BECOMING HOUSED:

AUTONOMY, EMBEDDEDNESS, AND AMBIGUITY IN HOUSING FIRST CASE MANAGEMENT

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ABSTRACT

Housing First is a housing model aimed at solving chronic homelessness. It works by offering housing to unhoused people without requiring them to get certain treatments, which reverses previous models. In this ethnographic study, I investigated how this program operates on the ground level, by interviewing and shadowing several case managers who work with clients who experience homelessness, addiction, and mental illnesses. What my research reveals are the tensions that emerge in the process of implementing Housing First programs. I explore how case managers shape the client's choices and their relationships, to see how some forms of autonomy are valued over others and how clients are made to be individuals in some ways and a part of a community in others. Additionally, I show how case managers navigate ethical practice when the needs of the client conflict with the needs of the organizations for which the case manager works. This intervention is thought to be a solution to a widespread social problem. However, in practice, it is a market-based solution that can only work on an individual level. This results in the reinforcement of liberal understandings of autonomy and responsibility that contributed to the creation of homelessness as a social problem in the first place.

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INTRODUCTION

When I first heard about Housing First, it was through an article out of Medicine Hat, Alberta, that claimed this program would give all unhoused people homes so they would have a place to stay while getting sober. I heard about this revolutionary model, as that was my impression of it, well before I had even gone back to university and before anthropology was even a consideration. I had no experience with unhoused people other than (barely) interacting with panhandlers, but it intrigued me all the same. This article was shelved in my mind. Roughly two years later, another article popped up, claiming Medicine Hat had solved its homelessness crisis. The article offered that "Housing First puts everything on its head" by reversing previous models of housing people experiencing homelessness (As It Happens 2015). Medicine Hat Mayor, Ted Clugston declared, "It used to be, 'You want a home, get off the drugs or deal with your mental health issues' … If you're addicted to drugs, it's going to be pretty hard to get off them, if you're sleeping under a park bench" (As It Happens 2015). In his view, Housing First worked because it allowed people a safe and stable place to stay while working on becoming sober or managing any mental illnesses they experienced, and reduced both hospitalizations and number of arrests. Clungston enthusiastically asserted that clients "end up dealing with their past, atoning for their sins" (As It Happens 2015). This entire discourse framed the problem of homelessness in terms of the actions of people experiencing homelessness: how their poor behaviour contributed to their homelessness and how better behaviour would get them out of it, as long as they have stable residence.

Sam Tsemberis, a clinical psychologist and founder of an organization in New York City that was then called "Pathways to Housing," gave a TED Talk in 2012, titled, "Housing First:

Ending Homelessness, Transforming Lives, and Changing Communities." Although models similar to Housing First appeared before Pathways to Housing, Tsemberis was the first to promote it as a cohesive model on a broad scale and implement it in his organization. In the TED Talk, he explained how the pervasiveness of homelessness is a relatively new thing and that Housing First was a promise to end homelessness, if only given the "political will" (Tsemberis 2012). I had grown up with this idea that Tsemberis conjures, that homelessness came "with the territory"; unconsciously assuming unhoused people were there and always would be. Perhaps these articles intrigued me because they broke that assumption. It made me question my unconscious belief that people experiencing homelessness would always exist, while at the same time, it made me feel hopeful. It also made me naively wonder if Housing First programs could work to end homelessness. This broken assumption that captured my attention and intrigued me for so long was the driving force behind my decision to study Housing First.

Tsemberis argued that the reason why there is no widescale implementation of Housing First is a lack of political and financial support, but that the model would otherwise work to end homelessness for good. However, I wondered how this would work on the ground level and to what extent becoming housed would indeed help clients overcome addiction and better manage their mental health. Ultimately, what I wanted to know is how this program that worked on an individual level could "solve" a widespread social problem when issues that accompany homelessness—such as mental illness and addiction—are rooted in matters that go beyond individual choices. To begin to understand how Housing First worked in practice, I spoke to several case managers from various organizations that followed the model. I begin with a story from my fieldwork to help illustrate some of the unique obstacles case managers may face.

JAN'S "CHOICE"

"Beth" had been working with her client, "Jan," for at least five months before they found housing. When they did find a unit that met Jan's needs and means, Jan was very excited. However, when it came to signing the lease and other paperwork that was necessary for rental supplements Beth found that Jan simply would not do it. For the next week, Beth's work was to persuade Jan to change her mind. Although she framed the whole thing around the issue of Jan's autonomy, the message she conveyed to her is that if she wanted to become housed, she really had no choice but to sign the papers. She tried to cajole her client with phrases like, "You know it's your choice, but you can't move in without a lease." Jan did eventually sign the paperwork and moved in, but then stopped engaging with Beth. Whenever Beth visited, Jan would not answer. Although Beth did not know what was going on inside, she expected that Jan was probably fine and just wanted the chance to exercise her independence. However, the City expected that Beth would be checking in on Jan on a weekly basis. After a year and four months of being housed—and with a lot of "assertive engagement"—Beth was finally able to get into Jan's unit and start the paperwork required to renew her subsidies. It took a lot of explaining and reassuring and waiting patiently from Beth. She understood that Jan has experienced a lot of trauma and did not trust easily, especially when it came to government programs. Still, in the end, Beth was unable to get Jan's Notice of Assessment required to provide to the City for renewing the rental subsidy. Because of this, Jan was on the threshold of losing her housing. What was initially a moment of success turned into a new crisis.

This story illustrates several issues surrounding the nature of choice. First, it reveals the precarity of choice. Beth had to communicate to Jan that she technically had the choice to not sign the lease. However, not doing so would mean not being housed, and not being housed is completely

counter to the goals of the program. The requirement of such paperwork assumes that people, in general, are "rational" actors, guided by their own self-interest; Jan's unwillingness to comply is therefore coded as "irrational." Though we do not know the full context and history of Jan's distrust, we do know this is not an unusual response to health care or social programs aimed at marginalized people (Ramsay et al. 2019; Garcia 2010). Beth understands that Jan's unwillingness to sign the paperwork is wrapped up in a history of trauma and distrust and that this is something she had to navigate in order to get things moving forward. This story also shows how even though Housing First places the client's agency into focus, the actions clients ultimately take are not fully their own, but depend by and large on the relationship between the client and the case manager, who guides them through the process of behavioural change. Beth's story indicates that this task can be incredibly perplexing, and that serious tensions can emerge from the process of guiding clients into making aspirational and transformative choices. But to understand how this happens, it is important to understand how the Housing First model is supposed to work and the context behind the design.

THE HOUSING FIRST MODEL

According to Tsemberis (2012), Housing First is a model created with the intention to end chronic homelessness. The idea is to rapidly house those without housing or permanent dwellings, reversing previous homeless interventions by offering ways to get housing, and subsequently focusing on treatment and supports for the issues that caused or kept people in homelessness, such as addiction and mental illness. The pilot study in Canada, known as the "At Home/Chez Soi" study, stated that Housing First is based on the principle that "Homelessness is often the result of a mix of structural factors, and service and system failures, as well as social and individual factors

(e.g., a lack of affordable housing and suitable support services, mental health and addictions issues, poverty, stigma and discrimination, violence and trauma)" (Goering et al. 2014, 9). Housing First fits within the principles of a structural view of social work, which "considers most social problems to be predictable, deliberately built into the system for the benefit of some at the expense of a systematic population of 'others'" and advocates how "social workers ought to be changing oppressive situations and statuses, not the people trapped in them" (Wood and Tully 2006, 26). Housing First aims to address the health and systemic conditions that keep people in homelessness by insisting that these conditions cannot be confronted without having a stable and safe place to live. The model has made its way into Ottawa's 10 Year Housing & Homelessness Plan that seeks to have all citizens have the right housing and supports within a particular timeframe (Department of Community and Social Services 2020). Between 2015 and 2018, the City of Ottawa reported that 519 individuals and 274 households were housed, with a retention rate of 92% after one year (City of Ottawa, 2018, p. 14). The Institute of Fiscal Studies and Democracy reported 66% housing retention after six months for all populations, which breaks down to 78% for non-Indigenous populations, and 54% for Indigenous populations (McBride, Bartlett, and Page 2017). Essentially, Housing First targets the problem of a lack of homes by providing rental supplements, and it targets the problem of mental illness and addiction, as factors that lead to social and economic marginalization, by providing a safe place to be able to recover from these conditions. Lastly, it targets the problem of conduct by providing case management as mediators for helping clients to get to a place of recovery.

Long before Housing First became a global movement, when Tsemberis founded Pathways to Housing in the 1990s, he saw how a "linear continuum of care," which requires clients to get treatment before they housed, resulted in a significantly lower number of people remaining housed

after five years, when compared to those whose housing was prioritized over treatment (Tsemberis and Eisenberg 2000). Since then, the movement to inverse treatment and housing expanded to various cities and countries, including Canada. In 2008, the Canadian federal government agreed to fund a five-year study as a Housing First pilot project. The At Home/Chez Soi study implemented the Housing First model in five cities across Canada: Vancouver, British Colombia, Winnipeg, Manitoba, Toronto, Ontario, Montréal, Québec and Moncton, New Brunswick. It compared outcomes like housing quality and mental illness and addiction symptoms of Housing First groups to "treatment as usual" (TAU) groups, which are the programs that require participants to obtain treatment or sobriety in order to access program benefits. They found that both Housing First and TAU groups saw similar improvements in mental health and substance use, but measures for "participant-reported quality of life and observer-rated community function" saw higher gains for the Housing First group (Goering et al. 2014, 8). The reports suggest that Housing First could impact one's "positive life course," which includes factors, such as housing stability, positive social contacts, and reduced substance use (Goering et al. 2014, 29). As a result, Housing First was considered to be a more effective way to address the problem of homelessness than previous models and various Canadian cities began to adopt the model as a part of their homelessness and housing plans.

In 2017, Housing First made the news in Ottawa, albeit not for its successes. Images of an apartment full of garbage, feces, and damaged appliances circulated in Ottawa's news outlets in headlines that read, "Rental unit overrun by maggots, mould and feces after city program fails landlord" (Burke 2017a), "Let's not kick Housing First strategy to the curb over trashed apartment" (Chianello 2017), "'Exceedingly rare' case of trashed rental unit preventable, homeless advocate says" (CBC News 2017), and "City warned of gaps in housing program before unit trashed" (Burke

2017b). The apartment, owned by Nitin Mehra, had been rented out to a client of the Ottawa branch of the Canadian Mental Health Association (CMHA), one of the participating non-governmental organizations [NGOs] that runs the Housing First program with financial support from the City. Mehra "thought he was doing a good deed" by leasing a Housing First client and was promised that a case manager would be there to support him if he ran into any problems (Burke 2017a), but instead he ended up with a trashed apartment and thousands of dollars worth of damage. The client ended up back on the street.

This story sparked debates about what exactly went so wrong. City officials, NGO officials, and mental health experts commented on where the failures of this particular case came from, citing various expectations of how people experiencing homelessness can be helped. Advocates of the program assured the public that "It's Housing First, but not housing only" (Chianello 2017), while opponents claim that the program does not do enough; that it is "setting an individual, sometimes families, up to fail" (Burke 2017b). In a public statement, Tim Simboli, Executive Director of the Ottawa branch of the CMHA stated, "just because you're anxious, or depressed or schizophrenic ... doesn't mean you shouldn't be held responsible if you make an adult decision to do something wrong or are neglectful" (Burke 2017a). In making this statement, it was brought into question who is actually responsible when the client does something that causes damage to property, themselves or others. These articles raised questions of failure, accountability, and responsibility, asking whether the program should even be implemented at all. How could Housing First be a "solution" to widespread homelessness if the people on the frontlines could not even agree on who was responsible in case of failure?

This type of story is not exclusive to Housing First in Ottawa. In December 2018, an article called, "'I Want to Live Like a Human Being': Where N.Y. Fails Its Mentally Ill," by Joaquin

Sapien and Tom Jennings (2018), was published in the *New York Times*, detailing the current state of the Housing First program in New York City. The article reported that some clients do well in this program and gave examples of those who are able to maintain regular household activities, like shopping, cooking, and cleaning (Sapien and Jennings 2018). However, it also referenced the many clients that lived in dangerous and unsanitary conditions due to mental illnesses that were affecting their capability to live independently. Many of these clients ended up dying in "preventable ways," got incarcerated, or needed to return to an institution (Sapien and Jennings, 2018). The article questioned the efficacy of the program, centering around not an idea of personal choice or responsibility, but around the ability of the clients to self-manage and the degree of control over one's actions.

Despite this, the Canadian model, according to the Canadian Housing First Toolkit (hereafter referred to as the Toolkit),[1] which was written following the At Home/Chez Soi study, makes use of the language of choice and centers on the individual. There are five core principles listed in the Toolkit are as follows: (1) "Immediate access to permanent housing with no housing readiness[2] requirements," meaning that the client is not tied to medical interventions in order to access housing; (2) "Consumer choice and self-determination," which means the client is not required to living in centralized housing and is able to choose a house, depending on the availability of the housing market; (3) "Individualized, recovery-oriented, & client-driven supports," which means personalized strategies for maintaining or overcoming an addiction or mental illness, to which the client must consent; (4) "Harm reduction … to reduce both the risk and effects associated with substance abuse and addiction"; and (5) "Social & community

[1] Throughout this thesis I will often refer to the Canadian Housing First Toolkit, which is a document of approximately 200 pages that outlines how to plan, implement, and evaluate Housing First programs. It is based off the At Home/Chez Soi study. I refer to it as the Canadian model and the ideals for how the program should work.
[2] Housing readiness refers to requirements clients are expected to meet in order to access program benefits.

integration," which means opening possibilities for "meaningful participation in [the client's] communities" (Polvere et al. 2014, 14–15). Instead of requiring clients to obtain treatment or sobriety in order to access benefits, Housing First aims to "meet participants where they are at" (Polvere et al. 2014, 114), meaning that they aim to tailor goals and priorities for clients based on the client's situation, rather than to have a set number of goals and expectations where clients should be at different points of time. This also means that clients are not denied access or removed from the program for things like drug use or criminal behaviour.

The program also works on a model of "recovery orientation" (Polvere et al. 2014, 15). In my research, however, I was unable to identify any specific definition or goal of recovery. When I asked my interlocutors to describe how Housing First was recovery-oriented, some of them even asked me to define what I meant by recovery. Recovery appeared to have an amorphous meaning, that can include elements like reaching some sort of improved state, which may not even mean one's healthiest state (i.e. harm reduction; being on methadone instead of heroin), environmental (one is more likely to *engage* in recovery if they have a home), or no longer being dependant on supports (getting independent as quickly as possible). In Housing First discourse, recovery is both something clients are to define and to be directed towards. However, what case managers often talked about when working with their clients was a goal relating to some form of self-sufficiency; that clients could in some way manage their own supports without the help of the case manager.

On a logistical level, Housing First mostly uses the scattered-site model, in which clients rent apartments from the private market. The City provides rental supplements, and participating NGOs provide case management. These units are nearly all run by independent landlords and smaller apartment buildings. The larger properties run by management companies tend to not take Housing First clients and/or require criminal record checks and first and last month's rent, which

is difficult to provide since many clients have been through the criminal justice system in some way. This leaves the program reliant on the discretion of willing landlords, the availability of units that fit a pre-determined budget, and competition with people who have more financial means. This means that the actual units used by the program are quite limited.

The role of the case manager includes various tasks, both administrative and supportive. Case managers are meant to guide the client through all stages of Housing First: intake, which includes prioritization of the client, assisting the client in finding housing, paperwork, and assisting and promoting life skills, like budgeting, cooking, and cleaning. They are there to facilitate support in the client's tenancy and to help them with difficulties and setbacks, like relapse and eviction. Each organization runs slightly differently from the other, but common aspects included weekly meetings among case managers and their supervisors. This is so that they can keep track of the progress of each of the case manager's caseload and think of solutions when the case manager has any issues. Case managers are expected to seek out their clients on a weekly basis. However, due to the transient nature of street living clients and because housed clients may not be home and do not always have a consistent way of getting in touch, it is understood that weekly visits are not always possible. As a minimum, case managers are required to make an effort to reach out to their clients at least once a week. Lastly, case managers are also expected to help clients "integrate" into the community, which is guided by the client's needs or interests. This may take the form of finding a job, taking classes, or engaging in a hobby. Prioritization and evaluation of clients is done by using the Service Prioritization Decision Assistance Tool—generally referred to phonetically as the "SPDAT"—which is a tool to help case managers determine a client's access to the program and to measure progress throughout their time in the program. It was created to objectively measure clients' needs and will be discussed more in Chapter 3, regarding navigating ethical ambiguity.

