly higher used by the population who are homeless

and have mental health-related issues (Wiens et al. 2021). This suggests the connection

between health costs and the homeless population as there is an allocated shelter budget

strictly for indirect health care services (Hoch et al. 2008).

Neoliberal policies combined with the feminization of poverty resort women to the

vulnerabilities of exploitation, abuse, and homelessness (Waller and Wrenn 2021; Klodawsky

2006). This is evident with Housing First principles as they do not focus on the systemic and

external issues of society, or the individual woman (Willse 2010). Society characterizes women

as vulnerable, yet it fails to develop and provide tools to avoid women's dependency and

subordination (Galeano Monti and Delia Deckard 2021). Contrary, the state seeks to penalize

acts of individuals, which avoids the identification of the state's harmful impact on these

individuals in society (Galeano Monti and Delia Deckard 2021).

Individuals that are chronically homeless and who struggle with substance abuse are

expected to be one of the highest populations to benefit from Housing First principles as they

do not require participation or success in treatment before being housed (Kertesz et al. 2015).

Though this suggests a promising outcome for the chronic homeless population who engage in

substance use, Housing First principles have received unfavourable backlash with the

suggestion that housing is not a method of treatment (Kertesz et al. 2015). This mentality

corresponds with band-aiding a grave and rising issue in society, as it does not challenge the

barriers that contribute to and render people to having housing insecurity (Westermeyer and

Lee 2013).

Though Housing First principles provide access and resources for addiction treatment,

counselling, and mental health services, it is suggested that all treatments clients engage in

voluntarily at the shelter, are not attended to or completed after individuals are housed

(Kertesz et al. 2015). This cessation of treatment is attributed to the transition of individuals

from shelter to independent housing, which generates a loss of community and social solidary

between the individual and their community, decreased decision making and self-regulation, as

well as an increased risk to resort back to substance use as Housing First principles demand

housing independence which has alluded to social seclusion (Westermeyer and Lee 2013). This

inevitably contributes to the re-emergence of their homelessness (Westermeyer and Lee 2013).

The possibility of the recurrence in homelessness from people who were directly housed with

the assistance of shelters that are grounded in Housing First principles indicate major concerns

and flaws in this approach as people who are homeless are ultimately staying homeless or

repeatedly end up homelessness in a short amount of time, despite having accessed shelters

premised on Housing First principles (Westermeyer and Lee 2013).

The cost of Housing First is suggested to be less when compared with other methods to

house the chronic homeless population, but these findings are controversial (Kertesz and

Johnson 2017). Not only is Housing First notably expensive to operate and maintain, but there

is also a lack of a reported difference in the number of services used by the chronic homeless

population whether they are housed in Housing First principle shelters or not (Kertesz and

Johnson 2017). It can be suggested that the cost of Housing First does not match the projected

output or success of this method of housing (Johnson, Parkinson, and Parsell 2012).

The lack of accuracy regarding the impact of Housing First principles on the chronic

homeless population is minimal, especially one to two years following being housed (Johnson,

Parkinson, and Parsell 2012). Studies conducted suggest that Housing First principles used to

house the chronic homeless population are more cost effective than other forms of housing,

yet this lacks validity as many studies have not been subject to being peer reviewed and fall

short with referencing strictness when produced (Johnson, Parkinson, and Parsell 2012). When

compared with other forms of housing, examining the cost is greatly skewed as it assumes

people will stay in certain facilities or shelters consistently for one year alluding to the idea that

a true cost analysis of this method has yet to be realistically conducted (Johnson, Parkinson,

and Parsell 2012). The economic evaluation of Housing First principles lacks credibility as there

is minimal accurate research of the cost analysis when compared with other forms of housing

individuals who are chronically homeless (Johnson, Parkinson, and Parsell 2012).

V.   Limitations to the Implementation of Housing First

1. Substance Abuse

Substance use and alcohol abuse are not only prevalent in the homeless community but are pivotal issues for this population (Vangeest and Johnson 2002). The abuse of substances is considered a pathway to homelessness in that it positions people who use substances at a greater risk of becoming homeless (Vangeest and Johnson 2002). Substance use also contributes to the continuation of the homeless cycle by becoming a barrier to maintaining housing (Vangeest and Johnson 2002; Stahler 1995). Though the amount of homeless people who use substances varies by location and the individual, it is estimated that substance abuse surrounding people who are homeless ranges from one to 86 percent (Stahler 1995). Substance use combined with the frequency of mental health issues further impacts this population who are documented to have increased psychological distress, social and economic disadvantages, lower social and vocational functions, and intense medical issues (Stahler 1995).

A major risk associated with people who are homeless and use substances is the lack of attention and provision of public health services and treatments, as this population is generally left out of public programs and assistance (Stahler 1995). When treated, it is recognized that the services provided to people who are homeless are substandard when compared with those available to middle-class individuals seeking services (Stahler 1995). This represents additional barriers that people who are homeless and who use substances are faced with as they either fail to receive treatment or are receiving deficient medical services and programming (Stahler 1995).

Similar to the consideration of homelessness, substance use and dependency is

examined as a male complication (Tuchman 2010). This is not only incorrect but it further

vulnerabilizes women as their needs are not considered or attended to (Tuchman 2010).

Homeless women who use substances are often dependent on their male partners for shelter,

food, and protection (Bretherton and Mayock 2021). During a sexual relationship, women are

more likely to be introduced to intravenous substance use methods, in addition to women

having a higher probability of sharing used needles with their partners (Pinkham and

Malinowska-Sempruch 2008). In some cases, women report their male partners being

responsible for injecting drugs for them (Pinkham and Malinowska-Sempruch 2008). This

translates to the male partner's control over women's substance use, as the men are more

likely to retrieve, procure, and assist with the use of these substances (Tuchman 2010). This

leaves women in an extremely vulnerable position due to the increased reliance on a partner to

make health and substance-related choices for them. Furthermore, it can then be suggested

that women who are homeless and use substances face extremely negative and gendered

challenges that further vulnerabalize their positions as substance users (Tuchman 2010).