My fieldwork took place in Ottawa, ON, from June to August 2019. In Ottawa, there are seven organizations that offer case management for Housing First purposes. Three of these are Indigenous-run organizations, whose services are slightly different to suit the needs of Indigenous clients. I narrowed my research to the organizations that serve non-Indigenous people experiencing homelessness. Some of the activities that allowed my participants to explain and show me how Housing First works in the Ottawa context included interviews and observation for the weekly meetings. Many of the stories I discuss also come from these meetings. Since these instances were indirect observations, it was difficult to follow up with these cases for richer detail. As a result, these stories are fragmented and missing context, but they still reveal the complexities of such a difficult task of case managers, and how case managers make sense of their clients' needs and unique situations. Some case managers allowed me to follow them along while meeting with clients. I would chat with them along the way and stand back and observe while they were interacting with their clients. These clients agreed to allow my presence there, but I was introduced as a student shadowing, as if I were partaking in on-the-job training. I did not have to opportunity to properly explain why I was there. Because of this, I do not provide ethnographic accounts of these visits in this thesis. Rather, I used this opportunity to learn more about the program and incite deeper questions from my interlocutors.

Across various organizations, my interlocutors were "Sam," "Tom," "Beth," and "Matt."[3] I am grateful for their time and candor. I interviewed each of them once. Each interview was semi-structured and lasted between one to two hours. With Sam, I followed along on two separate occasions to visit clients, and he was present at two internal weekly meetings that I attended. I also shadowed a client visit with Matt during my preliminary research. They provided varying

[3] To preserve confidentiality, I have changed the names of each of my interlocuters and their clients. I use quotation marks on the first mention only of each name.

perspectives on how the program works in their experience, as well as what they thought about how the program ought to work. My key interlocutor was Sam, partly because he was the most reflexive and critical, and felt it necessary to share his grievances with me. Although Sam never told me his own personal story, he did occasionally hint about a past in relation to homelessness. It took a "life-changing pivotal moment" for him to transform in his life and this was one of his motivations for becoming a social worker. Sam's educational background centered on Criminology and Psychology, the latter of which focused on neuroscience. He once told me, "I often felt I was being a rebel by being aspirational, having an aspirational, more traditional, psycho-therapeutic approach." He often discussed how he felt his approach was quite different from other social workers and had a lot of insight on how he sees conventional social work. Each of my interlocutors brought forward different experiences and points of view. It was a challenge to come to a realization that the ambiguities that come from such a difference of perspectives are perhaps irresolvable. To understand the context of housing programs and how they may produce such disputes over how social workers should work with clients, it is important to discuss the history of homelessness and the underlying issues surrounding the causes of homelessness and the barriers preventing people from getting out of such a state.

HOMELESSNESS IN THE CONTEXT OF STRUCTURAL VIOLENCE

Michael J. Prince (2015) described homelessness as a "politics of poverty, stigma, discrimination and exclusion" (359). Structural violence is a term often brought up when discussing "social inequalities," often motivated by contempt or neglect towards particular types of people (Farmer 2004, 317). Farmer (2004) defines it as "violence exerted systematically—that is, indirectly—by everyone who belongs to a certain social order" (307). Scheper-Hughes (2006)

claims that "structural violence erases the history and consciousness of the social origins of poverty, sickness, hunger, and premature death so that they are simply taken for granted and naturalized so that no one is held accountable except, perhaps, the poor themselves" (14). To understand structural violence, one must look at the "erasure of historical memory and other forms of desocialization as enabling conditions of structures that are both 'sinful' and ostensibly 'nobody's fault'" (Farmer 2004, 307). Farmer (2009) claims that "life choices are structured by racism, sexism, political violence, and grinding poverty" (13). Those who suffer from structural violence have fewer options available to them, not only limiting their agency, or "capacity to act" (Lester 2019, 278), but also makes it appear as if they made the decisions that led them to these particular outcomes, and therefore deserve to be in such conditions.

People living unhoused is not uncommon throughout history in various societies, but the word 'homelessness' is a relatively new word and refers to a particular set of social problems. The Canadian Observatory on Homelessness[4] (2017) defines homelessness as:

> the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful, and distressing. (1)

The discourse of "homelessness as a social problem" emerged in the 1980s alongside a global recognition of the "problem of dehousing"—a rise in the number of people who lose their

[4] Formerly the Canadian Homeless Research Network

housing—in wealthy countries, like the United States and Canada (Hulchanski et al. 2009, 3). The increase of visible homelessness in the 1970s and 1980s at the time was attributed to the deinstitutionalization of government-run mental institutions (Glasser and Bridgman 1999; Hopper 1988; Mathieu 1993). However, anthropologists and other researchers have since pointed out gaps between the trend of deinstitutionalization and the rise of homelessness and made connections between this rise to the trends of gentrification, which makes housing more expensive, and deindustrialization, which makes jobs less available (Glasser & Bridgman 1999; Hopper 1988; Mathieu 1993). The rapid increase of homelessness in Canada in the last few decades, what is referred to as the 'homeless crisis,' was attributed to "drastically reduced investments in affordable and social housing in the 1990s, shifts in income supports and the declining spending power of almost half the population since that time" (Gaetz and Homeless Hub 2013, 4). These events contributed to the construction of homelessness and homeless subjects as reified objects. This constructed nature of the "homeless person" became problematic to the "general public," and is associated with high costs to health services, criminality, disease, and suffering (Biehl 2001; Bourgois 2000; Lopez et al. 2018). Anthropologists have understood since at least the 1980s that attributing mental illness as a cause of homelessness, rather than a problem of housing, is a type of structural violence that has distorted the social policies that aimed to reduce visible homelessness by addressing people experiencing homelessness as the problem, rather than a lack of housing or wages. Yet, Housing First offers a solution on an individual level. While it works on reducing barriers, primarily by prioritizing housing over any other goal, the focus of intervention is on addiction and mental illnesses, rather than that of deindustrialization or shortages of affordable housing.

The demographics of unhoused people have also shifted over time. What was once a group of aging men without families and war veterans, has grown to comprise of all ages, including youth, an increase of women, and even families (Prince 2015, 361). Though homelessness is often thought to mean shelter and street living, these individuals and households may live in unstable housing units, such as rooming houses, temporary living with friends or family, social housing, transitional houses for people suffering from domestic violence, or residential centers for people with disabilities or mental illnesses (Prince 2015).

The term ”chronic homeless” was highlighted by Dennis Culhane and Randall Kuhn (1998), who categorized three types of homelessness: transitional, those who are unhoused for short periods, often less than a month; episodic, those who are intermittently homeless; and chronic, those who are “exhibit long-term patterns of cycling in and out of shelters, hospitals, and jails, interspersed with periods of living unhoused and on the streets” (Willse 2015, 139). These studies helped to solidify chronic homelessness as something more than a “state” of being unhoused, and rather as a “condition” of homelessness or homeless as a type of subject or personhood (Willse 2015, 151). These studies not only associated particular characteristics around chronic homelessness—generally who are older, racialized, and have mental health and addictions[5]—but also added an element that ties homelessness to the economy, associating a population with the cost of shelter systems, and “correlating shelter stay statistics with data from hospitals and jails” (Willse 2015, 152).

Studying structural violence and homelessness is a delicate task. Bourgois and Schonberg (2009) framed their research around reconceptualizing violence that “operates along a continuum that spans structural, symbolic, everyday, and intimate dimensions” (16). They argue that

[5] Although these characteristics have shifted to a much wider variety of people (Prince 2015).

homelessness will not "be solved through a technical tweaking of services," particularly in health services since many medical professionals are uninformed on many "bureaucratic obstacles" (Bourgois and Schonberg 2009, 304–5) of unhoused people. This suggests that access to health care is not just a problem of services, but also one of a lack of understanding of "social, cultural, and economic dimensions of disease and healing" (Bourgois and Schonberg 2009, 304). That is to say, the problem of structural violence is beyond one program to resolve. Indeed, many services that assist those who suffer from structural violence often work within the same logics that perpetuate it. Housing First, though it may be one of the best-known ways of working with people experiencing homelessness, is no exception to this, as it works within the liberal frameworks that privilege the idea of individual responsibility.

Throughout this thesis, I refer to individuals, groups or populations using various terminology. Activists versed in issues of homelessness have begun advocating for the use of the term "unhoused" instead of "homeless," due to the social and moral judgements associated with the word (Orenstein 2020). However, since "housed" in the case of Housing First can come to mean an unhoused person *with* housing, I will instead use "people experiencing homelessness" and "homeless subject" to refer to people. "Homelessness" refers to a situation or condition. These terms are used to convey the conceptualization of the type of person that a condition of homelessness creates, which implies an inability to self-manage or be "rational" in the liberal sense. It is implied that there are particular behaviours, habits and characteristics that are associated with people who live on the street or in shelters, that are typically connected to some type of criminality or drug use. I do not intend to make any assertions about how these people live or make decisions, but rather that they are *expected* to be unable to self-manage and that they do partake in

such activities. “Unhoused networks” refers to a social network that is problematized as friends and family of the client that are also experiencing homelessness.

One consideration of the language I use is how certain terms may work to create a dichotomy between those experiencing homelessness and those who seem to possess the “financial, educational and moral means to 'pass' in their role as active citizens in responsible communities” (Rose 1996, 340). To use those terms is to contribute to a “social imaginary”[6] (Poovey 2002) that people experiencing homelessness are separate from their communities, who are often thought of as an “economic burden” (Namian 2019) because of the public spending on healthcare and shelters. This is what Rothe and Collins (2016) call “the manufacturing of socially dead populations,” who are those with “little to no value based on capitalistic measures of worth” (Rothe and Collins 2016, 1). To place the “affiliated” and people experiencing homelessness in distinct categories is to view them in only one lens, and therefore these divides are only a construction. I do occasionally refer to the “affiliated” in relation to people experiencing homelessness, only to highlight how easily these artificial divides are created.

LIBERAL FRAMEWORKS

Housing First is said to attract both left and right-wing strategy makers because it adheres to a social welfare ideology and is thought to also be fiscally responsible (Hennigan 2013). Still, arguments for policy implementation tend to favour an economic appeal over a moral one (Willse 2015). As a way of reducing barriers, Housing First does not require clients to participate, or even agree to participate, in any treatment programs for any mental illness or addictions that contribute

[6] I use Mary Poovey’s (2002) definition of social imaginary in that it “refers not to particular representations or actions but to the foundational assumptions about what counts as an adequate representation or practice in the first place” (130).

to their homelessness. However, since participants are matched with case managers who help guide them towards recovery in the various forms that may mean, the program necessarily works on an individual level and is bound by individual choice and personal responsibility. Here, it is important to understand the liberal frameworks in which Housing First was created.

Liberal governance aims to guide a population towards becoming successful and prosperous, typically by shaping conduct and often by invoking the language of freedom. Mariana Valverde (1997) points out that liberal focus on freedom is contradictory as "people are, on the one hand, regarded as 'born free' … but, on the other hand, they have to be made free through training for autonomy. This training often relies on despotic means that stand in an uneasy tension with the ostensible ends of self-governance and freedom" (252). Additionally, Valverde argues that "liberal autonomy [is] contingent on the possession of 'rationality'" (251). Those who have access to education and housing have the means to be autonomous in the liberal sense. Therefore, people are only "free" through disciplinary means that seek to encourage and induce particular behaviours. Those whose rationalities do not correspond to this specific type of logic are not simply deemed less worthy, but also thought to be incapable of the same level of achievement.

Drawing on the work of Michel Foucault, Nikolas Rose (1996) has traced how populations became the main target of governance, and how this shift also entailed imagining " individuals [as subjects who were] to be *active* in their own government" (330, emphasis original). In the course of this process, new divisions were created between subjects classified as "marginalized" and the aforementioned "affiliated" (Rose 1996, 340). While the affiliated are connected to particular financial and educational means, the marginalized are described as those "not considered as affiliated to *any* collectivity by virtue of their incapacity to manage themselves as subjects or they are considered affiliated to some kind of 'anti-community' whose morality, lifestyle or

comportment is considered a threat or a reproach to public contentment and political order" (Rose 1996, 340, emphasis original).

In Canada, as elsewhere, social welfare programs were introduced to help protect the "deserving" poor, which mainly focused on the families of World War II soldiers, which meant to protect "from risks prevalent in an industrial, male-breadwinning society: unemployment, illness, old age, invalidity, and destitution" (Béland and Daigneault 2015, 2). Welfare, as a technology, was aimed on the one hand, towards levelling inequalities in some communities, and on the other, towards keeping in check the "problematic sectors" of the community (Rose 1996, 343). The marginalized, including those who were experiencing homelessness, were the ones considered part of the problematic sectors and from which the rest of society needed protection.

Critiques of welfare cited concern about growing dependency and degradation of the work ethic, which resulted in an appeal to make welfare recipients more "productive" and to focus on "human capital development" (Béland and Daigneault 2015, 4). Due to these criticisms, there was a notable shift in social policy, where "the emphasis […] shifted from income transfers to investment in the knowledge and skills required to prosper in a knowledge-based, global economy" (Banting 2005, 422). As a result, Western countries, particularly in the United States, the United Kingdom, and Canada, undertook a general trend of neoliberalization of governance, which took the form of privatizing and depoliticizing social protections. The neoliberal subject was thus described as "an individual who is morally responsible for navigating the social realm using rational choice and cost-benefit calculations grounded on market-based principles to the exclusion of all other ethical values and social interests" (Hamann 2009, 37). Moreover, neoliberalism promotes an "individualisation of responsibility … [where] individuals are now made responsible for their own conduct" (Bevir 2011, 465). In other words, individual or personal responsibility

became moralized, and citizens were then expected to make responsible choices for both the benefit of themselves and society at large.

The Housing First model was created shortly after this trend of neoliberal governance emerged. Following movements in the United States and the United Kingdom, neoliberal policies were implemented by the Canadian federal government in the late 1980s. These policies transferred certain social responsibilities of welfare and poverty governance to the provincial level—social housing being one of them (Hackworth and Moriah 2006). This was a move that was then replicated by the provincial government, leaving municipalities to manage the poor and unhoused despite not having the ability to make up for the expenses through taxes (Hackworth and Moriah 2006, 515), leaving people in a circular system of poverty.

Neoliberal ideals are even coded in the principles of Housing First, particularly "Consumer choice and self-determination" and "Individualized, recovery-oriented, & client-driven supports" (Polvere et al. 2014, 14–15). These focus on the individual and encourage participants to make choices for support programs and build a sense of autonomy. Teaching basic skills allows for participants to become self-sustainable, and self-managed people are seen as more responsible for their actions. The neoliberal rationale in Housing First is a good starting point in understanding how case managers must interact with clients in particular ways. Housing First is praised for its cost-benefit effect as some claim that it saves money on jail and hospital stays (Aubry et al. 2016; Willse 2015), but critiques often cite how an economic aspect of the model is prioritized over the human aspect. Hennigan (2013) argued that Housing First was created from neoliberal poverty governance, stating that "for all its progressive inversion of traditional approaches to homelessness, [Housing First] still contains significant ideological and practical holdovers from earlier models, models which locate the causes of homelessness not in the political economy or in

political policy, nor in the lack of affordable housing, but rather within homeless individuals themselves" (76). Namian (2019) argued that the Housing First program in Ottawa "tend[s] to favour older men to the detriment of other categories of people – such as youth, women, trans, and Indigenous people – who may exhibit serious housing needs, but who tend to avoid emergency shelters, have fewer interactions with other health or social services, and consequently elicit fewer costs" (13). In other words, those who end up causing the most economic burden through social services, health care, and through the justice system are prioritized as Housing First clients, leaving out many others in need. These critiques suggest that Housing First is promoted as part of moral philosophy—and perhaps was created out of one—but, in fact, works to economize homelessness.

Even though Housing First is said to be a solution to homelessness, it does not address all issues that homeless subjects deal with. Though it works towards reducing systemic barriers, it also mobilizes personal responsibility for individual behavioural change. Because the program aims to eliminate homelessness that already exists, it necessarily works on an individual level; working with people who are *already embedded* in unhoused networks, addictions and the mental illnesses that contribute to one's state of homelessness, therefore, also targeting those who have already been socially marginalized.

Ambiguous Choices and Navigating Autonomy

Housing First attempts to make a homeless subject into the liberal understanding of a rational and individual subject. This is done through a process of responsibilization and strengthening or creating the foundations of autonomy for the client. However, there is an uneasy tension in this process between liberal frameworks and the systemic and biosocial factors beyond the client's control: i.e. addiction, mental illness, and social webs in which clients are embedded.

Paul Rabinow (2005) argued that "in biosociality, nature will be modeled on culture understood as practice. Nature will be known and remade through technique and will finally become artificial, just as culture becomes natural" (186). I use this term to recognize the critiques of the disease model of addiction that takes biology as a pre-existing condition to addiction and to open up the definition of addiction to include other factors.[7] These factors affect the decisions clients make and the opportunities they have access to. While acknowledged by case managers, having to work on an individual level makes these factors necessarily downplayed, leaving clients and case managers in constant negotiation over choice, control, and responsibility. Sam told me when explaining his approach to guiding clients to recovery, "there's something in them that actually has an influence on events." Though there is some understanding of the client's logic for making the decisions they make, they are still seen as making choices that contribute to their own state of homelessness. The ways in which case managers are working within particular frameworks reinforces the idea that clients as individuals making choices and devalues the context in which those choices are made.

Autonomy for Housing First clients must be navigated carefully, as choices ambiguously present themselves. In *Managing Ambiguity: How Clientelism, Citizenship and Power Shapes Personhood in Bosnia and Herzegovina*, Čarna Brković (2017) argued that in the context of prolonged socio-economic crisis, informal networks become a crucial source of social protections, but navigating those networks means needing to manage uneven and often ambiguous relationships of power. In this thesis, I draw upon and expand this idea of "navigating through ambiguity" showing how my interlocutors—Housing First case managers—"try to make things happen in the midst of ambiguous, uncertain, unsecured environments" (Brković 2017, 31). Much of this ambiguity is tied to the idea of client autonomy, given that Housing First programs favour

[7] I go into more detail about this in Chapter 1.

some forms of autonomy over others. This thesis asks, *what does it mean to work within liberal frameworks of autonomy when systemic, biosocial, relational, ethical barriers destabilize ideals of individual choice? What does it mean to be at the frontline of managing these conflicting conditions?* Each chapter is about exploring tensions that emerge in various aspects of Housing First, particularly when autonomy is taken as an expected solution to the problem of homelessness.

Chapter 1, "Recovery has to be a Want: The Limits of Autonomy in Housing First Clients," asks, *how does the liberal understanding of choice come into conflict with the construction of autonomy for Housing First clients?* This chapter explores the limits of autonomy, where clients are expected to make autonomous choices, but those choices are overdetermined. An imagined aspirational autonomy for Housing First clients is put at odds with a defiant autonomy, one that is seen as a barrier to recovery. Case managers need to push clients to make certain specific changes, but clients need to make choices autonomously. As a technique, case managers need to make the clients the type of people to make these decisions and to push past the structural and biosocial barriers and make the self-improving choice.

Chapter 2, "Embedded and Selfish: Client as a Web of Relations," asks, *how does embeddedness become a problem in the construction of clients as individuals?* This chapter explores the paradox of individualization, where clients are expected to be individuals but social connections in which they are embedded are overlooked. Additionally, clients are meant to be individualized for themselves as well as for community improvement. Like the previous chapter, client autonomy is wrapped up in mediating factors, specifically the people in which they are embedded. Case managers must navigate a client's social web, which ultimately contributes to the dichotomy of people experiencing homelessness and the "affiliated" because clients are compelled to reject their unhoused networks. The tension that is explored here emerges when clients are made

to be individuals, ignoring the already established relationships and how they related to ways of survival and quality of life, which can both be necessary and damaging.

Chapter 3, "Loopholes, Silliness, and Brownie Points: Navigating Ambiguity in Ethical Practice," asks, *what does the ethics of care look like for case managers when there are tensions between the "right" choice for clients and for funders do not align? How do case managers develop ethical practices in these situations?* This chapter explores the tensions case managers experience when conflicting goals arise. Case managers also experience barriers in helping clients, particularly when the goals of the client are in conflict with the goals of the program. Here I explore the practices they engage in order to circumvent such barriers. In some cases, case managers must choose to prioritize one party over another and may end up creating something new that ends up reinforcing these barriers. When there are multiple but conflicting outcomes, it makes accountability ambiguous.

This thesis contributes to the ongoing conversation on liberalism's relationship to the social, by examining how a program that is meant to be the "cornerstone of the City [of Ottawa]'s plan to end chronic homelessness" (City of Ottawa 2018, 13), has similar characteristics as other programs aimed at addressing homelessness from the same liberal foundation, which reifies the idea of individual choice. This is not a story about homelessness. Though it involves people who experience homelessness, it is not about their journeys, their suffering, or their victimization. Instead, it is a story about how they are placed within a particular role in society. It is about how they are thought to be and how that thought makes them become something new. And it is about the people who are mediators of this process.

CHAPTER 1

RECOVERY HAS TO BE A WANT: THE LIMITS OF AUTONOMY IN HOUSING FIRST CLIENTS

The Canadian Housing First Toolkit claims that Housing First improves a client's quality of life because it is expected to "promote a sense of autonomy, improve health and mental health, and to allow participants to begin orienting toward future goals and social relationships" (Polvere et al. 2014, 30). In this chapter, I use this expectation of client autonomy and Sam, my key interlocutor's belief that "there's something in [clients] that actually has an influence on events" as a starting point. However, in Housing First, not all forms of client autonomy are equally desired. In this chapter, I argue that the very design of Housing First programs, which imagines clients as rational subjects, attempts to foster a particular sense of autonomy in the client to lead them to make calculated decisions but overlooks the systemic, and biosocial barriers affecting individual choice. In turn, Housing First values some forms of autonomy and downplays others, depending on their imagined positive outcomes.

The emphasis on autonomy as an ideal comes from a persistent idea of individual choice and personal responsibility as a solution to the problem of homelessness, in which the 'treatment as usual' approach, where housing depended on the client's ability to become sober and/or receive mental health treatment while living on the street or shelters, also relied on. While Housing First clients are the ones who are supposed to fulfill the goals of becoming housed, case managers are the mediators of these goals who guide the clients towards recovery. It is the job of the case manager to guide the client to becoming not just autonomous, but autonomous in a way that leads that client to make choices that specifically point towards recovery. In that way, case managers guide clients to become autonomous in an aspirational way. Since the program is set up in a way

that they must work on an individual level, in this chapter I explore how case managers promote this emphasis on a more aspirational type of autonomy; one that is transformative and determined to push past barriers and make difficult decisions. While it is possible for people that have *been able* to push past these seemingly impossible barriers and become sober, self-sufficient, and live independently from social supports; without systemic change, these stories are often the exception rather than the rule. Therefore, to expect this from all clients is unrealistic.

Since case managers understand that clients will not simply comply with what they are told they 'ought' to do, they instead centre their efforts on addressing the very foundations of one's decision-making. The work of the case manager is to make the homeless subject "rational," in a liberal sense, by encouraging them to make "responsible" choices in the name of staying housed. Challenges appear when the individual autonomy they encourage might come from other types of autonomy; ones that come into conflict with program goals. This suggests that the program is entwined with the same frameworks that perpetuate homelessness in the first place. The following will examine how autonomy and agency are conceptualized and how choice in behaviour becomes the focus of the Housing First client's path towards recovery. These factors create the tension of how clients are to be autonomous in some ways but not in others. This chapter examines excerpts from the weekly meetings in which I observed. They are only fragments and do not contain full context, but they show how case managers discuss clients and reveal a part of the process in which clients are to be guided to make particular decisions.

* * *

Sam's latest update about "Carrie" was that she has recently been discharged from the hospital. They were worried about HIV. The test came back negative, but that did not relieve Sam's concerns for Carrie's health. Sam went on to explain that the priorities for this case have changed

from the last time they talked about it. Sam explained that he had previously been "brutal with her" about getting treatment for her drug use because she tried various methods to become sober from opioids—suboxone, methadone twice, and self-managing—none of which worked, especially since she would often pair this method with crack. He explained that he eventually said to her, "are you ready to admit these methods don't work?" and suggested to her in-patient treatment. She agreed, but still hadn't gone through with it and Sam had become concerned about whether or not she actually would follow his advice. "John," who was running the meeting, asked, "is it an improvement to not do crack and opioids at the same time?" suggesting that it was an improvement to take crack with some type of treatment, instead of taking both crack and opioids at the same time. They discussed which drug—opioids or crack—would be more acceptable for Carrie to take. Sam said something about how opioids would make her less likely to do sex work (he thought it would make her more tired and less likely to engage in sex work, but I don't know how serious he was about that comment). Sam expressed that he wanted Carrie to stop engaging in sex work, which he assumed, she did for drugs. John asked whether or not she actually professed a desire to get out of sex work and wondered if she might be getting something out of it other than drugs or money for drugs. Sam admitted he didn't know but claimed that he wanted her out of sex work because she lives an "extraordinary risky lifestyle." She had previously told Sam that she was "gonna do crack till I die," which he since got her to admit that that wasn't a healthy way to live. John wondered if there might be an emotional reason for engaging in sex work, like forming a connection to someone who might help her cope with certain trauma. He was speculating, of course, but this point made Sam question his own assumptions and made him aware of the need to "get a bit more into what her thinking is" about her drug use and sex work so he could better understand how she will make behavioural changes.

John said that the challenge was to get her to a place where she will make these changes on her own. He suggested that Carrie says what she thinks Sam wants to hear (as she tends to just agree to Sam's suggestions). Sam responded with a drawn-out 'ahhhh, you always make me realize …' and then admitted that he gets convinced that the clients' behaviours will shift because he convinces the clients to make that shift. John commented, "I don't think we're doing our job if we're not offering insights" and get people to self-reflect and answer certain questions about themselves. He was referring to the clients, but this also extended to Sam. Sam declared that what he would do from then on is to continue making the drug treatment a focus, but to "scale back on suggestions," see what she comes up with on her own, and to get her to a point where she makes the decision of what to do. Sam claimed, "the trap for me is I want her to be safe … I'm sick of seeing her almost dead." He then concluded, "I'll make an effort to not manipulate her into choosing."

* * *

This discussion about Carrie, Sam's client, occurred in one of the weekly meetings, where case managers give updates about each of the people with which they work. At least at Sam's organization, these meetings are considered essential and mandatory. The At Home/Chez Soi report recommends these meetings for the following purposes:

> (1) Conduct a high level overview of each participant, where they are at and [the] next steps (2) a detailed review of participants who are not doing well in meeting their goals (3) review of one success from the past week and (4) program updates and (5) discuss health and safety issues and strategies. (Goering et al. 2014, 42)

The Toolkit claims that the meetings are important for "build[ing] relationships among team members" and "to debrief following challenging times, and to celebrate successes" (Polvere et al. 2014, 86).

In Sam's organization, there is no set formula on how they keep the managers informed, but generally, they report when the last time they saw the client, how they were doing, updates on any progress of goals they may have, and what the next step is for either the client or the case manager. Most discussions were brief, as each case manager had at least 15 clients to give updates on and any issues they were experiencing, and what the next steps should be. Carrie's update was exceptional because it was a longer, more circular discussion that revealed the uneasy, complex and grey areas of what to do when a client does not do what they say they will.

Carrie's case is an example of how case managers expect clients to be willing to make behavioural changes even though they doubt the client's ability to actually follow through. Although Carrie seemed to want to become sober, her autonomy in this manner could not seem to translate this into a viable course of action. Her attempts to self-manage her opioid addiction were paired with another type of drug, and even though she had agreed to in-patient treatment, this agreement had not been fulfilled. Despite her admission that she had an unhealthy lifestyle, Sam's view on her situation was not hopeful. Though Sam believed Carrie meant what she said when she acknowledged her problems, he saw no clear effort to change them. John and Sam's focus was on Carrie's decisions and her actions. However, Sam's own agency in this matter also has limitations. His solution to her inaction was to guide her to reflect on her own life, in the hopes that it will lead her to not simply agreeing to Sam's suggestion of in-patient treatment; not to agree just because he had suggested it, but that the decision to change had to come from her own self-reflection and her own choice to act. This approach relies on leading clients into making specific insights and

those insights leading to making choices based on a liberal rationality that analyzes the outcomes of actions and makes cost-benefit decisions based on conventional means of survival. However, these overdetermined choices that clients are expected to make overlook how clients actually make decisions and reveal how the responsibility of recovery from homelessness is placed on the very people who are impeded by systemic barriers, addiction and mental illness that have contributed to their situation in the first place.

In addition to a focus on individual decisions, the meeting also indicated how trust plays a factor in how case managers interact with their clients. The long and drawn-out realization that Sam had in the meeting was a moment of being forced to confront his own assumptions. He often talked about how he can convince clients to make the right choice—the choice he thinks is best for them—by building a rapport and being honest with them, even if his honesty seems harsh. He sees his approach as a way for getting clients to trust that he means what he says and that he is not just paying lip service or simply building up undue self-esteem. Therefore, Sam believes that when he suggests something to his clients, they tend to do it because they trust him. In response to his conversation with John, however, Sam realized that even though he says what he means, clients do not always mean what they say. He had trusted that Carrie meant it when she agreed to in-patient treatment, but John made him understand that his trust in Carrie was not necessarily warranted. As I will discuss later, this lack of trust puts into question the reliability of the client's autonomy, particularly when their autonomy is deemed the wrong kind.

With the ways that case managers ask clients to make autonomous choices, and when those choices are overdetermined by the goals of the Housing First model of getting clients to be self-sufficient, this chapter asks, *how does the liberal understanding of choice come into conflict with the construction of autonomy for Housing First clients? What does it mean for the case manager*

to navigate these contradictions? What follows explores liberal understandings of subjectivity, based on ideas of autonomy, will and choice, and put these concepts into the context of several cases from the weekly meetings I observed.

Liberal Understandings of Choice

Housing First emphasizes ideals of choice and freedom while overlooking how choices are conditioned, neglecting the various forces that affect such decisions, such as addiction, mental health, social supports, and economic factors. This is not to say that this is intended or done maliciously, but to show the complexity of dealing with a widespread social problem, caused and perpetuated by these barriers that limit one's capacity to make decisions and act upon them. Because the case manager's capacity to act is also conditioned by guidelines and policies,[8] there is little other choice but to work on the behaviours of a single person at one time, revealing the problem of individual solutions to systemic problems. Case managers attempt to limit the barriers for the client, but must also target the actions that the client makes, in the hopes that they make certain decisions that will lead to self-sufficiency, and ideally, recovery in the long run. I will show how the Housing First model uses the liberal value of autonomy to foster behavioural change in the client, while also overlooking how clients are *already* autonomous. The following section will explore autonomy as a foundational assumption of this chapter.

Autonomy and Agency

Carrie's attempt to self-manage her addiction suggests that she wanted to become sober but was unable to by herself. When John said that the challenge was to get Carrie to a place where

[8] The factors that affect a case manager's autonomy will be discussed more in Chapter 3.

she will make these changes on her own, he was implying that they wanted her to come to the decision herself to *want*, not just to become sober, but specifically to get in-patient treatment, or at least a method they saw as more effective. They recognized that the only way Carrie will consent to any particular treatment is that if she decides on the type of treatment herself. Here, John wants to ensure that Carrie's capacity to make decisions is free from any type of coercion. In this way, he is trying to account for Carrie's agency and encourage a sense of autonomy.

Agency is "the socioculturally mediated capacity to act" between a set of choices (Lester 2019, 278). 'Participant choice' and 'consumer choice' is the language used by the Canadian Housing First Toolkit, which emphasizes the client's choice in both housing and support options. The Toolkit states that, "Consumer choice over housing and services also promotes feelings of self-efficacy and self-determination in other aspects of life" and that Housing First "has been shown to promote a sense of autonomy" (Polvere et al. 2014, 23, 30). For clients to have choices over where and what type of unit they live in, and in what type of services they participate in, allows for a better sense of control in their lives, which will ultimately lead to making better choices and better quality of life. The Toolkit also emphasizes "participant accountability for their choices" regarding "negative experiences," such as evictions, seen as something to learn from and improve on (Polvere et al. 2014, 107). In audit culture, financialization is tied with an ethics of accountability (Strathern 2000; Shore and Wright 2015). Housing First adopts neoliberal language, imagining clients as "consumers," whose "accountability" is expected (Polvere et al. 2014). This language implies that in Housing First, clients are both consumers who have market choice, and are simultaneously accountable to the funders by learning from the consequences of bad behaviours. However, the client's capacity to act is mediated by various factors that affect the

opportunities they have available and the decisions they make.[9] Despite this, many housing programs, including Housing First, still focus on individual agency as a way of attempting to turn the "marginalized" into the "affiliated" (Rose 1996).

While the notion of agency acknowledges choice is mediated by various factors, autonomy, on the other hand, appears as an idealized way that one is expected to make decisions. Marina Oshana (2007) defines autonomy as the ability "to act within a framework of rules one sets for oneself, and … to have a kind of authority over oneself as well as the power to act on that" (411). In relation to autonomy in people with learning disorders, Pols, Althoff, and Bransen (2017) define autonomy as "the ability to direct one's own life and live according to one's own preferences" (772). These definitions imply that choice and control are necessary to be autonomous; that one has options to choose from, and has self-control or the "power over oneself" (Risse 2019, 68) to carry out the actions from such decisions.

Autonomy is a common value in both social work with a structural approach, and in the Housing First model specifically (Polvere et al. 2014). This value of autonomy is rooted in liberal philosophies of individual choice to self-regulate their own "needs and wants" (Grise 2016, 25; Hackworth and Moriah 2006). A society governed by liberal ideals is predicated on the idea that people make decisions based on rational, cost-benefit calculations (Valverde 1997; Hamann 2009). A key principle for social work with a structural approach is "respect for the individual," where social workers are expected to recognize "the client's personal dignity, autonomy, and self-determination" (Wood and Tully 2006, 32), to mitigate the social worker's personal beliefs in influencing how they interact with the client. However, if autonomy is acting within a particular framework, then the case managers are trying to shape the very framework that clients are meant

[9] When Sam hinted that opioids would make Carrie too tired to engage in sex work, he was subtly and facetiously acknowledging that biosocial factors affect one's capacity to make decisions.

to set for themselves. It is here where the ideals of autonomy start to become unstable. If clients must be guided by case managers to make choices towards specified ends, it undermines the idea of autonomous freedom.