2. Trauma

Trauma is considered a pathway to homelessness. Research suggests that people who

are homeless have been exposed to previous trauma (Goodman, Saxe, and Harvey 1991).

Traumatic victimization is highly present amongst the homeless population prior to being

homeless (Goodman, Saxe, and Harvey 1991). Traumatic experiences specifically endured by

women who are homeless include sexual assault, sexual child abuse, physical abuse by family

members, and domestic violence prior to becoming homeless (Goodman, Saxe, and Harvey

1991). These experiences are considered pathways to homelessness as these negative

circumstances produce symptoms of psychological trauma that are carried with them to new

experiences, impacting everyday life and typical choices (Goodman, Saxe, and Harvey 1991).

Trauma can be observed in two ways concerning homelessness(Goodman, Saxe, and

Harvey 1991). Trauma is considered a pathway to homelessness but being homeless can also

cause strain on people's mental health and produce trauma (Goodman, Saxe, and Harvey

1991). Trauma caused from being homeless results from stigmatization, social disaffiliation and

learned hopelessness (Goodman, Saxe, and Harvey 1991). Due to the sudden loss of a home,

conditions of shelter life, and the contributing circumstances that resorted the individual

homeless, are all negative experiences which contribute to developing traumatic symptoms

(Goodman, Saxe, and Harvey 1991). The shock and defeat of losing one's home, transitions to

shelter life and living with many different people, and the potential abuse victimization that

rendered the person homeless all layer and contribute to traumatic symptoms (Goodman, Saxe,

and Harvey 1991). The trauma of experiencing homelessness is another consequence of

homelessness (Robinson 2014). This suggests that homelessness impacts individual's mental

health and has been documented to induce trauma (Goodman, Saxe, and Harvey 1991).

Trauma Informed Care (TIC) is a framework that assists the homeless population with

the traumatic exposure of being homeless, in addition to acknowledging the previous traumas

that have contributed to rendering them homeless (Goodman, Saxe, and Harvey 1991). This is

important to note as services surrounding trauma have been implemented due to the

prevalence of traumatic experiences prior to, as well as during, individual's homelessness

(Goodman, Saxe, and Harvey 1991).

3. Excessively Forceful

Due to the Housing First consideration that housing is an economic issue, it can be

suggested that this method is too aggressive (Willse 2010). This is due to the idea that

individuals are not homeless due to structural, societal, and internal factors, but because

people cannot afford to pay for housing (Willse 2010). Housing First can be considered to be

too aggressive because of the emphasis placed on securing housing immediately and failing to

consider the internal and external factors resorting people to homelessness. The demand

placed on securing housing urgently can come across as too forceful if the internal and external

factors resorting to one's homelessness are not considered or worked on or are considered to

be solely an economic issue; therefore, this is forcing people into immediate housing. Though

financial situations are a realistic reason for becoming homeless, many individuals consider

themselves and their pathways to homelessness to be more complex; therefore, the suggestion

that housing will cure their homelessness places people into housing without working on the

factors that rendered them homeless (Willse 2010). Solely examining homelessness through an

economic lens simplifies individual's pathways to homelessness and considers the solution to

be simple (Willse 2010). This is inaccurate as there are diverse and various pathways rendering

people homeless (Willse 2010). The simplification of homelessness resorts the solution of

housing to be aggressive and matter of fact. This is an issue due to a lack of consideration for

the various external and internal pathways to homelessness that are paired with an expectation

of people to be housed as quickly as possible (Willse 2010).

Due to the idea that a home is not four walls and a roof challenges the suggestion that

housing solves homelessness as well (Veness 1992). It is stated that a home includes values,

culture, security, rights, beliefs, and a break from the chaos of outside (Veness 1992). This

cannot be replaced with a physical shelter when individuals are homeless (Veness 1992). Not

only do people who are homeless lack a physical safe shelter, but they lack the comfort in

having a place to feel at home which contains the above list incorporated in housing (Veness

1992). This reiterates the suggestion that one cannot solve homelessness with a home as

homelessness is being examined exclusively as an economic issue (Veness 1992).

4. Willingness and Preparation to be Housed

As mentioned above, housing is considered an economic issue in the eyes of Housing

First Principles (Willse 2010). This does not consider the readiness of individuals to be housed

(Willse 2010). Due to the implication that the factors and contributing issues to individuals'

homelessness are not attended to, these policies fail to acknowledge individuals' willingness

and preparation to be housed, especially considering contributing factors to homelessness are

not worked on before being housed (Willse 2010).

This can be examined as an insufficient bandage on a complex wound, as people may

not feel ready to be housed if their internal and external contributing factors are not yet solved

(Willse 2010). This in turn can render individuals back to homelessness as Housing First

principles actively assist people in securing housing whether their contributing factors are

worked on or not, which can be intimidating as these policies reflect on homelessness

economically (Willse 2010).

V!.   Research Question

Does the neoliberal implementation of Housing First principles contribute to chronic

homelessness in women? Given the existing literature suggesting homelessness and chronic

homelessness have diverse, varying, and deeply gendered contributing factors,I hypothesize

that Housing First principles contribute to chronic homelessness in women by imagining a

complex social problem as a simple economic one (Calsyn and Morse 1991 ; Willse 2010).

VII.   Methods

This research project utilized a qualitative method to explore the impact of Housing First

principles on chronically homeless women through the use of an autoethnography consisting of

the time spent as an employee of a women's homeless shelter. This shelter practices harm-

reduction and is considered a low barrier centre, established by Housing First principles.

Autoethnographies provide a way to study a population, group, or culture through the use of

fieldwork and field notes developed from the experiences of the researcher, which allow for an

in-depth examination of the specific population through the immersion of the researcher into

the daily lives of a population (Hoonaard 2015; Ellis, Adams, and Bochner 2011).

Autoethnographies are a method of research that describes and analyzes personal

experiences to understand a population or culture (Ellis et al. 2011). It combines parts of an

autobiography and an ethnography to observe, consider, code, and document the experiences

of the researcher (Ellis et al. 2011). An autoethnography was selected as a means to collect

data as it required complete immersion into a population with fieldnotes based on my

experience and interactions with others as I am the sole participant in this project documenting

my involvement in the shelter through the position of Shelter Support Staff (Ellis et al. 2011).