In examining concepts of will, discipline, and morality, Sara Ahmed (2014) argued that force is often thought of in opposition to one's will. She claims that will is actually "conditional" and comes with certain obligations, like a guest must be willing to follow a host's rules in place of staying at their house, for example (Ahmed 2014, 54). This is why she argued that "some forms of force might not be experiencable as force, as they involve a sense, nay, a feeling of being willing." (Ahmed 2014, 54). In other words, force may not be an explicit coercion, but can exist as subtle influences and barriers that push people toward certain directions. These forces appear as choices, but there are consequences to living unconventionally, regardless as to how one gets there. For example, in a capitalist setting, labour becomes the driving force that sets such conventions. For those who do not use their labour to provide for themselves (i.e. pay rent, buy food, etc.), it is thought to be out of personal choice; these people harm society by allowing themselves to rely on the state (i.e. taxpayers). Therefore, people have the "freedom" to live certain pre-determined ways and that freedom and force are intricately entwined in ways that make it difficult to separate the two concepts. Particularly when having an addiction or a mental illness, oftentimes people are under certain constraints that are unknown to them. Yet, self-sufficiency, as Housing First clients are expected to become, requires actively making appropriate decisions.

Carrie's example also goes to show that people do not always make decisions in their own best interests. However, this does not mean that autonomy or agency is not being exercised. Bourgois (2003) argued that "Self-destructive addiction is merely the medium for desperate people to internalize their frustration, resistance, and powerlessness" (319). That is to say, harmful

behaviour can be a form of autonomy, but one in the context of resistance against the push to becoming the ideal rational subject. In Housing First, harmful, destructive, or criminal behaviour is not a condition of denying access to program benefits. Though they want clients to be autonomous, it is also a source of tension when they display the wrong type of autonomy. Sam had to make "an effort to not manipulate Carrie into choosing" how she will manage her addiction or whether or not she will continue to do sex work, but his tension was rooted in Sam's desire for Carrie to get out of sex work and to get in-patient treatment because together the two factors make for what Sam calls an "extraordinary risky lifestyle." But the use of the word "lifestyle" implies a degree of choice on Carrie's part. Tom explained the tension of client behaviours that go against what case managers want for them in this way: "the problem is you cannot force an addict to do something. You can't. As soon as you say you have to, they're gonna do the opposite. It's one of the outstanding characteristics of every addict, is defiance. 'You tell me to do something, screw you, man!'" Tom described defiance as a pervasive characteristic among people with addictions. This suggests that clients may take action against what their case manager suggests of them—clients are, in fact, making autonomous decisions. A defiant autonomy stands in contrast to the aspirational autonomy that case managers try to embolden.

Autonomy and will have an uneasy tension with mediated choices. Case managers are doing everything within their power to lead to the Housing First goal of self-sufficiency and hope of recovery for their clients. Case managers guide the frameworks of the client's autonomy, but clients do not just follow along blindly, nor do they dissent irrationally. Their interactions with each other hang in an uneasy balance between autonomous choice and other factors beyond their control. Autonomy, as a value, implies that choice and control are a given. However, discourses surrounding addiction and mental illness put that assumption into question.

Choice and Control

Tom described the challenge of encouraging people with addictions to change behaviours as a "battle between what [addicts] feel they need and what's best for them." He explained, "I can't tell them what's best for them. They have to see that for themselves, right? … It's the addiction. They're not doing it because they're choosing it. The addiction is stronger than them, you know? It's not a choice anymore." Addiction is often characterized as "habitual heavy consumption" that is "determined by forces beyond the actor's control" (Room, Hellman, and Stenius 2015, 27), with "severe consequences" (Garriott and Raikhel 2015, 479). Some scholars argue that the concept of addiction should be "denaturalized," as it "presuppos[es] a particular definition of normality or a locus of pathology" (Garriott and Raikhel 2015, 479). The brain disease model of addiction is used to destigmatize the role of choice in addiction. This is the model that Tom, for example, specifically adopted. Critiques to this model include how it undermines other environmental, social, or political factors and may work to discriminate against people with "biogenetic differences" (Garriott and Raikhel 2015, 481). Nevertheless, it has been mobilized as a way of gaining more traction in research and promoting more ethical and empathetic treatments for addiction (Garriott and Raikhel 2015). Based on A. Jamie Saris' (2013) argument that addiction occurs "at the intersection between a substance, and individual's biochemistry, and, perhaps most important, a life history" (276), I have been referring to addiction as part of a biosocial category in order to take into consideration all factors that affect the various "trajectories" (Raikhel and Garriott 2013) of the ways that addiction can develop. Similarly, experiencing both mental illness and homelessness is associated with its own set of "political, social, cultural, and environmental forces" (Desjarlais 1994, 897) and may also be considered a biosocial barrier.

At the same time that Tom talked about addiction as not a choice, he also stated, "recovery is something that has to be a *want* on the person. Just because you put someone in a place where recovery is possible, if they don't want it, no matter how much they need it, nothing will happen." In other words, clients need to want recovery as a prerequisite for behavioural change, despite having little choice about the urge to use. This idea was something we saw in the discussion about Carrie when John claimed that the challenge was to get Carrie to a place where she will make these changes on her own. In Carrie's example, she agreed to in-patient treatment, but her willingness appeared to be insufficient to elicit behavioural change. In this view, getting clients to *want* recovery comes from the hope that they are *willing* to choose recovery from addiction and mental illness *if* they are given the freedom of choice about how to get there. This hope indicates a tension between the liberal sense of choice and the biosocial realities that put choice in question. The idea of the will to change behaviour being sufficient for behaviour to actually change is at odds with biosocial factors that limit one's capacity to choose to not use drugs. This suggests that one might have the will to make a particular action, but not the capacity to act. However, 'will' is still necessary to make that choice. For Carrie, then, what is in question is not her will, but the degree of *control* over the actions she is willing to do. What happens when one makes a choice they are unable to act on? How can one be autonomous when they are expected to make a choice but have little to no control to act on it? Since, according to Tom, using drugs is "not a choice" for people who have an addiction, yet Housing First clients still must *choose* to take steps towards sobriety, how can clients truly be autonomous?

ENGAGING THE HOUSING FIRST CLIENT

Housing First imagines success in their clients when they can gain some degree of independence and self-sufficiency; that they are no longer reliant on case management and can maintain requirements for rental supplements—or even maintain rent itself—on their own. For this to be a goal, those running the program need clients to be individuals who will eventually make decisions based on calculated cost-benefit factors given enough of the right pressures. Therefore, they need to see clients as rational subjects. But as Emily Martin (2013) argues, "the figure of the addict[10] confounds the liberal subject, that autonomous and free individual prominent in EuroAmerican culture" (284). In the weekly meetings I observed, clients were often talked about in terms of the decisions they make. For example, one of the case managers, "Emma," mentioned that in her 15+ caseload, that there were "only" three or four clients who consistently made bad decisions. This section is meant to highlight how clients are expected to choose between limited options even when recognizing that there are mediating factors that affect choice.

To Sam, this recognition of mediated choices takes the form of compassion towards clients that is actually harmful. He explained,

> It might be worse than any other addiction [clients] have, that like, a well-meaning worker is constantly pouring into their ear that it's not their fault, and that this is happening to them 'cause they're Indigenous, or because they're a woman, or just because society is unfair … 'Cause if you believe that, then you don't have to feel bad, in a way, about your circumstances … But you also don't get to have any hope because if none of it's your fault then you couldn't have done anything differently and nothing you do will make a

[10] And the figure of people experiencing homelessness.

difference. The only thing that's left to you is to be bitter and angry at the system that put you where you are. (Sam, interview)

A structural approach in social work is aimed at allowing those who have been "oppressed" by systemic factors to re-write their own histories and break down the myths that "subjugate" them (Wood and Tully 2006, 67). However, to Sam, this manifests in different ways on the individual level. Sam's comment on the well-meaning social worker indicates that he is aware that structural conditions have contributed to the client's situation, but to invoke such conditions is counter-productive because even if the solution to a client's problem lies in something systemic, this is not likely to happen, perhaps in their lifetime.[11] Therefore, Sam recognizes that solutions that focus on individual action are not just essential to the client's own well-being, but the only way for meaningful change to happen. To convey the message to clients that their situation is not their fault, while it may be a part of their reality, it only leads them into a place where they believe that no matter what they do, nothing will change and therefore it is pointless to try. To Sam, a structural approach to social work is not pragmatic and does not work on a practical level; it is useless when working with an individual. His approach instead, which I will discuss in more detail later, is to re-frame the client into the type of person who wants to make a change.

This section outlines the ways that case managers attempt to influence their clients to become self-sufficient and rational subjects. In my fieldwork, the main methods case managers had available were building a rapport and re-framing the character of the client. Building a rapport with the client was to gain their trust and guide them into making choices that case managers see as improving their outcomes. However, this relationship of trust does not run one way. Case

[11] Not without social movements that take a vast amount of people, time, effort, lobbying for policy change, political will, etc. Certainly, no individual will make the changes needed for breaking down systemic barriers.

managers must also navigate their trust in clients. Re-framing the character of the client is another approach that leads the client into becoming somebody that makes the right choice and wanting to become a more self-sufficient person.

Relationships of (Mis)Trust

Like clients, the agency of case managers is also mediated by limited time and resources, and by ethical boundaries. They only have so much influence over their actions when helping clients to change behaviour.[12] To guide clients into better behaviours, case managers must, first, build a rapport with the clients so the clients will trust that the case manager has their best interests in mind. Secondly, case managers may also target the very nature of how clients make decisions by re-framing clients as different people from what they are or were.

All of the case managers I spoke with mentioned the importance of building a rapport with the client. They discussed this as a way of establishing a positive therapeutic relationship that is strengthened over time so that case managers are better able to communicate with their clients and guide them towards recovery. Building this relationship of trust allows for clients to be open and frank about the things they deal with, like drug use, petty crimes, and unstable relationships, without having to worry about losing access to supports or being charged for criminal behaviour. This allows for clients to be honest about their progress, or lack thereof, and helps the case manager guide clients with their goals.

It is up to the case manager to initiate a relationship of rapport. This is often done through what was referred to as "assertive engagement." This is a method that focuses on clients who are less likely to engage and maintain treatment, fostering both a "practical assistance" and a

[12] The tensions that case managers face in this regard will be discussed in more detail in Chapter 3.

"therapeutic relationship" between social worker and client, and where "persistence [is] a critical component of engaging with clients" (George et al. 2016, 884). Beth explained the process in the following way:

> Very patient, assertive engagement. Sometimes, like I said, it's more like constant, passive engagement. It's just kind of being there often and being available so that you take the opportunities you can to build rapport. … Sometimes rapport comes when they see you advocate on their behalf, and they know that you're really looking out for them, listening to them. And often it's just time: time spent listening, non-judgmental, and not pushing your own agenda, and going at their pace and respecting their boundaries. (Beth, interview)

Beth's understanding of assertive engagement means engaging in a manner that encourages giving clients a lot of space and freedom to respond, but at the same time, to try to have frequent visits so they see case managers are advocating for the client in a non-judgmental way. This is especially a challenge when clients are skeptical or resistant to engagement. Sam described a case where one client, "Jerry," refused to talk to or engage with him. He was one of Matt's clients before he recently left. Now Jerry just stares ahead not speaking to Sam when he tried to engage with him. With an awkward laugh, Sam explained in the weekly meeting that he was going to "try to wear him down." Assertive engagement may also function to "wear [clients] down," opening questions of the boundaries of engagement and coercion.

When establishing a rapport, Sam believes in brutal honesty. Instead of platitudes to help build self-esteem, his approach is to reward accomplishments he sees have been earned after hard work. Sam saw this approach as the reason why clients trust him, claiming "when I tell my clients it's a bad idea, they don't do the thing." The approach of building a rapport to gain a client's trust

so that case managers are better able to convey how certain decisions are good or bad brings up questions of will and choice in the client's sense of autonomy. Sam's approach emphasizes the importance of the choices that clients make towards changing their behaviours. This technique lines up with the creation of a rational subject, making clients responsible for their actions.

The case managers I spoke with emphasized how rapport is essential for case managers to gain the trust of their clients so that their clients are more likely to respond to the advice of their case managers. What they did not talk about is how the client gains the trust of the case manager. However, as we saw with the discussion about Carrie, the nature of client-case worker rapport and the quality of that trust helps frame their interactions. Sam was concerned about whether or not Carrie would actually go through with getting in-patient treatment for her drug addiction, even though she agreed to it. Sam was hesitant to trust Carrie in actually taking this particular action, particularly after John reminded him that she might have been telling him what she that he wanted to hear.

Sam's lack of trust or suspicion of the client's deliberate manipulation is resonant of Rebecca J. Lester's (2019) exploration of the purportedly unreliable words of eating disorder patients. She examined the "ontological delegitimation" of eating disorder patients who comply with recovery procedures (Lester 2019, 288). Patients became delegitimized in that their actions were seen as not completely authentic. Staff observed how what patients said and did were unintentionally contradictory. Patients were perceived as either "deliberately manipulative" or they "were under the sway of their illness"—a similar claim to Tom's comment that "the addiction is stronger than them"—resulting in a "lack of legitimate agency" (Lester 2019, 288, 292). Lester (2019) argued that care workers treating patients as if they were manipulative may result in patients having to develop "strategies and workarounds for getting their needs met that are not always

direct" (Lester 2019, 199). I cannot claim to understand where these Housing First clients are coming from, or whether or not they are developing strategic workarounds. The point is that there is an effect that stems from an idea that clients are unreliable or manipulative, which will often lead to material consequences, such as reduced funding, difficulties in evaluating one's recovery, but most importantly, a general atmosphere of distrust and the agency of the client put in doubt or is denied. The view that clients are manipulative also delegitimizes the agency in which clients are exercising, and by extension devalues a form of autonomy.

The following vignettes from the weekly meetings illustrate the complexity of the task of building a rapport and shows that case managers are doing everything they can with the resources they are provided. They show how trust was not just a matter of clients trusting their case managers, but of case managers trusting their clients. They also show how case managers discuss clients, illuminating the limits of autonomy and fractures the liberal notion of the rational subject. The following cases will help to illustrate some of the ways that case managers discuss defiance, rapport, and character, and how they attempt to shape the autonomy of the client into making better decisions.

* * *

When Sam started updating about the next case, he began with a resigned sigh, stating, "Oh Jess!" He explained that "Jess" had received an offer for a unit with Ottawa Community Housing [OCH] but turned it down. Upon hearing this, Emma cried out, "Nooooo!" They talked about how they wished that when clients turned down such offers, that they could be transferred to other clients of theirs. Sam went on to explain that Jess had requested that he not talk about her on "the internet." I didn't understand what this meant exactly, but he apparently did talk to someone about her—colleagues or another case manager of hers—and one of them may have let

it slip to Jess. Now she's mad at him and won't work with him. Sam said she's coming from a "delusional place" because she talks to god, who is a living celebrity.

For case managers, specifically Sam, a relationship of trust between the case manager and client is linked to good outcomes, which generally means some steps towards becoming self-sufficient. When he can communicate to clients that Sam is telling them what he believes and not what the clients want to hear, then the client is more likely to trust him when he makes suggestions on what he thinks they should do. However, Jess's case demonstrates the precariousness centred around making good choices when choices are affected by mental illness. Regardless of what Sam thought she should do, Jess turned down a good offer that most clients do not get. Jess is defiant because she believed that Sam broke a promise to her, which weakened her trust in him. I do not know if he saw this as a direct reason as to why she turned down the offer from OCH, but Sam was quick to call her delusional, implying that she is unreasonable—the "delusion" that makes her believe a living celebrity is a god is the same one that made her angry at Sam. Because of the reaction Emma had to Jess's decision to turn down the OCH offer, it was quite clear they felt that this was a bad decision. Jess exercised an autonomy that is counter to the goals of the program. She chose an option *against* what Sam thought was best for her, showing how client autonomy is not always wanted.

* * *

Sam and "Josh" have an appointment for an apartment viewing later that day. Josh is about to get some settlement money. Sam is concerned that it will make him feel rich. Josh claimed that he has not been drinking lately, so in theory, there is little concern for him to spend the money on alcohol. However, Sam suspects that Josh is "fibbing" about this claim and isn't sure how serious to take it. John commented that the settlement is not a "life-changing" amount, but Sam

thinks Josh might see it that way. Sam intends to help Josh make a plan for the money by helping him to create a budget. He commented on how it would be better for Josh if the money would go directly to the organization so that there would be less of a chance to spend the money frivolously or on alcohol, but then admitted, "it's not my call to call his lawyer." In the end, Sam claimed that "if he doesn't show up to the viewing, we'll know why," which was said in a somewhat facetious tone.

Josh has authority over what happens with a sizable amount of money that he is expecting. Sam has some concerns over Josh "fibbing" about his recent drinking habits. He suspected deliberate manipulation from Josh, which puts the legitimacy of his choices into question. Even though Josh has authority over the money, his control over the money is in question. To Sam, Josh's autonomy regarding this settlement threatens his prospects for tenancy. Admitting Sam has no real control over it, he explains his strategy to mitigate the bad choices Josh makes in spending his money by working with him to create a budget. This will help him to make good choices on how he spends his money. Partially being humourous and partially expressing genuine concern, he hinted that if Josh does not show up to the apartment viewing later that day, they will know that he has already spent his money on alcohol. It is an expression of his lack of trust in Josh to do the thing he needs him to do that works towards the goals of the program.

* * *

"Brian" is "reasonably stable" and has everything he needs for the apartment. However, he also had a recent binge drinking relapse, which Sam thought was the biggest threat to his future, and recently tried meth for the first time. Brian felt bad about it, but according to Sam, "not bad enough." That said, it doesn't seem to be impacting his tenancy so far.

Brian's case is an example of how the trust built in the relationship between the case manager and client is used to influence the client into certain ways of thinking. Brian trusts Sam enough to disclose his drug use, despite the shame he feels about it. However, this case also reveals something about the trust *of* a case manager. How case managers trust their clients was never explicitly acknowledged in my fieldwork. Sam had a difficult time trusting his clients. Though Carrie had agreed to in-patient treatment, Sam's hesitation in the meeting indicated that he was unsure that she would actually follow through, which was then enforced by John's suggestion that she may have told him what he wanted to hear. He did not trust Josh to not show up to the apartment viewing due to receiving money that day and expecting he might spend it on alcohol. Finally, he did not trust Brian to not relapse again, despite Brian's declaration that he felt bad about it. There is a common sentiment to "never trust an addict." Secrecy and manipulation are thought to be characteristics of those with addictions, which permeate into the relationships of trust with others (Kemp 2018). However, Thomas Nys (2015), who explored the philosophical relationship between trust and autonomy, argued that to become autonomous, one must develop self-trust. As part of this process, they must not simply trust others, but also be trusted *by* others (Nys 2015). By this logic, if clients are expected to become self-sufficient, they must be trusted to do so. In Sam's case, this trust is fragile and ambiguous. The relationship of rapport reveals the importance and the fragility of trust. Clients must be trusted, but at the same time, they cannot be trusted.

Re-framing Character

The task of understanding or challenging a client's line of thinking is about a hope to shift their thought processes so that clients will self-reflect and start to make behavioural changes. Sam's approach in this matter is to re-frame the character of the client so that they start to think of

themselves as the type of people to make these changes. To understand how Sam uses that trust to re-shape the character of the client into *wanting* to make certain decisions, I will turn to a story that he shared in our interview about a client who learned that there was a warrant for her arrest. Sam figured from her situation that if she turned herself in, she would get diverted and not end up with a criminal record. She agreed to turn herself in, but at the last second, she got scared and changed her mind. Sam claimed that other approaches in social work may not challenge that decision because it would validate client autonomy. However, Sam had a different approach in mind:

> I sat down with her and I was like, '*Yeah, so I get that you're really scared right now. There [are] downsides to either way with this decision. Every once in a while, in life, we come to a turning point, and it's a pivotal moment where a lot about the future could hinge on what you decide. I think this might be one of those moments for you*.' I'll set up a narrative where I lay out [the] consequences of each decision, and then I don't downplay how scary it is to, say, turn yourself in at the courthouse, especially with all the unknowns that are in there. This person never had any legal involvement before. It's very scary. They only know what they've heard. They've been told some horror stories by other street people. I let them know that I think that they're up to it, that it is really tough to turn yourself in. '*I'd be really scared to do it too, but I think you're up to it.*' She went in and she got diversion, and it was really great, you know? … I will do that little bit of extra pushing based on who I think the client could be, even if it's not who they are right now. Like maybe you could become the kind of person that turns yourself in; does the brave thing, that's also the right thing. (Sam, interview)

When pushing for certain actions he wants clients to take, Sam sets up a narrative where they are "the hero of their own story," allowing them to see themselves as a different kind of person, and where their past decisions do not define where they end up, because, as I mentioned previously, Sam's approach comes from the belief that "there's something in them that actually has an influence on events." Clients as heroes are brave enough to make better choices. Put another way, re-framing one's character will allow for clients to be autonomous in an aspirational way.

However, as we saw how Sam felt that Brian did not feel "bad enough" about his recent relapse, shame is one barrier that clients must contend with. Shame makes it difficult for clients to see themselves as heroes. Instead of defaulting to boost the client's self-esteem in order for them to encourage behavioural change, Sam refuses to downplay the shame clients may feel because it can, instead, be used as fuel:

> In contrast to my colleagues, I might be like, '*well that shame is well earned. You've been making bad choices and they're harmful to you. You haven't been treating yourself like someone you care about. You've been doing stuff that affects you in a way that you would never want that to happen to someone that you loved. So maybe some of your shame is justified*.' I don't try to save their self-esteem so much. It could be like, '*yeah, I would feel bad if I did all that stuff to myself too, but the good news I don't think that's all you are. That's just all you've been*.' (Sam, interview)

Since there is no direct consequence of drug use on clients' access to the program, Brian has no fear of losing supports by binge drinking and trying meth for the first time. This helps Brian trust Sam enough to disclose his recent drug use habits. As a result, Brian admitted to Sam that he made a bad decision. By commenting that Brian feels bad about it, but "not bad enough," Sam is

suggesting that he thinks Brian's guilt can motivate his behaviour to not use again. Sam's assumption here is that shame can motivate people to make different choices. He uses it as a mechanism for behavioural change.

Lester (2019) claimed that a part of the recovery process for eating disorder patients was "about *opening up* [the patient] to a possibility of a different sort of future" (169). Sam uses a similar concept to show his clients how they are or can be different kinds of people. Sam uses shame, or the potential to stop feeling it, for not living up to a particular standard often associated with liberal understandings of choice as an informal mechanism to lead clients to good outcomes. Sam uses negative emotions the clients may have about themselves—who they are and how they see themselves—to re-shape their character, showing them how they can see themselves differently. If he can show his clients that he is honest, as with Carrie, whom he had "been brutal with" regarding her drug use, it better earns their trust and that what he says to them is valuable. He does not create shame—at least not intentionally—but uses existing shame to show them the consequences of bad choices and as a motivator for his clients to make changes in their lives, or as a benchmark for improvement. Sam claims that his approach works with many of his clients, but whether or not this approach works is beyond the scope of this project. What I wish to highlight are the techniques that case managers may adopt in response to needing clients to make particular decisions. This technique emphasizes the idea that choices can be made with the rationality of calculating the benefits and harms using an emotional appeal. This is used to the ends of emboldening the client into making aspirational choices that will lead them to become self-sufficient.

CONCLUSION

The approaches my interlocutors described when engaging with clients suggest that case managers are using rapport established with clients to shape them into the kind of person able to make responsible choices and able to self-manage and be self-sufficient. In other words, it is about making the client into the type of person the case manager sees in them—or more importantly (and more likely), what the case manager (and by extension, the program) *wants* to see in them. Housing First imagines an aspirational autonomy for clients, but it denies other types of autonomy. When clients display an undesirable autonomy, they instead become defiant, which is seen as negative. The goal is to subtly guide clients into wanting what the program wants for them. Ultimately, this aspirational autonomy aims at making clients into people they *need* to be: *need* from the case manager so they have worked towards the goals of the program, *need* from the City so that they can assure their taxpayers they are working to end homelessness, *need* from the taxpayers so they are no longer financially responsible for the consequences of homelessness (even though the cause of homelessness stems from a lack of social spending or poor distribution of it), and *need* from the community and neighbours so they can live without disruption.[13] All of these needs are placed on the Housing First client with an impression of distance, as if clients do not belong in any of these categories.

This is also not to say that case managers do not care about a client's wellbeing or that they only want clients to change behaviours for the sake of the broader community. Sam genuinely wanted to help people and even got emotional when he faced barriers that got in the way of helping. However, by working at the individual level, choice becomes the basis of how the program works. Therefore, they require clients to *want* to choose to become self-sufficient people, despite how

[13] Relationships to the community will be discussed more in Chapter 2.

other factors work against it. They need clients to push past the barriers to make behavioural change. By having a program with "client-driven" services and supports (Polvere et al. 2014), case managers have little choice but to push clients into particular directions. Choice becomes the basis of how the program works. A circulation of success stories and how individuals have been able to go against all odds to improve their lives tends to overlook how this is not the case for so many. If the objective that we are aiming for, as a society, focuses only on these success stories, then systemic change will never happen.

The examples I talked about in this chapter mainly focused on the tensions that emerge from implementing Housing First with liberal understandings of choice and autonomy. This results in the program focusing on the choices that clients made about drug use and around issues of tenancy, prioritizing some forms of autonomy over others. An equally important dimension that is associated with choice is the web of relationships that clients have with others, including the case manager, but also their landlords and their social networks, which include friends and family members who may or may not be associated with the condition of being unhoused of which clients are embedded. In the following chapter, I will explore in more detail how a client's social web also influences the decisions that clients make.

CHAPTER 2

EMBEDDED AND SELFISH: THE HOUSING FIRST CLIENT AS A WEB OF RELATIONS

Continuing from the previous chapter, this chapter focuses on the relational aspect of autonomy and how clients "are socially embedded and that agents' identities are formed within the context of social relationships and shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity" (Mackenzie and Stoljar 2000, 4). Here I explore the embedded social contexts that clients are *already in* when they become Housing First clients, and how those social contexts are expected to shift in becoming more individual and autonomously making more "rational" decisions to make advances towards the goal of recovery. This chapter will show that clients are not simply individuals making decisions, but a product of an entire web of relations that affect their opportunities and decisions. Like the previous chapter, which argued that systemic, economic, political, social and biosocial factors affect one's autonomy, this chapter focuses on how one's previously established relationships also have an effect on their autonomy. Both Housing First clients and their case managers must navigate shifting responsibilities in relation to others. I explore the tensions that come from these shifting responsibilities for both clients and case managers. The following vignette shows how clients are bound to others regardless of whether or not they want to be, and how case managers must negotiate those attachments.

LEA'S WINDOWS

One day in early August, I met with Sam to follow him in his regular weekly visits that case managers are expected to do. On our way to Helen's, Sam's phone rang, and he pulled over to take the call from the Domestic Services department of the Ottawa Police. They were returning

a call he previously made about Lea, whose ex-boyfriend, "James," in Sam's opinion, was determined to get her evicted. Lea got her apartment only one month before and, in that time, James had already broken one of her windows and stolen her keys. This risks harm to all of Lea's neighbours since it gives him access to the building. It made Sam worried about how this would affect Lea's tenancy. With no witnesses and relying on her statement only, it was not enough to charge him. Instead, Sam inquired about what they needed for a restraining order. He was trying to think of anything he could to make it more difficult for James to cause any more damage to Lea's unit in order to reduce any threats to her tenancy.

Part of Sam's motivation to reduce as much damage from James was because Lea causes a fair amount of damage herself. Not too long before our visit, she had accidentally started a small fire. She told Sam that it was an electrical fire and happened only after she plugged in the CD player, which was on top of the stove. Later on, when talking to Lea's non-Housing First case manager from another organization, Sam found out that the stove element had already been turned on when she put the CD player on top of it. The police were called at the time of the incident and she answered the door drunk. No police report was filed.

After the call, Sam decided to drop by Lea's so that he could let her know what he learned and discuss the option of a restraining order. When we arrived, rather than going to the main door of the apartment building he went straight to her windows, which were on the ground level facing the driveway that led to the parking lot. Lea did not have a phone and Sam was not able to call her or buzz in, so this was how he normally got her attention. It was raining quite heavily and both windows were open. Sam inspected each one. The screen for the first was bent and left a gap open. This was new to Sam. The second—the one James broke—had no screen at all. In a disappointed tone, Sam said, "this is how you get rats." He called her name a few times, but there was no answer.

At that point, all he could do was close each of the windows as much as he could—which he was unable to do completely—and move on to Helen's.

Sam commented that he did not want it to be winter, but for Lea's sake, he wished it was, just so that it would make it difficult for James to access the windows of her basement apartment because then he would have to shovel away snow to be able to reach them. Sam was motivated to make James' access to Lea's unit more difficult, especially because she makes enough damage on her own and Sam did not want an additional threat to her tenancy. I never got the opportunity to meet Lea, but I did see the difficulties that Sam faced in helping her keep her tenancy and how it was complicated by someone Lea presumably did not want in her life. In Housing First, clients are expected to be individuals, despite the social connections on which they depend and have little control over. This chapter asks, *how does embeddedness become a problem in the construction of clients as individuals? What does it mean for the case manager to navigate these conditions?* This chapter explores the liberal understanding of individuality and how it is complicated by the ways in which clients are embedded in social relations of unhoused networks. I use the example of my follow-along with Sam and some of the fragmented cases from the weekly meetings to understand how clients and case managers must navigate and negotiate shifting responsibilities towards people within their social webs and with the broader community.

CLIENTS AS INDIVIDUALS

One of the Housing First values is "Individualized, recovery-oriented, & client-driven supports" (Polvere et al. 2014, 15). This means that whatever goals that are made or supports that are needed are to be derived from the "unique social and individual circumstances" of the client rather than from any standardized set of requirements, so long as they are in the service of

"recovery orientation" (Polvere et al. 2014, 15). Although there is no single definition of recovery, it often leads to some sense of self-sufficiency, expecting clients to be able to become independent from case management and other supports. By having these goals, Housing First enforces the liberal understanding of individualization, wherein clients are treated as individual units capable of acting independently. This section discusses how liberal subjects are encouraged to be "individuals" and are responsibilized to self-manage not only for their own benefit, but for the community as a whole.

Drawing from Marilyn Strathern's (1988) work on personhood and how people are both individuals and "bounded as a unit" (276), Katie Kilroy-Marac (2016) describes individuals as "persons who are autonomous subjects in relation to external objects and who thus appear to be self-contained, singular, whole, and complete-in-themselves" (451). Bevir (2011) argued that neoliberal logic "constructs and enforces an individualisation of responsibility" (465), meaning that individuals are responsible for their own improvements, which they are expected to do not only for themselves but for the broader community as well. Individuality is essential to the values of choice and autonomy and is associated with freedom, but at the same time, liberal subjects must also be self-regulated and make self-disciplined decisions that benefit others as much as themselves.

The pattern of individualization in governance also shifted in medicine and public health, where individuals were expected to be responsible for the "care of the self" (Moore 2004, 1548). Moore (2004) looked at overdose prevention strategies in Australia. He traces the ways that medicine and health have shifted from passive patient care and a "need of intervention" to a neoliberal rationality, where people are expected to lead a "healthy lifestyle" and how "risk is redistributed from the state to back to individuals," imagining self-disciplined, self-aware, and

self-regulated subjects (Moore 2004, 1549–50). However, as we saw with Lea, even if she wanted to be "responsible," her ex-boyfriend was making that difficult for her, especially since they were unable to charge him for the damages he caused. She is not responsible for James, but she experiences the consequences of his actions. By inquiring about a restraining order, Sam took it upon himself to help Lea in making the next step for her to become more self-sufficient. This brings about questions of where the figure of the individual stands within a social network and the obligations and dependencies people have on each other.

Lea's case shows how the value of individualization often overlooks the webs in which people are embedded. Trnka and Trundle (2014) argue that portrayals of individual responsibility "frequently reveal a subject entangled within widespread ties, dependencies, and duties to others" (139). One notable critique of individualization is the Stratherian concept of the dividual, who is "constructed as the plural and composite site of the relationships that produce them" (Strathern 1988, 13). Dividuals are described as "heteronomous, dispersed actors for whom personhood is primarily constituted in and through relationships with things and people external to the self" (Kilroy-Marac 2016, 451). In other words, people are defined by their relationships to other people with whom they interact. Clients are embedded in a web of relations that consists of case managers, landlords, neighbours, family, and importantly, friends experiencing homelessness, who may be a source of both sabotage and support. In these unhoused networks, people become dependent on one another. However, in Housing First, the client's unhoused networks become a problem for case managers, particularly regarding the maintenance of the client's tenancy. The following sections will outline how.