An autoethnography allowed for the distance between the culture and the research participant

to decrease as relevant interactions and observations are documented which created raw and

dense data to be collected as I am completely immersed in the shelter (Spradley 2016). As an

employee of the shelter and the sole participant in this research project, I documented relevant

information, chronicled informal conversations, noted observations of situations and the clients

accessing the shelter, engaged in shelter daily activities, absorbed relevant information, learned

from new experiences, obtained employees' perspectives, as well as documented field notes

only after individual informed verbal consent was given by each person I interacted with.

Field notes captured my interactions with clients and staff, to understand their

perspectives, considerations, meanings, and observations, which support the suggestion that

ethnographies consist of learning from people, not studying them (Spradley 2016). This is

exceptionally important as the homeless and chronic homeless populations challenge the

dominant ideology and description of "typical, hard-working, law-abiding citizen;" therefore,

learning how homeless women are impacted by Housing First principles through my experience

working as Shelter Support will assist in the education and exploration of how women who are

homeless think, consider, and view homelessness and these principles. Field notes were taken

electronically by a laptop as soon as possible after the observation, interaction, and

conversation occurred after verbal consent was given. These field notes were then sorted into

categories to examine the support of this master's thesis hypothesis.

Due to the dual positionality of being the participant as well as an employee, it should

be noted the biases present in conversations and interactions with other Shelter Support Staff

as well as clients. Many other Shelter Support Staff were aware of my positionality of Housing

First Principles; therefore, the inclusion of certain ideas and beliefs may have been excluded

from other Shelter Support staff's perspectives and views when commenting on these policies.

This is due to the possible idea of preserving our working relationship. Other Shelter Support

staff may have felt pressured to participate in the study as well, due to the preservation of the

working relationship as they could have believed failing to participate would impact our

working together.

Clients may have felt pressure to be included in the study, in addition to saying certain

things about Housing First. Many clients felt it was a space to consider and dispute the shelter's

core policies and the way it operates as well. Though it was made clear this thesis study was

completly separate of the shelter, one could have assumed that being included in the study

would further them in the process of securing housing as I assisted in housing searches with the

clients. This represents the dual positionality of myself as the participant and employee, as I

was considered by the clients in a way that influenced their way of speaking about the shelter

and Housing First principles. The positionality of myself as a white, young, woman in the

shelter influenced how individuals considered and spoke to me. Due to my age clients may

have felt a difference in the power dynamic as the majority of the clients in this study were

older.

VIII.   Data

Through the duration of June 2022 to August 2022, I conducted an autoethnography

and documented my experience in this homeless shelter noting relevant information during

eight-hour shifts, three times per week in the position of Shelter Support Staff. The immersion

into a women's shelter built by Housing First principles did not only provide an authentic

exploration of the impacts of these principles and chronically homeless women, but it allowed

for the development of an understanding through direct observation, and conversations with

clients and fellow staff members to directly gather valuable information that distant and

objective methods may have overlooked as there will be the observations, clarifications, and

the exploration of insider definitions to replace assumptions in order to reduce the bridge

between this population and the researcher (Bouma et al. 2016).

1. Shelter Support Staff

Natalie Weir

During the duration of June to August 2022, I was employed as Shelter Support Staff. I

was responsible for completing Pre-Intake and Intake assessments for single women and

families to determine shelter eligibly, their severity of homelessness, their housing goals, and

next steps to assist in securing clients safe and permanent housing. I updated relevant housing

information to Homeless Individuals and Families Information System (HIFIS), such as uploading

and booking clients into shelter, documenting housing viewings, and stating reasons for

discharges when necessary. Lastly, I would dispense harm reduction packages including safe-

drug use and safe-sex kits through the Needle-Syringe program (NSP), while documenting

relevant information for the Umbrella code collected for Statistics Canada.

2. Pseudonyms

A. Clients

Misty

Misty is a female client in her late thirties. She is of mixed Black and White racialized

decent. She is heavily tattooed and prominently scarred on her arms and face. She is

aggressive when under the influence of substances. She used to work in strip clubs and

currently engages in sex work. She has been in and out of the Penitentiary. Misty uses

Crystal Meth and Fentanyl.

Daya

Daya is in her early twenties, is white and extremely skinny, with a shaved head. She

left home at an early age and has been living on the streets for some time. When under

the influence Daya can also get aggressive and tends to spit at people which has

resorted to her being banned from the shelter prior to her stay here. Daya frequently

used Fentanyl.

Sandra

Sandra is of mixed race decent, and in her late thirties. Sandra has been homeless with

her boyfriend on and off for some time. She is in a verbally, emotionally, and sexually,

abusive relationship. She frequently has episodes of psychosis where she does not

know where she is, who she is with, or what she is doing, and speaks about traumatic

events that have happened before during these episodes.

Laura

Laura is a white woman with long blonde hair and is in her late thirties. Laura came

from the Penitentiary and has been living between prison and the shelter for the past

five years. Her husband died of an overdose ten years ago and Laura has been using

Crystal Meth on and off since.

Katelyn

Katelyn is a mother in her early thirties, white, and heavily tattooed with dark brown

hair. Katelyn has issues with the baby's father and they are no longer together. She

came to the shelter from a place she was renting that did not work out. Katelyn

frequently uses substances outside with other clients.

Liv

Liv is a heavier build, white, heavily scarred from self-harming, and has many tattoos.

Liv does not have custody of her daughter, as her mother has full custody, and this is

causing a great deal of pain for Liv. She uses crystal meth and heroin and occasionally

sells substances to pay for her substance use.

Eve

Eve is black, in her early thirties with tattoos on her arms. Eve came straight from the

Penitentiary on a bus. She was arrested for hitting two men with her car while under the

influence of alcohol. One passed away. Eve has gotten into contact recently with her

daughters and saw her sister when she was also staying at the shelter. Twice during this

ethnography, Eve met a man, moved in with him and then had to come back to shelter when

the relationship ended due to abuse. Eve was staying outside the shelter just off property, in a

tent, when the shelter was full before her most recent stay at the shelter.

Melissa

Melissa is very frail, wears various wigs, and is in her forties. Her 21-year-old son died of

a fentanyl overdose a couple years prior. Melissa frequently uses fentanyl and is a sex

worker. She has been an on and off resident of the shelter for over five years.

Julia

Julia is a smaller white woman in her forties without visible tattoos. Julia used to be a

paramedic but got involved with a man who introduced her to substances. Julia uses

Fentanyl and rotates between staying with new men she meets and the shelter.

Cassandra

Cassandra is a heavier white woman in her later thirties. She is also tattooed on the

arms and neck. Cassandra had a traumatic experience which she described as led to her

homelessness. Cassandra did not speak more to this topic. She does not use any

substances.

Nina

Nina is a short white woman who is heavily tattooed on her arms and back. Nina has a

non-association order with the father of her kids and uses Crystal Meth. She is the

longest staying client assessing shelter at this time as she has been at the shelter for

over six months.

B. Staff

Stephanie

Stephanie is in her early twenties and white. Stephanie works full time overnights as

Shelter Support Staff and has been with the shelter for almost a year.

Cameron

Cameron is white and in her early twenties. Cameron works full time midnights as

Shelter Support Staff and has worked at the shelter for about nine months.

Hannah

Hannah is taller, white, and in her early twenties. Hannah works the part time rotation

of afternoons and midnights. She has been with the shelter for over one year as Shelter

Support Staff.

Autumn

Autumn is in her mid-forties and is white. Autumn is Shift Lead Shelter Support Staff.

This means she has more responsibilities on site than Shelter Support Staff do. Autumn

was hired about two months before this study was conducted and works steady

afternoons.

Amani

Amani is of Arabic decent. She is of smaller build and is in her early twenties. Amani's

role was Shelter Support Staff and she rotated between working days, afternoons, and

midnights, part time.

Jessaca

Jessaca is tall, in her mid-twenties, and is white. Jessaca started as a summer student

and was hired on as Shelter Support Staff for part time days, afternoons, and midnights.

In total, Jessaca has been with the shelter for about seven months.

Stella

Stella is heavily tattooed on her arms and legs and is white. Stella started as a

volunteer, then worked as a summer student, and then was hired on as Shelter Support

for days, afternoons, and midnights on a part time basis.

Sarah

Sarah is a shorter white woman in her early twenties. Sarah was hired as Shelter

Support Staff and has been working with the shelter for about nine months. She works

a rotation of days, afternoons, and midnights.

Angelina

Angelina is of Italian descent and is in her early twenties. Angelina has been working as

Shelter Support for over two years and works part time days, afternoons, and midnights.

Britney

Britney is in her late twenties and is white. Britney has been with the shelter for over

one year. Her role is Shelter Support, and she works days, afternoons, and midnights,

part time.

Karen

Karen is a white woman in her early twenties. Karen is a new hire and has been with the

shelter for less than one month. She was hired as Shelter Support Staff and works an

all-shift rotation.

IX.   Analysis

1. Substance Abuse

Many clients at this shelter engage in substance use. The relationship between

substance use and active addiction is subjective and unclear which develops first, but the

significantly high number of individuals who are homeless and who use substances are

indisputable (McVicar, Moschion, and van Ours 2015). Throughout this time at this shelter,

substance use was extremely prevalent. Not only did it present in conversations with fellow co-

workers, but the client's openness, understanding, and explanation of substance use was

extensive. The following paragraphs include interactions with clients and staff. These

interactions have been disguised using pseudonyms to provide anonymity for all individuals

involved.

Melissa, a chronically homeless client, has been repeatedly staying at this shelter for the

past five years. Melissa experiences various mental health issues that were exacerbated by her

son's overdose on fentanyl when he was 21. She injects fentanyl and has overdosed multiple

times. It is noticeable that the added layers of mental health, substance use, and sex work

impact her search, securement, and maintenance of housing as she has been barred from

another shelter in Windsor, as well as this shelter four times for substance use on site. This

hinders her securing housing as she is barred from the shelter for a certain number of days due

to her substance use behaviour. She is forced to sleep in parks or in short-term

accommodations at friend's or acquittance's houses. Her eligibility impacts her search in

housing as she does not have the resources or tools to secure housing when she is not in

shelter. She is regularly banned from the shelter which continues and feeds into her cycle of

homelessness. This is due to her inability to receive the proper assistance needed to search

and secure housing due to the protocols of the shelter in response to her substance use, which

are contributing to her chronic homelessness as her substance use is failing to be acknowledged

or addressed.

Melissa reiterates during each re-intake into shelter to get sober and get housed. The

order of her statement is extremely important as each time she is re-intaked, she places

emphasis on her substance use problem before being housed. This represents that the barrier

of substance use needs to be worked on before being housed as it does not work the other way

around. Housing First places the focus on housing, then on sobriety, which in turn resorts

Melissa back to shelter as she is not getting the proper assistance and resources she needs to

secure and maintain housing.

Sandra, a client of the shelter who has been back five times in the last four months. She

frequently experiences trauma and substance use induced psychosis. She has been trafficked

into sex work by her boyfriend who supplies her drugs and ensures she is high enough to allow

sexual acts to happen while being unable to fight back. This is important as the addiction to

substances impact her ability to consciously be aware of her surroundings which is heightened

during her psychosis episodes, as well as hinders her ability to search and secure a housing unit

as she frequently AWOLs to stay with her boyfriend outside under a bridge and use substances.

Substance use impacts her homelessness as she continues to AWOL which does not allow her

to truly establish a housing unit. The psychoses episodes additionally make it harder to

maintain housing as she is unaware of reality to be able to maintain her secured housing. This

has resulted in her periodically staying at the shelter throughout an extended amount of time

of about three years.

Stella, a staff member noted "Housing First works better than a shelter with no focus on

housing but it may not work for everyone because people are at different levels of functioning,

some people can use and still maintain a job, but others use and lose track of all that stuff, so it

depends." This represents that the functionality, specifically looking at people who use

substances, is dependent on their substance use. This makes it extremely hard for individuals

to keep order in their life. When Stella refers to "lose track of it all," this is where people who

use substances and people who are chronically homeless intertwine as their functionality is low

when considered by societies' standards. These individuals are unable to maintain housing in

the long-term due to their low functionality as a product of their drug use.