HOME TAKEOVERS

The Toolkit describes how clients are expected to learn responsibility through the negative consequences resulting from the objectionable choices they made. The example it uses is eviction due to having the "wrong" type of guests. The Toolkit reads, "During the implementation process tensions can arise when stakeholders believe that some participants are having difficulty adjusting adequately to their role as a tenant and are not accountable for being evicted from their housing" (Polvere et al. 2014, 106). It emphasizes the importance of helping clients in understanding their roles and responsibilities as a tenant. If an eviction were to occur, the Toolkit suggests that clients need help to see the eviction as "a learning process and an opportunity to redirect one's thoughts and behaviours to make the next housing experience different from the last (for participants and for landlords)" (Polvere et al. 2014, 107). It recommends supporting the client in reflecting and understanding how the eviction happened: "e.g. if it was because they invited the wrong people into their place because they felt isolated or were not able to set boundaries, help them with those issues"; and what were the "consequences", or how the eviction affects them negatively: "e.g., that their range of housing choices may be more restricted because of their actions" (Polvere et al. 2014, 107). This frames a cause-and-effect view: the client is isolated and/or is unable to set boundaries among their social group, leading to a guest that was disruptive, leading to eviction, and therefore, the client now has fewer housing options. The focus that the Toolkit emphasizes is on the choices the client makes and learning to take responsibility for their actions.[14] It frames other people also experiencing homelessness in the client's social group as "wrong," implying that

[14] While the Toolkit claims that evictions can be used as something a client can learn from, at the same time, it also implies that there is less pressure for clients when they make mistakes that lead to an eviction because the case manager will help them to get rehoused. (This idea will be explored more in Chapter 3, regarding "loopholes.") In the weekly meetings I observed, however, rehousing was often a challenge that brought up. Because of this, the case managers I spoke to are urged to avoid eviction as much as possible. Therefore, eviction is often more of a problem than the Toolkit makes it out to be.

the problem is the guests themselves, rather than the reason for which one might depend on such guests (i.e. isolation, a lack of social supports).

The process of having disruptive guests that leads to eviction is referred to as a "housing unit takeover" or a "home takeover." Although home takeovers are not the only reason for evictions, the Toolkit frames it as a central example of how clients can lose their tenancy. Home takeovers often, but not always, takes the form of guests of the tenant eventually moving into the unit, sometimes pushing out the tenant completely. The visitors tend to be people from the client's social circle who are still experiencing homelessness and may be dealing with addictions and/or mental illnesses. It can happen in many ways for several different reasons. Though the limited discourse on home takeovers in homelessness studies refers to drug dealers and gangs as those who cause takeovers (Butera 2013), it can be as simple as guests causing disruption and noise that upsets neighbours. Beth explained that it can happen subtly. For example, a friend will "start by leaving something of theirs. … Sometimes it's a dog. Sometimes it's a bag. And then they come back. And they come back, and eventually, they just stop leaving."

In a 2013 report, issued by Crime Prevention Ottawa, the subjects of home takeovers were referred to as 'complicit victims,' recognizing the guests as "predatory" and the tenant as vulnerable, while at the same time placing the ultimate responsibility on the tenant for allowing the guest in the first place (Butera 2013). This idea was challenged by Weissman (2017), who questioned the idea of the tenant's responsibility when they cannot even recognize in themselves the ways in which they are vulnerable to home takeovers. This puts into question one's agency in inviting 'unwanted' guests. Weissman's critique also reveals how the Toolkit problematizes the guests themselves rather than interrogating the mediated factors that surround the decisions of Housing First clients in the first place.

Sam described home takeovers as a consistent threat. They are not only considered a threat to the client's tenancy and security, but also the neighbours and the unit as well. The Housing-based Case Management Guide includes a guest policy template that helps the client to consider both the people who should or should not be guests and the rules they should set regarding the behaviours of their guests. This template allows the client to reflect on their social web, create boundaries, and remind them what they might lose if those guests "get out of hand" (Lavigne 2018, 51) (See Figure 2). However, as a preventative solution, Sam encourages his clients to not have what he calls "street entrenched" guests at all. He has a pitch he gives to clients upon move-in about the risks of having certain guests and outlining the consequences of home takeovers. The focus in Sam's pitch is on the choices the clients make. According to Sam, the clients always agree to this,[15] but that agreement never seems to last. Clients continue to have guests from their unhoused networks and home takeovers become a threat anyway.

The Social Web of Homeless Subjects

Brković's (2017) ethnography, *Managing Ambiguity*, shows how "neoliberal transformations of social protection rely on a concept of a 'community' and produce particular forms of sociality" (13). This meant that the shift to neoliberal policies increased informal safeguards, making notions of to whom one was responsible more ambiguous. If we were to look at how neoliberally informed policy affects the Housing First client's social web, we can better understand the importance of these relationships, the different ways that unhoused networks can be both beneficial and damaging, and how it may challenge ideas of certain people being understood simply as "wrong."

[15] But as I discussed in Chapter 1, they acknowledge that clients may only tell them what they think their case managers want to hear.

Appendix I – Sample Personal Guest Policy

What time of the day will you allow friends and family to come over?

Is there anybody that you do not want to come over?

What are your house rules? (e.g., don't yell; only people I know can come over to my home; be respectful in the hallways; can people eat your food or use your things; take off your shoes; etc.)

How will you manage guests that get out of hand?

If someone wants to sleep on your floor or couch and your lease does not allow it, how will you deal with that and not put your own housing at risk?

What's the best part of having your own place that you don't want guests to screw up on you?

Figure 2: Appendix I – Sample Personal Guest Policy (Lavigne 2018, 51).

Philippe Bourgois (1998) discusses the complex social practices of the moral economy among homeless subjects who have a heroin addiction. His participants engage in a "political economy of survival in fragile networks" (2332) by sharing dugs and equipment so they can avoid withdrawals and make their highs last longer. At times, however, they will use alone in order to avoid sharing. David Moore (2004) explored how and why some of the overdose strategies are ignored by drug users living on the street, finding that "injecting practices are shaped by social, cultural and economic contexts, which may work against or undermine heroin overdose prevention as it is currently formulated" (1554). In other words, overdose prevention strategies lie within a harm reduction framework and overlook the internal logics of street-living drug users, emphasizing the importance of unhoused networks for basic survival.

Another factor to consider regarding the networks of homeless subjects is the destabilized connections with those more "affiliated." O'Neill (2017) looked at unhoused men in Romania and how social attachments marked their exclusion from the "affiliated." O'Neill (2017) argued that "social attachments forged once a person became homeless did not support a return to any recognizable vision of the good life to which these men ascribed" (109). Once someone becomes unhoused, their relationships with each other perpetuate a disconnection from any sense of an "affiliated" life, and at the same time, the shame from living in homelessness may have been a driving factor that kept his interlocutors from maintaining or making relationships with the "affiliated." Drawing from Jack R. Friedman (2007), who looked at how shame in an unstable economy in postcommunist Romania led to a "desire to disappear" (239), O'Neil (2017) argued that "[s]hame compels many of these Romanians to let relationships dissolve entirely rather than reimagine them" (O'Neill 2017, 212). his is a factor that Housing First clients may already

experience when they become tenants, suggesting that relationships among homeless subjects may work to create a perceived divide between homeless subjects and the "affiliated."

From the aforementioned literature, we understand that people who experience both homelessness and addiction are a type of subject that does not necessarily conform to particular preventative strategies that public health professionals attempt to promote because they rely on a particular type of logic that may not synchronize with the targets of such strategies. The social networks of people experiencing addiction are complex, and many rely on each other for basic survival. We cannot assume that Housing First clients are able to cut off their networks easily, even if they are trying to become sober, nor can we assume they want to. Not only that, as we saw in Lea's case, even if clients try to cut off their networks, their networks may follow them regardless.

Clients as Embedded in Social Relations

Emma had some concerns about Irene's safety. The last time she saw Irene was shortly after Canada Day. She had scrapes on her knees and arm and a black eye. Irene said it was because she was drunk on Canada Day and fell. They all questioned the nature of her relationship with her live-in boyfriend who, in the SPDAT, Irene indicated as someone who supports her. Emma said, "she sees him as positive." No one openly made accusations, but everyone in the meeting questioned whether you can even get a black eye simply from falling.

Though Irene claims her boyfriend is a positive source of support, her black eye puts into question the quality of care he provides. Much of the research on domestic abuse explores how the emotional attachment to one's abuser is developed and strengthened (Dutton 1995; Henderson, Bartholomew, and Dutton 1997). Therefore, if Irene's boyfriend is abusive, it is not impossible to

believe she still sees him as supportive. This is not to argue that there is no reason for concern, but rather to point out that people's relations can be entangled in ways that are difficult to understand. There is a tension here in a client's web of relations and how people in it can be both helpful and harmful. This section highlights how clients are already in embedded social contexts and how clients are in a difficult, perhaps unwanted, position to break from these relationships, which contain mixed levels of sabotage and support.

* * *

Helen is self-housed, meaning she was able to find an apartment on her own. She's reasonably stable but is elderly and has a lot of health issues. She has been getting tested at the neurology clinic at Élisabeth Bruyère Hospital. She has slurred speech from a past stroke, her mobility is limited, she's diabetic, and her eyesight isn't so good. In a previous visit, Sam did a quick test and all she could say was that things were blurry. She's using the exercise bike he set up for her. She is also connected to Good Companions Senior's Centre, an organization that provides services to seniors in Ottawa. Her main aim is to get exercise and build some strength. John inquired about the social aspect that Good Companions provides. Sam answered that she finds their support "daunting" and that she gets tired easily. She has enough on her plate and needs rest even after a minor task.

Sam's greatest concern that he sees as a threat to her tenancy is her financial situation. Someone has been stealing her money from her bank account because she gives away her debit card PIN, possibly to multiple people. She does not like talking about it, even to Sam, despite the great rapport they share. One of Helen's case managers from another organization found a bank statement and "snatched" it before Helen could hide it. It showed many cash withdrawals. They don't know for sure who it is, but they suspect it's mainly Helen's son, who is also "street

entrenched" and is not liked by any of the case managers. (Sam said he only met him once, and it was "one awkward elevator ride.") After Sam showed her how much money she's losing, Helen promises she'll stop sharing her PIN, but Sam doesn't believe it and sees this promise as only "lip service." He told her, "the people doing this to you do not care about you. They're not your friends." Sam suspects that she needs to be centered around attachment and boundaries. She needs a strong connection to her family. Sam and Helen have a good rapport, but she is evasive when discussing bank issues.

The bank now refuses to issue any more new cards because they've replaced them so many times already. John wondered if the bank is actually allowed to do that. Sam thought it might be a liability issue and that perhaps it was a good idea for her not to have a card if people were always going to take it anyway. Sam had told Helen that the fact that bank won't give her a new card, "that's being said not to harm you. That's being said in your best interest."

A possible solution that if she no longer had a bank card. She still can do all her transactions in person at the bank, taking out cash only when needed. Alternatively, John suggested that she could lower her cash withdrawal limit down to $0. That way, she can still purchase items with the card, and if she needed cash, she could go to the bank in person. During a later follow-along with Sam, he did make the connection of Helen having to physically go to the bank with such limited mobility and energy, but they do not circle back to her health issues in this meeting.

Here I want to compare the similarities between Helen and Lea's situations. Both Lea and Helen's cases complicate the image of a compliant client that can learn to self-manage if certain conditions are provided. Sam is working within the logics of neoliberal subject-making, guiding Lea and Helen in becoming self-managed subjects. It is unclear what Lea and Helen's motivations

are but given that they both have other people in their lives that affect their actions, it is clear that they are not simply individual decision-makers but are already embedded in social networks that sometimes make decisions for them. It is difficult to say where their decisions come from. Even if they are working within the same logic as Sam, they may view their source of support very differently from how he sees it. Sam, who sees the unhoused network as a source of sabotage, encourages his clients to completely break free from these particular social relations. In the Toolkit, this is explained by helping clients to reflect and learn on negative events, like an eviction, in order to learn from and improve on. But both Lea and Helen have little control over what their social networks do. Because the police could not lay charges on Lea's ex-boyfriend, James, Lea has few choices to respond. Helen, who finds other types of social support "daunting," needs a connection to her family, despite possible exploitation. Therefore, Sam takes on the responsibility of navigating and negotiating the relationships of their clients. With Sam, this took the form of preventing others from causing more damage and visions of good outcomes for his clients.

These cases reveal that the program does not just attempt to manage clients, but also those connected to clients. Therefore, the responsibilities in mitigating such risks are taken on by the client's case manager. Sam has a double duty to reduce damage from both his client and his client's social circle. It is not just about getting Lea or Helen to make responsible choices, because even if they wanted to fulfil the "responsibilities of 'being a good tenant'" that the model expects (Polvere et al. 2014, 45), Lea's ex-boyfriend complicates this goal by causing damage that leaves Lea with the consequences. Helen's family may be putting her in a risky situation, but they are still her family. Navigating the social webs of clients prompts questions of how much responsibility does the case manager think they can handle.

Navigating the social webs of clients prompts questions of care. Whether it's through identifying "moral practices" or examining "competing notions of the 'good,'" Elana Buch (2015) argues that approaches of care are "concerned in part with different aspects of the ways that care is involved with the social constitution of personhood" (Buch 2015, 279–80). Sam's vision of care involves empowering his clients so they can gain status and obtain or regain a sense of personhood and recognition in society. His form of care is associated with visions of good outcomes that also tie in with notions of self-sufficiency and being able to overcome the impossible; that his clients are not the kind of people who need to be taken care of because they can take care of themselves, at least they can eventually. In Helen's case, it is not just about discouraging her from certain actions, but about where forms of care come from. With Helen's health problems and a need to be connected to family, Helen consistently gives her family her PIN and it appears that they take advantage of that trust. Sam knows that she must make the decision to stop sharing her PIN and the way that he tries to re-frame Helen's circumstances is based on not only what he sees as good or bad for her, but to convince her that the people taking her money do not care for her. Her responsibilization marks a divide between her unhoused network and her bank, which, according to Sam, cares for her more than her own family does. He even cited how the bank was thinking of what was in her "best interest." This, however, prompts the question of what care means to Helen and how she shows care for her social web.

Individuals, Communities and Selfishness

As with Lea's apartment fire, some of the examples from Sam's clients illustrate another concern Sam has regarding his clients' relationships with the landlord and the community as a whole. In our interview, Sam was discussing issues around enacting social policy. I asked him

what his opinion was about the idea that Housing First is regarded as less expensive than shelters, hospitalization and jails. His response was of skepticism. Instead, he wondered what the true costs were when you factor damage to units when clients and guests are disruptive, and costs to overall the "community fabric." In our interview, he expressed the ambiguities of putting a price on psychological damage for landlords and how it affects the efficacy of the program itself:

> What if this the third time we've re-housed a person? They've utterly destroyed the past two units. They've damaged the community fabric because those landlords now have had a terrible experience. It's harder for the program to happen now … We're seeing push back to the program because these bad experiences. It's like, what's the cost of that? How do you put a price tag on a year of a landlord's life ruined and then they make it their personal mission to crusade against homeless people? … There's some real horror stories out there … Units have been burnt down. There's been explosions. They get taken over by criminals. They get turned into meth labs. (Sam, interview)

By becoming housed, Housing First clients become—or are expected to become—part of another community. Living next to other people means having to agree to certain obligations, like being quiet, clean, and maintaining certain responsibilities for the wellbeing of the building and everyone within it. When I asked Sam if there are healthy ways for clients to have guests, he answered, "there are healthy guests." Similar to how the Toolkit specifies the problem of clients having the "wrong people" (Polvere et al. 2014, 107) over, leading to eviction, Sam also directs his focus on a certain type of guest, those who are homeless subjects. Since he believes that "homelessness is not helped with a community of homeless people," he does not want his clients to have any guests connected to homelessness at all. His approach, then, is to convince his clients

to be "selfish." Sam explained that clients are used to seeing selfishness among other homeless subjects; his clients see others that have more than they do and do not share. He explains to them that resources are limited and therefore they may have a valid reason for it, so in that case, his clients also have a valid reason for being "selfish." He admitted that it was a hard sell, likely because his clients either want to help out their friends or it is difficult or impossible for his clients to break those ties. Clients are individualized to the point where they are expected to choose themselves over others in the communities among which they learned to be dependent on for survival. This expectation is also thought to benefit the wider community by creating a society of self-sufficient individuals, responsible for their actions. The following will show how this idea may instead work to serve the individual, but merely displaces those in the client's unhoused networks that are in the most need of help.

* * *

There are a lot of domestic issues with Jake and his girlfriend. Emma thinks the 'abuse' is mutual. Jake's "unmedicated bipolar" girlfriend, Kelly, moved into the client's OCH unit and seems to pick fights with other people in the building. Jake responds by somehow barricading her in the unit so she can't cause further tension with neighbours. As a result, Kelly started pulling the fire alarm so that she can leave because then everyone has to leave. The case managers were awkwardly laughing about this. Sam said this was "par for the course." I wasn't sure if he was referring to the situation itself, or them having to deal with such conflicts. John wondered if there was any danger of Jake losing his tenancy because of the fire alarms, but Sam didn't have an answer. They talked about the threat of eviction would be helpful to get Kelly to move out.