Jessaca, a fellow co-worker, suggested "housing is dependent on individual motivation,

so Melissa and Misty's drug use is too heavy to not be addressed when looking at

homelessness." Housing First does not address addiction, even if it may be one of the major

factors that render an individual homeless. Melissa and Misty's intense use of Fentanyl are

what Jessaca is referring to as their substance use, which is detrimental to their housing search

and motivation as they are rarely in a state of sobriety to actively search and go to viewings.

Their substance use is not being addressed or worked on, yet it is their primary barrier to

housing. Therefore, their substance use combined with Housing First principles continues and

contributes to these women's chronic homelessness as the major housing hinderance, as the

substance use is not being addressed or dealt with.

Autumn, a new staff member, noted "using in women is very stigmatized (taboo) and

anybody can hit homelessness but the majority of people who use substances are homeless

due to their substance use." Autumn is referring to the substance use of women being

stigmatized and taboo. Many other women at the shelter look down on the women who

engage with illegal substances. She also explains the correlation between homelessness and

substance use from what she has observed in the last three months as an employee of the

shelter. She notes that most of the women she sees in shelter who are homeless is a product of

their substance use. This major observation is not supported by Housing First principles as

addiction counselling and programs are not offered on site to assist women with one of the

main reasons why they are homeless. Due to substance use impacting most of the women who

frequent the shelter, it would be necessary to address this issue of substance use as it is

contributing to their homelessness. Housing First principles do not offer on-site substance use

counselling or programs for women spending one night, or women who have stayed at the

shelter on and off for twenty years due to their substance dependency. This is a major flaw in

the principles.

Each case of client and staff can be examined intersectionally. For clients, the added

layers of race, social location, occupation, and substance use need to be observed as

influencing their identity and positionality in society (Nash 2008). These added layers intersect

and represent the difficulty and oppression experienced as all clients are accessing shelter, yet

their pathway that led them to shelter, and how they experience homelessness differs. It is

also important to note that staff's positionality matters as well as their experience of the

shelter differs greatly to clients. The added layers of staff including race and social location

impact their experience (Nash 2008).

2. Trauma

Experienced staff member, Britney, stated "trauma and underlying issues don't give you

a path to keep housing or rental subsidies so without the rest of the work, Housing First falls

apart." This consideration of trauma and underlying issues are crucial when examining Housing

First principles as a great number of clients live with trauma while accessing this shelter. This

statement represents the detrimental impact of trauma and how it effects individuals finding

and maintaining housing as trauma does not just diminish after time, but hinders the road to

housing which Housing First aims to assist in. If trauma is not accessed and worked on, this will

create a cycle of a lack of housing and the extension of trauma, which will resort women to

becoming chronically homeless as trauma is not addressed in Housing First practices in shelter.

Eve, a more recent client was sexually assaulted while sleeping outside in a tent behind

the shelter, off property. This experience of sleeping outside awaiting shelter, as well as being

sexually assaulted while remaining outside for the first available bed to become open, adds to

existing trauma. Eve's terrifying experience will not be acknowledged or treated with Housing

First principles, yet this experience alone could hinder her ability to go to viewings with men, or

sign leases from male Landlords; therefore, past, and recent trauma must be considered when

examining one's ability to search and secure housing.

Client Liv, has been consistently staying at the shelter since March. She holds onto a

great deal of trauma as a result of growing up with an abusive mother and the continuation of

custody issues over her daughter which has lead to her experience of frequent night terrors.

She stated, "people don't listen so I can't get over the trauma as I was always just told I was

mentally ill and an addict." The idea that she is unable to address and apply tools to her trauma

due to people's inability to truly hear her and consider her traumas seriously represent a gap in

Housing First practices and trauma. The Housing First approach at this shelter transports the

individual from the street into short-term accommodations until long-term housing is secured.

This housing goal does not include trauma treatment on-site or acknowledge that trauma is a

true hindrance in individual's searches and finalizations of housing.

Hannah, a shelter support staff member stated that "the biggest thing learned working

here is a lot of people are homelessness and experience intergenerational something ie.

intergeneration poverty, homelessness, abuse, and it's so hard to break the cycle of

intergenerational anything and many experience this and it isn't their fault." The role that

intergenerational abuse and poverty play in the experiences of the majority of clients creates

intergenerational trauma. Abuse experienced in having to stay in the shelter, and mere survival

requires each generation to endure impacts to their mental and physical health. Trauma

passed down through generations due to the lived experiences of their family members and

themselves represents the scope of trauma that can be experienced and passed down (Isobel et

al. 2018). At the shelter we have had sisters staying at one time, as well as mothers and

daughters accessing shelter separately at the same time. These lived experiences from parents

need to be dealt with to break the cycle of intergenerational trauma, but Housing First does not

apply practices to trauma experienced by generations to ensure housing is long-term for

continued generations.

While working a shift together, Stella suggested "if you can't regulate your emotions

properly it makes it hard to do the work like going to viewings." She continued with the

statement "keeping housing may not be hard, it's the getting the housing to start with that's

hard." This alludes to the idea that trauma is a barrier to searching for housing. If individuals

are homeless due to their past trauma and cannot regulate their emotions as they are not

ready or do not have the tools to work against the trauma, going to viewings and maintaining a

calm front may be extremely hard for people who experience undealt with trauma. Housing

First practices require active participation in housing searches, including going to frequent

viewings; therefore, if people are emotionally and mentality unable to, not only does this

impact their eligibility for shelter stay, but this prolongs their spell of homelessness.

Trauma experienced by each individual is influenced by their location in society (Nash

2008). Trauma may be experienced differently based on race, gender, occupation, and sexual

orientation (Nash 2008). Above highlighted how intersectionality plays a part in the experience

and prevalence of trauma as these women experience society and trauma differently. They

also deal with trauma differently due to their past, upbringing, gender, etc. (Nash 2008). Due to

their position in society, this may have contributed to additional trauma; therefore,

intersectionality must be considered when looking at trauma as the additional layers of being

create the experience of the individual. Trauma can be influenced by gender, race, ethnicity,

social class, and occupation because these layers create a different experience based on these

multi-dimensions. This is because factors influence their social location, and oppression as the

factors listed above establish a difference in how one identifies and is perceived (Nash 2008).

3. Excessively Forceful

Misty, a chronically homeless client declared "Housing First is aggressive and makes

people feel unwelcomed as it forces people to be housed who aren't ready, they should meet

people where they're at." The suggestion that Housing First is too aggressive represents the

urgency placed on finding and securing housing. Misty heavily uses fentanyl and is in a verbal

and physically abusive relationship so it can be observed that barriers like substance use and

abuse need to be addressed before she can be housed as these factors are contributing to her

homelessness, yet she feels forced to find housing before she can address these intense

contributing factors. This may contribute to her extended spell of homelessness as her

substance use and relationship prevent her from constitently making it back for curfew or

impact her going to viewings as she looks visibly high and beaten. Housing First is noticeably

failing Misty because of this.

Jessaca, in her position of Shelter Support Staff, noted the "the urgency placed on

securing housing can be unsafe as people may take rentals they first find, but these private

market rentals may be insecure and because of the priority on obtaining housing, people may

feel pressure or the need to get housed as soon as possible, even if it is poor quality or

inadequate. The shelter is safe, but the urgency placed on housing can pressure desperation in

finding housing so the pressure to find housing is unsafe." This represents the aggressive

practices of Housing First principles as staff are recognizing the urgency and eligibly Housing

First demands due to the constant pressure to find and secure housing. Housing first principles

fail to acknowledge the existing barriers individuals are faced with and this is combined with

the fear of being discharged for failing to actively search for and secure housing. Clients tend to

be on Ontario Works or Ontario Disability, which limits their market for renting to usually

bachelors or room rentals. The added pressure on individuals to ensure they are searching and

locating housing may push people to room rentals that are inadequate or sub-par.

Staff member, Amani suggested "Housing First assumes housing is solved with being

housed but supports are not offered through Housing First so it can be unrealistic." This is an

extremely important statement with the idea that Housing First principles assume

homelessness is solely an economic issue. This resorts barriers like mental health and

substance use failing to be acknowledged when considering individual's homelessness. This

dismissal of the various layers that render individuals homeless due to the consideration of

housing being an economic issue results in aggressive and pro-active housing strategies that

may demand too much from clients when considering layers that need to be addressed and

considered intersectionally, are entirely being considered economically.

Liv, a client who is chronically homeless alleged "Housing First disregards mental health

as I can't even focus on getting a lawyer, let alone live alone." This client uses Crystal Meth and

Heroin and is in a custody battle with her mom in the attempts to get her daughter back. Liv

stated she cannot focus fully on housing as her daughter is her main priority and goal. Housing

First disregards her struggles with family which are impacting Liv securing housing as her

daughter consumes her thoughts; furthermore, Housing First principles fail to examine these

barriers and instead demand going to housing viewings.

During a conversation about re-starting the drop-in services offered at the shelter,

which include classes and programs, staff member Stella questioned why "our drop in services

aren't offering therapy?" She continued with the idea that "maybe it's because it isn't about

housing neither supports Housing First ideology." Therapy is being considered a distraction

from housing.   These programs offered could be focusing on past trauma or possibly identifying

why individuals use substances in order to start the work on barriers that rendered these

women to homelessness, yet the idea that therapy will get in the way represents the aggressive

and economic stance Housing First supports.

   4.   Willingness and Preparation to be Housed

New shift lead Autumn, stated "people aren't used to the responsibility, they fear the

unknown." Many clients feel uncomfortable living alone as they have developed a community

or second family with the women at the shelter. In many cases, these clients are chronically

homeless; therefore, it has been so long since they had to live on their own, so they feel scared

and fearful of what they do not know or remember, and in many cases, they do not feel ready

to be out of the area and away from their chosen family. This would be extremely intimidating,

and Housing First principles do not leave space for people who are hesitant or scared due to the

imperative placed on housing.

"Long-term supports aren't stable, they aren't used to paying rent, keeping things clean,

damage property, combined with arguments with Landlords which usually gets them evicted"

was explained by staff member Stephanie. This signifies the lack of long-term assistance or

supports for clients when housed to ensure they maintain their secured housing. This

contributes to their recurrence in shelter due to issues stated above with the clients failing to

keep up with typical tasks of a renter, and in certain cases damaging property. This causes

major issues with the landlords, which resort to evictions and clients ending right back in

shelter due to them not feeling prepared or supported when housed.

Shelter support worker Cameron suggested "life skills aren't developed to take care of

individual's houses once housed." When certain skills are not developed, this hinders

maintaining housing long-term. In many circumstances, clients are housed and later evicted

due to property damage or landlord issues. This is what Cameron is referring to when she

states certain skills are not developed to ensure the house stays in good condition as well as

having successful interactions with landlords. Housing First principles aim to transport people

from homelessness, to shelter, to housing. In this time, as finding housing is the main priority,

these skills do not development. This creates a cycle as the skills lacking resort to evictions,

which leads to the same clients returning to shelter.

Nina, a client who is deemed chronically homeless on HIFIS, has been at the shelter in a

long spell of homelessness for one of the greatest durations of time typically allowed at shelter.

Working with the housing workers, a unit was secured. Nina had to present the day of the

agreement and sign the lease, but she failed to show. This lost the unit and her eligibility at this

shelter. Staff member Autumn blamed "substance use and her abusive relationship" who she

has children and a non-association order with. This example represents a client being within an

inch of getting housed and refusing. Nina was not ready for this leap to independence and

isolation as the unit was far from the community she associates with. Housing First assumes

everyone is ready and willing to be housed once off the street, but Nina is a perfect example of

the work that needs to be done before being housed as she was not ready to secure this unit.

During a group conversation with multiple staff members, it was stated that Misty "is

not ready to move out and give up her lifestyle as it is easy, in some ways, being transient."