The use of selfishness as a mechanism emphasizes how clients are meant to be individuals. It downplays not just the client's interdependence on various networks, but it also works to displace

the issues that these networks continue to deal with. Housing First is geared more towards single people rather than couples.[16] Jake is Emma's client, not Kelly. In the meeting, the case managers suggested using the threat (or rather the plausibility) of eviction as a motivator for Jake to have his girlfriend move out. With Sam's approach of normalizing selfishness, it would mean that Kelly is a threat to Jake's tenancy, therefore Jake must think about his place in the building and ask Kelly to leave. If he lived alone, it would be less disruptive to neighbours and would have less of a case for eviction. By Sam's logic, Jake is not only allowed to, but rather *must* think about himself in terms of his tenancy and place it a higher priority than Kelly's. This logic relies on the expectations of being a good tenant and neighbour. However, asking Kelly to leave would mean she would have to find another place to stay, or she would be back living on the street. It is an exclusionary practice that acts as a punishment for homelessness, similar to hostile architecture that geographically pushes homeless subjects away from public spaces (Rothe and Collins 2016; Petty 2016). Rejecting the client's social web to focus only on the welfare of the client only shifts the problem rather than resolves it. Having to be "selfish" in order to improve their individual lives works towards the artificial divide of people experiencing homelessness and the "affiliated."

What's more, is that this focus on the client as an individual does not necessarily help the community as a whole either. If Kelly were to leave Jake's apartment, it only displaces the issues that are complicated by her mental health issues. Kelly does not appear to have social assistance or support aside from Jake. In 2018, the Second Nationally Coordinated Point-in-Time Count of Homelessness in Canadian Communities (2019), which surveyed 61 communities across Canada, reported that in one night there were 25,216 people "experiencing absolute homelessness in shelters or unsheltered locations" (6). In that same year, it was reported that there were 2,396

[16] There is a branch for families, which was not explored in my fieldwork.

workers classified as "Health care and social assistance," of which a subsection includes social workers (Statistics Canada 2021). While these numbers do not tell the whole story, it indicates that the number of people experiencing homelessness vastly outweighs the number of social workers employed to assist them. Therefore, we can understand why Kelly may not have her own social worker or case manager and it places more emphasis on the importance of informal networks of support. I do not intend to place blame on Kelly for having mental health issues. Nor am I arguing that Jake *should* be responsible for Kelly. However, having Kelly move out of Jake's apartment may help Jake on an individual level, but does not help anyone else—not Kelly and not the community.

Conclusion

One of the biggest threats to tenancy for clients is not a simple story of the "wrong people" who take over a unit leading to eviction, but the relationships between clients and unhoused networks themselves, though tenuous, are complex and may provide both support and damage. In a clear-cut neoliberal sense, to do the right thing, or the "brave" thing, is to cut ties from all people that may cause one harm. To continue a harmful relationship is a "bad" choice. But as I have indicated, neoliberal interventions are not so clear-cut in practice.

Each of the examples I have presented in this chapter show how people within the client's web of social relations cause a problem for them that threatens their tenancy: Lea's ex-boyfriend has broken her windows and stolen her keys, Irene's boyfriend is likely to be causing her physical abuse, someone connected to Helen—potentially her family—is stealing money from her and Jake's live-in girlfriend fights with neighbours and pulls the fire alarm. But it is also clear that it is not an easy or even possible decision for clients to cut loose these ties, even if they want to. As

a result, their case managers left to mitigate any damages that result and try to come up with solutions to their unique problems. Some of these proposed solutions involve removing the client from particular social situations. This was seen how Sam looked into getting a restraining order for Lea's ex-boyfriend and how a threat of eviction may be motivation to get Jake to ask Kelly to move out. Other solutions involve limiting choices for the client, like how a threat of eviction would compel Jake to want Kelly to move out, or as discussed with the restrictions on Helen's debit card. The latter of those examples also shows how Sam's lack of trust limits Helen's autonomy. In any case, the case manager works to navigate and negotiate the social webs of their clients. To do this, case managers are constantly calibrating the amount of responsibility they think their clients can handle, navigating forms of care and images of good outcomes.

Several times I referenced to the Toolkit in describing how evictions result from the Housing First client having the "wrong people" over (Polvere et al. 2014, 107). This is also emphasized by Sam's assessment on instead of healthy ways of having guests, there are "healthy guests." But as Tom has suggested, in many cases, the choices of clients belong to the addiction (or mental illness) that they experience. He told me, "If the person is addicted then everything in their life revolves around that … Bad relationships, any bad choices they might make of who they bring into their unit—that is all linked to their addiction."[17] Yet, in the discourse, the problem is the guest, the solution is removing the guest, and the client must make the distinction and the choice to have or not have these people in their lives. The framing around the "wrong people" reinforces the moralization of the homeless subject, rather than the problem of homelessness.

In this chapter, I have presented navigating best practices between the case manager and client and the tensions that emerge when clients are made to be individuals in some ways and a

[17] Yet he contradicts this with another statement he makes, which will be discussed in Chapter 3.

part of a community in others, downplaying the already established relationships of homeless subjects and how they related to ways of survival and quality of life. These already established relationships can be both a good and bad thing; both a necessity and a barrier to one's recovery, making the way that case managers must navigate a client's social network ambiguous. In the next chapter, I will discuss ethical practices for case managers when top-down policies and expectations are in tension with what the case manager feels is the best course of action.

CHAPTER 3

LOOPHOLES, SILLINESS, AND BROWNIE POINTS:

NAVIGATING AMBIGUITY IN ETHICAL PRACTICE

On our way to visit Lea and Helen, Sam was telling me about an "idiot-proof" financial program he set up for internal office use. He spent a lot of unpaid overtime hours creating it, but he was glad he did. He was proud of it in part because he proved to himself that he could do something as complicated as that, but also because it gave him "brownie points" for the occasional times he gets in trouble with his managers. When I asked what he meant, he explained that the previous week he broke three internal policies, one being absence to a case conference meeting—an offence that Sam's managers made to appear so grave that nothing, even a real emergency, could excuse it. Ironically, Sam missed this meeting for a reason relating to the goals of the program—he worked nearly three hours a day for one particular client just to get housed. He knew he was breaking the rules by prioritizing this one aspect of his job over another—even though the aspect he favoured was to directly help the client—but he felt the extra time with Mike was necessary. This is where his hard-earned "brownie points" became handy: despite the fact that Sam's supervisors gave him trouble when he failed to respect the rules, they also know how much he has done for them. Sam told me this with a somewhat cheeky grin. In time, however, I came to realize that relying on this brownie point system was not merely a way of avoiding boring or unpleasant tasks. It was, instead, Sam's way of navigating competing demands of his job and his own ambivalence towards the rules that structured the policies of the organization for which he worked. Simply put, for Sam, creating brownie points meant engaging in ethical conduct, which

required judgement and decision making. He was exercising his agency and not just blindly following the rules.

Similar to the way that Housing First clients are treated as rational subjects, expected to use autonomy to make particular choices despite their agency directing them in different ways, so too are case managers put in conflicting positions between what is expected of them and what they see as a better path. In the course of my fieldwork, I often saw my interlocutors, case managers of Housing First programs, being caught between competing demands and irreconcilable goals, stemming from the detachment between the needs of their clients and the rules of the organization. I saw how case managers frequently found it difficult to see the right path of action when many "right" actions conflict, revealing the limits of autonomy in case managers. In this chapter, I look at how case managers prioritize and make decisions in order to act within their own ethical frameworks, how they negotiate the contradictions the Housing First model produces, and the ambivalences regarding the internal rules of the Housing First model. In the following, I show how breaking the rules, as Sam does by missing case conferences, has to do with ethical practice and how these negotiations connect to tensions where the needs of the clients conflict with the conventions of the organizations for which the case manager works. I call this an ethical practice because it is about recognizing situations where case managers must decide between morally grey choices; what case managers were supposed to do, as dictated by the organization or funders, was not always the best thing for the client. Case managers are navigating these contradictions to find the best outcome that considers multiple perspectives, which ultimately compels them to imagine how the program "ought to look like" (Dave 2011, 5).

With these conflicting goals in mind, I draw on Nitzan Shoshan's (2016) ethnographic research among social workers tending to extremist youth in Germany. Although the type of social

work that Shoshan's interlocutors carry out is very different from that of what Housing First case managers do, Shoshan's ethnography allows me to better understand how social workers respond, and indeed, act as moral subjects, when faced with moments when the needs of their clients clash with those of their employers and funders. Additionally, to better understand how social workers operate amid such tensions, I turn to anthropological literature on contradiction, ambivalence, and ambiguity, which is likewise concerned with the problem of ethical action.

Shoshan's (2016) ethnography on neo-Nazi youth focuses on the role of "affective governance" in the post-1989 project of re-branding Germany as a tolerant and democratic nation. In following street social workers, "through [whom] the German state mines for knowledge about the politically illicit and the socially marginalized" (141), Shoshan realized that a part of the social worker's job is performing surveillance. Such a role is at odds with an ethical framework often associated with social work, such as "honesty, confidentiality, partiality, and respect toward individuals as autonomous agents fully capable of identifying and expressing their needs and desires" (Shoshan 2016, 154). This creates tension when social workers promise confidentiality and gain their client's trust, only to then share the information that they learned through this trust. If their clients were to find out about the fact they were being surveilled while being assisted, they would likely feel this was a violation of that trust. This required the social workers to constantly be "calibrating their day-to-day performance of responsibilities with their professional ethics" (Shoshan 2016, 156) to meet both the needs of their clients as well as the state and the organizations for which they work.

While my interlocutors do not have the same surveillance role, there are some similarities to the tensions both Shoshan's social workers and my case managers must face when the needs and expectations from clients are at odds with the needs and expectations of the NGOs for which

they work. Shoshan's work allows me to see how my case managers must negotiate the tensions of ambiguous situations within the Housing First program, with the ethical work they commit to while operating within certain guidelines that may work against it. Social workers are often put in a position of making difficult choices. They must balance their own ethical frameworks with the guidelines of their employers, causing feelings of ambivalence. Carr (2013) suggests that ambivalence means that "we all align ourselves in multiple and sometimes conflicting ways" to particular circumstances (178). Here I draw on some of the literature on contradiction, ambivalence, and ambiguity to understand where to look for it and what it might imply.

Nadia Fadil and Mayanthi Fernando's (2015) critical exploration of everyday Islam helps us ask what it is like to be a moral subject, how does one commit to an ethical practice when their moral framework interferes with particular social, economic or political contexts, and what ambivalence might come from it. Fadil and Fernando (2015) "call for complexity" (60) when looking at ethical frameworks. This means looking at "not only moments in which explicit moral aims are realized but also those in which they fail to take hold" (Fadil and Fernando 2015, 68). Examining one's ethical framework requires going beyond the moral codes to look at the contradictions within it. While Housing First is not necessarily informed by any specific religious doctrine, as a model of social intervention, it also needs to grapple with social and ethical complexity, including failure and partial realization of its aims. I will be looking at cases of contradiction in the model itself but also as they emerge in practice. Guiding me in this effort is Fadil and Fernando's suggestion to stay attentive to "the everyday" not only as a site of transgression and resistance, but as a realm that is "produced within and mediated by discursive norms and power relations" (Fadil and Fernando 2015, 69).

In Deana Jovanović's (2016) examination of ambivalence, she looks at the relationships of ambivalence to the reproduction of power relations. She suggests that when dealing with complexity, the focus should be on "peoples' participation in the reproduction of social, political, and economic conditions [which takes place] while living and dealing with contradictions" (Jovanović 2016, 2), and how these inconsistencies contribute to reinforcing power structures. Ambivalence, she argues, is "an effect and a coping mechanism in a social environment where people were dependent on what they wanted to eliminate and escape" (Jovanović 2016, 4).

Brković's (2017) ethnography about managing ambiguity and personhood, looks at what ambiguity can reveal and how her interlocutors manage and navigate it. Brković (2017) shows how navigating ambiguity is a way that "people try to make things happen in the midst of ambiguous, uncertain, unsecured environments" (31). From this, I see navigating ambiguity as responding to uncertainty and conflicting tensions and working within one's own power to make the best decisions they can. Additionally, Brković (2017) argues that ambiguity can either reveal flaws in supposedly established categories, but can also be used to reinforce power dynamics. This literature enables me to investigate ways that social workers engage with the conventions they are supposed to abide by (via the Canadian Housing First Toolkit, guidelines, training, education, etc.), and the ambivalences, tensions, and uncertainties they have with such conventions, as well as examining the ways one might transgress from them.

The main way I see ambiguity and the efforts to navigate it as it unfolded in my research occurred when a moral conviction of the case manager ended up conflicting with the norms or conventions of the organization, leaving the case manager to have to make a difficult decision regarding what course of action to take, often leading to feelings of ambivalence about having to choose between what they believe to be the right choice, and what the organization wants them to

do. Just like clients do not simply make decisions without factors that affect their agency, the case managers do not simply follow Housing First rules or guidelines without a context. Just as autonomy is limited for clients, case managers also experience barriers regarding their choices. Case managers navigate, adjust and shape their actions based on their own ethical frameworks and experiences, resulting in negotiation, compromise, and uneasy tensions when the two may conflict.

To understand how these tensions can manifest for my interlocutors, I will describe moments where certain frustrations of the program emerged for case managers in my fieldwork. This chapter asks, *what does the ethics of care look like for case managers when there are tensions between the "right" choice for clients and for funders do not align? How do case managers develop ethical practices in these situations?* In addition to contradiction and ambivalence, this chapter focuses mainly on how case managers navigate the ambiguities between different options to determine what may be the most ethical decisions. I start with two examples that came out explicitly in the interviews I conducted. One has to do with how few expectations result in ambiguous accountability for clients, and the other has to do with how program tools are used to navigate ambiguity and also help to create it. The final vignette—Sam's brownie points—will show how ambiguity between Housing First conventions and what an individual case manager deems as the moral path results in creative practice for ethical management and its broader implications. Together these accounts reveal the limitations of autonomy in case managers to help their clients in ways they feel are most appropriate.

LOOPHOLES: AMBIGUOUS ACCOUNTABILITY

In *the Value of Homelessness: managing surplus life in the United States*, Craig Willse (2015) explained that in Seattle, Washington, "government and nonprofit organizations, not

individuals living without shelter, bore responsibility for housing failures" (148). I was curious about what responsibilities looked like in Ottawa and I asked Tom about this in our interview. He explained it this way:

> The responsibility, I think it should be on the program and not the client to be successful. But the caveat to that is, there is some responsibility when it comes to the reason *why* the housing ended. Was it because you got a bunch of buddies to come and live in your place? You gotta look at why, as well, before you start placing responsibility. Now if it's because of drug addiction, that's the part where I find there's still a disconnect, where they sort of blame the client for that. (Tom, interview)

First, Tom confirmed that the program is responsible for the client's success. He denied that there are housing failures on the client's part. Yet when he went on to explain, he added conditions to placing responsibility on the client, and notably, having guests over, a surprising contradiction to his statement about one's choices belonging to one's addiction, as discussed in Chapter 2. What this statement shows that responsibility is not such a simple matter of one person or group being responsible for success or failures. Tom's answer also shows that he was also struggling to determine who was responsible for what. He understood very well—personally and professionally—the ways that addiction drives choices, but he also took issue with clients not taking any responsibility at all.

From this question about responsibility, Tom proceeded to tell me about a feature of the program he called a "loophole," explaining that clients are never actually out of the Housing First program until discharge. He found that explaining it to clients in this way allows them the room to make mistakes. It also relieves some of the pressure one might have to make difficult life changes. It is not an official program feature, yet framed in this way, it is similar to the way that evictions

are meant to be an expected step in one's recovery, as discussed in the previous chapter. In this way, there are no housing "failures," since the clients are always "in the system." Therefore, if they are evicted or return to the street for any reason, they are still technically in the program and are fast-tracked through the process of getting housed again. It allows for clients to learn and grow, similar to the previous chapter, where I explained how evictions are seen as something to help teach the client to become more self-managed. The loophole framing helps clients feel less pressure when they make mistakes or relapse. He explained it in this way:

> There's no way to get a perfect system for something like this because every individual is so different, and their needs are different … I have no idea how they can say things are successful or not. Because one-time failure from housing, to me, does not mean the guy failed. He just needs more help. Something was missing. Let's try again and try to fix what was missing this time. That's why I like [this organization]. I don't know if other programs have that same sort of [mentality that the client is] always in our program. I think that's their loophole. I like it. (Tom, interview)

Tom admires the loophole part of the program because it supports people even when they have setbacks and allows them space for learning how to self-manage. It fills a gap he thinks that other housing programs are missing. However, it does come with a consequence that Tom was concerned about. Recall from Chapter 2, the client *wanting* to change is essential to the values of the program. According to Tom, this loophole also places few expectations on the client to make certain steps towards recovery. As a result, Tom felt that it enabled disruptive behaviour because it does not work towards getting the client to a place of *wanting* to make behavioural changes. To illustrate his point, he explained that he had several clients that engage in criminal behaviour, and the effect it has on one particular client:

> I have several clients who, they're still stealing, still living the lifestyle that they were on the outside, but in an apartment. We only have so much time and ability to try to help [my client] stop doing that. But in his mind right now, he said to me, 'I don't see ever a time that I'm gonna stop doing this. I use crack, I'm gonna use it every day, and I can't do it on welfare, so.' He steals $3,000 worth of meat every month. … Although [housing supplements are] helpful, they're very enabling too. What's giving them the incentive to try to make up that money [themselves], beyond stealing meat? (Tom, interview)

Being housed does not in itself change the behaviours of Housing First clients. In the scenario Tom described, his client steals items to eat or to sell. According to Tom, having an apartment is not in itself enough of a motivation for changing certain behaviours, and actually *allows* his client to continue to commit particular crimes because there are no consequences; he will not lose his housing as a direct result of this crime. While this helps to reduce barriers for clients, Tom still has concerns regarding how it will affect the trajectory of change in his clients.