Misty has a fentanyl addiction and is in a physically abusive relationship. Her girlfriend is

housed but sleeps outside in the park behind the shelter. Misty frequently AWOLS to use

substances and sleep outside with her girlfriend. It is evident Misty is not ready to give up her

lifestyle as she has made little effort to be housed and has been banned from the shelter for

frequently AWOLing. Housing First's response is to house Misty immediately, yet her substance

use and abusive relationship both interfere with housing as she is not ready to give up her

current lifestyle. Due to her being chronically homeless, Misty is comfortable in this lifestyle as

she has been living this way for an extended amount of time. Housing First principles are

contributing to Misty's chronic homelessness as the shelter attempts to house Misty who is not

ready, which resorts her to AWOLing to continue her lifestyle. This results in a cycle of

banishment from the shelter, re-intake to the shelter, and continuously sleeping on the streets.

X.   Discussion

1. Substance Use

The prevalence of substance use is a documented route to homelessness (Vangeest and

Johnson 2002). It is also evident that substance use can produce longer and recuring spells of

homelessness as it is a barrier to maintaining permanent housing (Vangeest and Johnson 2002;

Stahler 1995). The chronic homeless population is noted to have both substance use and

mental health issues and this combination is detrimental to preserving long-term housing.

Substance use is observed as a "man's problem," with the ideas surrounding substance

use typically being associated with men who use, and failing to acknowledge women's usage,

their different needs, and considering women intersectionally. (Tuchman 2010). This further

vulnerabalizes women as their needs are not considered or attended to (Tuchman 2010).

Women often depend on their male partners to acquire, prepare, and inject the substances for

them which resorts many health choices to be given to these male partners (Pinkham and

Malinowska-Sempruch 2008). This represents the male control over women's substance use

(Tuchman 2010). This leaves women in an extremely vulnerable position with this heavy

reliance of health-related activities to be at the hands of the male partner (Tuchman 2010).

As observed in the data, substance use was a great hinderance to the women's search

and securement of housing. Due to frequent bans from the shelter, persistent AWOLs, low

functionality, the majority of women at the shelter becoming homeless as a product of their

substance use, and the failure for Housing First to address substance use, it can be suggested

that substance use is not only a contributing factor to recurring homelessness, but an intense

barrier to securing and finding housing under the premise of Housing First principles.

2. Trauma

Trauma has been attributed to be one of the pathways that render individuals

homeless, and it is suggested many homeless individuals have experienced trauma prior to

becoming homeless (Goodman, Saxe, and Harvey 1991). Women experience increased levels

of sexual assaults, sexual child abuse, physical abuse, and domestic violence which represent a

difference in how women and men experience trauma as women are more likely to experience

certain traumatic events (Goodman, Saxe, and Harvey 1991). Traumatic experiences are

connected with homelessness as these events produce psychological trauma which impact the

lives and choices of individuals (Goodman, Saxe, and Harvey 1991).

Trauma can be broken down into two parts, trauma as a pathway to homelessness and

trauma as a product of homelessness (Goodman, Saxe, and Harvey 1991). Trauma as a product

of being homeless is a cause from the stigma, learned hopelessness, social disaffiliation, the

sudden loss of a home, shelter conditions, and circumstances that lead up to their

homelessness (Goodman, Saxe, and Harvey 1991). This represents how individual's mental

health is impacted by homelessness which can result in the development of trauma (Goodman,

Saxe, and Harvey 1991).

Trauma impacted many women in the shelter as seen with impacting the women's

ability to find and maintain housing, going to viewings, the addition of recent trauma,

potentially having a male landlord, intergenerational trauma, and the fact that trauma

programming is not offered on site at this Housing First principle institution heightens the

impact of trauma on the women of this shelter. Trauma was noted to fester when it failed to

be worked on, so prolonged experiences of trauma without being address and given tools

hinders the women's ability to successfully search and secure housing in a timely manner,

which is what Housing First demands.

3. Excessively Forceful

Housing First views housing as an economic issue (Willse 2010). This determines

structural, societal, and internal factors invalid as housing is believed to be financial contention

(Willse 2010). This may be the case for some specific instances but to resort all pathways to

homeless as being economic is inaccurate and detriment to the individual (Willse 2010). Solely

examining homelessness through an economic lens simplifies individual's pathways to

homelessness and considers the solution to be a simple economic one. Housing First ignores

the external and internal contributing factors and perceives the solution to homelessness to be

an economic one; therefore, it is suggested through Housing First that housing is the only

solution to homelessness. This is a simplified and under exaggerated band aid to homelessness

as four walls does not make a home (Veness 1992). Housing cannot be viewed alone as an

economic problem as it cannot be solved by just providing housing (Veness 1992; Willse 2010).

Housing should be viewed intersectionally, including the multiple layers of identity that make

up the individual who is homeless.

It is evident the priority placed on securing housing may be too aggressive as stated by

clients who feel forced to be housed immediately. There is an urgency place on housing which

may leave the women accessing the shelter in a vulnerable position due to the high priority and

demand placed on securing housing as soon as possible. Barriers of the women are attempting

to be solved with an economic band aid which may hinder the women more as they search and

secure housing. It can also be observed that women may not be able to focus on housing as

they have separate priorities than the shelter's, but this is not considered in a Housing First

principle shelter. The idea therapy offered on site may disrupt the women's housing searches

further removes and does more harm as this is an aggressive tactic in housing searches.

4.   Willingness and Preparation to be Housed

Housing First practices do not consider individual's willingness and preparation to be housed (Willse 2010). People may not feel ready to be housed due to various internal and external factors that impact individual's ability to successfully transition to independent housing (Willse 2010). This can result in individual's recurring homelessness, as well as contributing to the homelessness cycle between shelter, hospital, and independent housing as influencing factors that rendered individuals homeless are not worked on. This may leave people feeling ill prepared and scared to venture out and live on their own (Willse 2010).

Housing First principles allow clients to not feel ready, feel uncomfortable, and fearful of living alone during the housing search process. This intimidation felt by the women with fear of finding independent housing is not considered by Housing First. There is a lack of long-term assistance available to ensure housing is maintained. Skills are not developed to prepare for housing and to keep it which allows the women to fall into the cycle of shelter, motels, and housing. Housing First assumes everyone is ready and able to live alone, yet this is not the case for many women in the shelter system. This fails to be acknowledged or helped by Housing First.

XI.   Conclusion

Given the systemic structural inequalities of neoliberalism that favour working, housed, men, women who are homeless are disproportionally impacted by neoliberal policies which not

only displace them from communities, but blame them for their position in society as well

(Wacquant 2010; Galeano Monti and Delia Deckard 2021). Women's pathways and

experiences of homelessness are deeply gendered as women endure higher rates of domestic

violence and relationship break down resorting to their homelessness, in addition to suffering

higher rates of gender-based violence such as sexual abuse, exploitation, and physical abuse

during their spells of homelessness (Richards et al. 2010; Klodawsky 2006). It is these reasons

that homelessness needs to be considered intersectionally as there are diverse and various

reasons why women become homeless and solving this problem using an economic lens only

masks this issue (Bullock et al. 2020; Calsyn and Morse 1991).

It could be argued that the extension of the penal sector is evident in the treatment of

the homeless population with regards to their whereabouts on the street, in shelters, and when

incarcerated (Wacquant 2010). The increase in police presence in neighbours and the

enforcement of minor offences is present in this Housing First shelter (Wacquant 2010). Staff

were mandated to do routine room checks to ensure safety and security. Not only were staff

expected to do increased bed checks when it was known people were using substances on site,

but minor offences like drinking on property was forbidden. Staff were stationed to monitor

and regulate the shelter population to ensure they were following protocol and their housing

depended on it (Wacquant 2010). Failure to comply with the rules of the shelter resorted to

discharges, and this was first up to the Shelter Support Staff to determine eligibility, and with

On-Call's approval, the client would be discharged.

Housing First principles consider housing to be an economic issue; therefore, they

suggest that the only way to solve housing is to provide a home (Lenon 2000 ; Willse 2010).

Though housing is extremely important, pathways that rendered individuals homeless persist

and can ultimately result in homelessness recurring as the routes to homelessness are not

being diverted (Willse 2010). This inevitably supports a cycle of housing and shelter, concluding

in the emergence of chronic homelessness.

This research highlights the structural inequalities and internal struggles women who

lack housing experience (Galeano Monti and Delia Deckard 2021; Calsyn and Morse 1991). This

represents the need to address and acknowledge these various pathways when housing

women who are homeless (Willse 2010). As evident in this research, when these pathways and

external reasons are not considered, it can result in cyclical homelessness as areas surrounding

these women's homelessness are not dealt with (Calsyn and Morse 1991). This study included

qualitative research from a Housing First principle shelter. Through observation and

interactions with clients and staff of the shelter, this includes a broader examination of Housing

First Principles as both the people that apply the principles and the people who have Housing

First applied to them are included in the data. The existing literature, as well as the research

data suggests that housing cannot be considered solely an economic issue as there are external

and internal factors to note when examining one's homelessness and if these factors are not

considered, it has been observed to develop into continuous and recurring homelessness

(Willse 2010).

Though Housing First practices were designed to house the chronic homeless

population, specifically with mental health and substance use disorders, it is evident this is not

always a productive response.(Gaetz, Scott, and Gulliver 2013) One could argue that the

women in this study are individual cases where any policy would fail to support these

individuals. Considering that the majority of these individuals who were observed in this

research had substance use disorders and mental health issues, this would be the demographic

this policy was created to serve. Misty, Daya, Sandra, Laura, Katelyn, Liv, Eve, Melissa, Julia, and

Nina all have substance use disorders. With the combination of mental health, and who all

were chronically homeless, this policy was designed to support them. It is not the idea that any

policy would not work, but the Housing First approach was designed specifically to house these

individuals and is failing to do so as they were recurring at the shelter.

Housing First was established with the idea in mind that housing is a basic human right

not something to be earned or deserved (Collins and Stout 2021). Many of the clients assessing

shelter experienced frequent bans from the shelter. These bans would range from a weekend

to six months. Reasons for banning included aggressive behaviour towards other clients or

staff, destructive behaviour, failure to look for housing, and using substances on site. This

distinction between who is allowed shelter and who does not deserve to have shelter that night

stems from the policies put in place carried out by Shelter Support staff. This dehumanizes

individuals because if housing is a human right, it could be suggested people that are banned

are not being considered as people, but their actions, which condemn them to banishment

from the shelter. Due to individuals' behaviour, this dictates whether they receive shelter;

therefore, clients are resorted to their behaviour. This dehumanization of clients accessing

shelter stems from whether clients are behaving themselves and is based upon the idea that

housing is in fact earned as shelter can be easily taken away when their behaviour does not

align with the shelter's policies.

In conclusion, this research will contribute to examining the impact of Housing First

principles, which will allow for the identification of the strengths and weaknesses of these

principles which can be built on to further the development in minimizing chronic homelessness

in the community. This research project questions the impact of Housing First principles on

chronically homeless women. Using an autoethnographic qualitative method, it is suggested

that Housing First principles contribute to chronic homelessness in women due to substance

use, trauma failing to be assessed and acknowledged as a pathway to homelessness, Housing

First principles being excessively aggressive for the population it is designed to service, and a

lack of consideration for the willingness and preparation of client's to find and maintain

housing.

Since the chronic homeless population uses a high amount of emergency medical

response services, hospital resources, and the majority of beds in emergency shelters, the

correct allocation of government funding is crucial to assure funding is being put towards

productive programs (Rickards et al., 2009). This study will assist in exploring where

government funding will be most successful and useful by investigating the value of Housing

First principles. The federal funding allocated budget for homeless services and shelters has

increased immensely since 2011 (Lucas 2017). Increased funding was suggested to reduce the

number of homeless people by providing broader services and assistance, yet the rise in the

number of homeless people in cities across Canada is demonstrated (Lucas 2017; Fisher, Mago,

and Latimer 2020). This research could assist in decreasing chronic homelessness by exploring

the effective ways to provide meaningful support and services that would result in successfully

securing long-term housing for homeless and chronic homeless individuals.

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