Much of Tom's concern stems from his own experiences of homelessness and addiction. At the time we spoke, he was 10 years sober from an addiction to alcohol. He explained that he experienced trauma as a child that led to addiction. It was only when he was able to talk about this trauma in Alcoholics Anonymous (AA) that he was able to start to recover from both his addiction and from homelessness. Comparing the program to his own sobriety, he said, "I got work to do. It's not a free ride. How do you get people to want to do that kind of stuff? Especially if you're giving them a free place to live without any expectation. You know what I mean? There's something missing there." The loophole is an aspect of the program that, as he sees, eliminates the need for any work on the part of the client, and is both commendable and problematic.

The loophole is Tom's ethical practice that also creates a contradiction. He described this aspect of the case manager position as helpers. He said that "the hope is that the case worker will get [clients] towards thinking differently and thinking more independently, thinking more confidently, getting all those things built up. But … we're not councillors. We're not supposed to be counselling them. We're just helpers." Clients have the freedom for making their own decisions, it means there is room for making mistakes and relapsing, or even refusing treatment. However, this also creates a space where they do not have to be in a process of recovery in the first place, nor do they need to want it. Tom has an ambivalent relationship to this loophole, where he believes it both helps clients—by allowing room for relapse and mistakes, which they can learn from so that it may encourage them to change their behaviour, and harms clients—by enabling them to continue with destructive behaviour and offering no inherent motivation towards having to want to change such behaviour, other than case manager influence.

"Just a Bunch of Silliness": Tools in Managing Ambiguity

Tools are helpful for managing uncertainties. Tom's loophole as an explanatory tool for helping clients cope with setbacks is an informal implementation. There are, however, more official tools set up by outside sources that are meant to manage the uncertainties of classifying clients. While they can help case managers to bypass certain ambiguities in this regard, they also work to create ambiguities by generating a divide between what is expected of the case managers from the organization and funders and what the case manager considers ethical. This section will focus on the use of a particular tool, the Service Prioritization Decision Assistance Tool, or "SPDAT," which was created to determine priority for access to the Housing First program and evaluate progress within it. I will show how this tool that was created to manage ambiguity actually

works to create it, limiting the autonomy case managers have in helping their clients to the fullest potential.

The SPDAT is an assessment tool used by Housing First programs funded by the City of Ottawa to assess client priority.[18] It was created by OrgCode Consulting Inc., a consulting firm that works with various types of organizations in Canada and the United States in Housing First specific work. There are a few variations of the SPDAT such as for family and youth, but the most commonly used one is for single adults. This one outlines 15 components, such as "Mental Health & Wellness & Cognitive Functioning," "Experience of Abuse & Trauma," "Social Relationships & Networks," and "Self Care & Daily Living Skills," (OrgCode 2015). It is used for assessing the Housing First client to determine prioritization for access to the program and to evaluate how a client is doing at certain intervals throughout the program by comparing scores from previous assessments and measure improvements (or setbacks) of various sections.

In the SPDAT for single adults, each section contains "Prompts," which act as "scripts" (Bowles 2016; Carr 2016) in which case managers are provided certain questions for the client. The answers determine a score, ranging from zero to four, for a total of 60. The higher the score, the higher the "acuity," and therefore are considered a higher priority for support. In Dahlia Namian's (2019) study on Housing First's policy instrumentation in Ottawa, she analyzed the rationale behind the SPDAT, arguing that,

> while the SPDAT is said to objectively favour those with 'greater needs' and manage the provision of [Housing First] supports accordingly, a closer look at the effects of this tool shows how it does not prioritize a person with greater 'needs' per se. Rather, the SPDAT seems to assess – but not explicitly – whether the person's 'needs' constitute an economic

[18] With the exception of the indigenous-run organizations.

> risk, that is, to what extent his or her issues are self-managed or involve public care resources. (8)

In other words, while purporting itself to be an objective measure of need, the SPDAT prioritizes elements that mean higher costs to public services and subtly overlooks those still in need but can self-manage to a certain degree. The case managers that Namian (2019) spoke to understood that the SPDAT was not objective, but regardless they still "seem[ed] to prefer relying upon it in order to avoid getting personally involved and being held accountable for doing the 'dirty job' of 'picking' some individuals over others, when all demonstrate high levels of needs" (13). Since resources are limited, the SPDAT is a tool used to manage the ambiguity of deciding who has the highest priority by "objectively" measuring, in a standardized way (other than having variations for families and youth) who is the most in need of services. The SPDAT attempts to manage ambiguity, in the way that "management marks efforts to organize, plan, and direct something in order to reach a certain objective" (Brković 2017, 31), which the SPDAT achieves through its standardization. However, this results in is creating more ambiguity by still allowing for some interpretation that overlooks the agency of the client and the factors that affect choice, reducing complexity into neat categories.

The questions in the script ask for some degree of self-reflection on the part of the client, such as "Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma" (OrgCode 2015, 9). The answers are then translated into a number by the case manager. There is some room for flexibility on how to ask the questions. The section for "Experience of Abuse & Trauma," is somewhat unique in that it is the only one that explicitly

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

Figure 1: Exert from the SPDAT for single adults: "E. Experience of Abuse & Trauma" (OrgCode 2015, 9).

instructs using questions as written and not inquiring for more details so as not to risk re-traumatization (See Figure 1). When trying to be objective about a deeply emotional aspect of someone's life, stories may come through anyway. When doing preliminary research, I followed along with Matt as he did the first half of a SPDAT with an elderly client, which was all they had time for. When this section came up, Matt told the client, "I don't want you to tell stories" because he did not want to re-traumatize, and that all he needed was a 'yes' or a 'no.' This explanation was likely because he knew this client tended to answer each question with either a shrug or a long-winded story. Despite Matt's direction, the client answered by explaining that he and his sister were abused as children, but he did not think it affected his homelessness. He then proceeded to tell Matt how his sister was doing at the time of the visit. Instead of the 'yes' or 'no' that Matt asked for, the client answered in great detail about his family's history of abuse. Matt's deviation from the script was likely from knowing the client well enough to expect something like that.

To some case managers, it is unclear how the SPDAT can and should be used while interacting with clients on a day-to-day basis. Tom saw the SPDAT as a useful tool for gauging what type of help should be prioritized and what could be put on hold. For example, a section that scored a four is something that should be worked on more immediately than a section that scored a two. However, it is worth noting that the SPDAT relies on self-reporting and some degree of self-reflection, in which interpretations and score translations can vary. Additionally, Tom found that some clients learn to understand the SPDAT enough to be able to answer questions in a way to get the score they want. This is reminiscent of Carr's (2016) research where clients of a drug rehabilitation program learned to "flip the script" (81), in which clients were able to answer questions in a way that allowed them to gain more benefits allowing them a greater sense of agency

than what they are generally expected to have. Tom admitted, “I think it's a great tool for us *if* the client's being honest.”

Beth, on the other hand, saw the SPDAT as more of an administrative tool, where “everybody is kind of speaking the same language.” To her, it is more useful as a way to help the organization managers and newly assigned case managers get an understanding of how the client is doing. Otherwise, Beth found that the SPDAT ignores the grey areas in which she works:

> I might say my client doesn't fit into any of your options in multiple categories. But then they're like, no we don't want you to think about [it]. We don't want you to use your judgement. We want you to put them into a category. But I'm like, okay, I guess there is zero then? But actually, they're a four. … In this field, it's all [a] grey area. There needs to be at least some faith in your workers that they can be subjective and still be close enough to be on point, right? … You can't take the human component out of it. (Tom, interview)

Jennifer S. Bowles (2016), who worked as a clinical social worker before becoming an anthropologist, described having to write assessments about her clients as being “obliged to cut up a person, and graph them, now fragments, into paper cells that together formed a map” (61). Similarly, Beth’s ambivalence lies in the way that OrgCode is made to be “objective,” but assigning a number to a complex situation—graphing a person and reducing them to a score—does not, perhaps *cannot*, take into account the human and complicated aspects of people and of the work case managers do.

In addition to the SPDAT, OrgCode has other tools, worksheets, and training catered to the Housing First program that covers things like creating budgets, guest policies for tenants, and crisis planning. Several factors led Beth into the impression that OrgCode did not quite understand what

it was like to work with clients experiencing homelessness and takes out the human elements of actual interactions. She explained,

> When I went to this training also presented by OrgCode, and [the presenter] was talking about … 'You should be doing this, this and this. You have to see them this many times a week. You should be spending this much time for driving,' and I'm like, 'Hi, have you ever been in Ottawa with traffic?' Part of the issue is us navigating traffic and finding parking, getting tickets. 'Cause you're with a client in an appointment, and then the Bylaw comes around and your meter's expired, but are you going to leave the appointment to go move your car or to feed the meter when somebody's disclosing terrible tragic events in their life? No, right? Or you're in a doctor's appointment. You're not going to leave the doctor's appointment. 'Cause then you leave, your client leaves. I don't know. It's just silly. Just a bunch of silliness. (Beth, interview)

Like the SPDAT, the training seemed to have a set system, like an equation for how much time should be spent on each client, without seeming to consider logistical issues such as traffic and parking. It also overlooks the time needed with each client when they divulge information, despite what the script may instruct them. Questions in the SPDAT like, "Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma" (OrgCode 2015, 9) are meant to be answered as a yes or a no, but Beth claimed, "I've never seen somebody answer that question and then not disclose." While these guidelines and tools can be helpful as a "way out of situations with ambiguous answers" (Lester 2019, 286), in practice, they can also get in the way of the logistical and emotional work that makes it more difficult to realistically help their clients. As a result, Beth is ambivalent about how she is able to create the mode of care that is best for her clients.

One of Beth's major problems with the SPDAT speaks to an apprehension towards the way that case managers are left out of certain processes. Discourse in social work with a structural approach argues that organizations should not "determine the professional practice of the professionals they employ" (Wood and Tully 2006, 27), and instead they advocate for the professional as a driver of the services they provide. However, this sentiment that Beth expressed that "we don't want you to use your judgement" signifies a lack of trust in case managers who are otherwise relied on *for* their judgement: for having to interpret client's answers, for having to translate narratives into numbers, for opening a dialogue that can help with their day-to-day job of interacting with clients, for knowing the client well enough to adjust a script, and for the emotional labour of working with a client's trauma. A formulaic SPDAT does not take into consideration that case managers are working with clients that deal with overlooked factors that affect choices for clients, but it also leaves out of the equation the experience, expertise, and perceptions of the case managers, leaving them with less autonomy to help their clients appropriately, and undermines the ethical practices they develop from those experiences.

Despite its uses, unintended or otherwise, Beth did not like using the SPDAT but she depended on it. The feelings she had towards it was difficult to articulate beyond that it is "just a bunch of silliness." Though she felt it a limiting system that is detached from the realities her clients face, it is nevertheless a required part of her job. She is unable to recognize a solution to the problem she experiences because, in order for her clients to access program benefits, she must continue assessing with the SPDAT. Therefore, Beth's ethics of care is one of compromise.

Brownie Points: Ambiguity in Ethical Management

In this final section, I want to return to Sam's brownie points and how he earns favour with his organization despite knowingly breaking certain rules, which I later came to understand how these brownie points can create ambiguity for the purposes of ethical navigation. After visiting Lea and Helen, Sam decided not to go back to the office. He planned to find a coffee shop and catch up on three weeks of paperwork. After every client visit, case managers are required to write up detailed notes about how it went. The more efficient you are, he explained, the more you meet with clients and the more paperwork is required. And since he spent nearly three hours a day with Mike the week before to simply get one client housed, he had a lot of paperwork to catch up on.

In a case conference I attended previously, I got a sense of the difficulties of housing clients who have difficulties in trusting those who help them. Sam talked about a client that made himself a "tortured martyr." This client had a deep-seeded fear of things going too well and that nice things lead to bad things. Everything was lining up to get an apartment that they had been viewing and a form they needed was approved the day they submitted it—a rare occurrence. This only contributed to the client's belief that something was about to go wrong. As a result, Sam had to counsel him for two hours just so he would agree to sign the lease. I do not know if this was Mike, but the way that Sam described the situation, I would not have been surprised. Sam talked about how Mike was convinced that "the system" does not work and Sam had to spend more time with him than he knew he should have, just to show him that it would not be the case for him. This came at the cost: three weeks behind in paperwork and probably neglecting other clients. Sam knew he did not have this much time for only one client, but if the goal is to get people housed, he could not see it any other way. The extra work he spent on other projects like the financial program allowed his managers to overlook certain transgressions like these moments. To break it down:

because of Mike's resistance to being housed, Sam determined that Mike required more time with him. Although this extra work resulted in Mike getting housed, it also meant missing a case conference, which is unambiguously important to his managers. It also resulted in creating more paperwork for himself, which means more time away from other clients and/or more overtime for himself. The brownie points he earned previously—again from unpaid overtime—allowed him some favour from his managers. It gave him some additional space to maneuver so that when he does occasionally miss something important, his managers give him some leeway. Sam creates and navigates this ambiguity that makes more work for himself but also considers the complexity of his clients and uses it as a way to get around the barriers that prevent him from providing better service for his clients.

Mike's case reveals another ambiguity around the way that case managers are expected to work with other participants as much as they are to work with clients. With some exceptions of NGOs that have their own housing units, most apartments that are rented to Housing First clients are all found within the private market. This means they are not only competing with people who have more financial means, but they are also limited at the discretion of landlords, who may or may not be willing to participate. What's more, large property management companies generally do not accept Housing First clients, so most clients are housed by individual landlords who own units without the use of management companies. This means case managers must develop strong relationships with landlords. Sam worked very hard to get Mike housed in a basement unit of an immigrant family, who were renting it out to help pay off their mortgage. He worked closely with this family to ensure them that he was there for them; to support them should any problems arise occur. Only a month or so after Mike moved in, it was evident that he was not progressing as well as he had hoped. He started causing problems and making loud noises. The owners started getting

anxious about having a disruptive tenant in their family home. To Sam, this reveals a broader problem with the program that can lead to a broken relationship between the community as a whole and the population of homeless subjects, as was discussed in the previous chapter.

The responsibility case managers have towards landlords is ambiguous. Sam felt that there was a general attitude among other case managers that was actively in opposition to landlords. The problem for Sam is beyond how case managers are encouraged to side with their clients over landlords, but in a way, they tend to see landlords as the "enemy." He expressed how social workers will often reference a classical Marxist point of view, that because landlords own property, they are capitalists and therefore part of the problem. Sam commented that "maybe it's a big city landlord that owns five properties … but maybe it's a little family that just has to eat the cost of this. That's pretty sad. I feel like our training is very much meant to make us not care about those people." This goes against the idea of an organization based on liberal principles, but it does show the conflict of how people respond to such values.

Consequently, when Mike showed himself to be a troublesome tenant and it came to the point where Mike was no longer welcome, Sam was not sure where his loyalties should lie. On one hand, Sam felt responsible to the family who rented their unit to Mike. He was very conflicted on how to deal with managing the relationship between Mike and his landlords. He even considered giving the family all the paperwork they needed to evict his own client. He wanted to be there for the family as he had promised. But on the other hand, helping them evict Mike completely negates the goals of the program. At risk, was a waste of Sam's time and energy getting Mike housed, the resources of his organization, Mike's well-being, and community goodwill and the concern that Mike would not easily be rehoused, especially in a poor housing market. Sam did not know what to do. At the time we spoke, he was still undecided on what to do. It seemed to me

that as much as he felt he should be accountable to the family, he knew he should make Mike his priority. Navigating ethical practice and deciding on what the right thing to do goes beyond the case manager's client, but also considers what is best for other stakeholders, like the landlord, the organization, and the community as a whole. The ambiguity regarding to whom the case manager is accountable when these conflicts arise reveals limitations in the autonomy of the case manager and results in the case manager having to create ethical practice to navigate these competing demands.

CONCLUSION

The "loophole" fits in with Tom's ethics of care because it allows clients room to grow but creates tension because it also allows room for clients to plateau. The SPDAT does not fit in with Beth's ethics of care because it leaves out the nuance that she requires to truly help her clients, which leads to ambivalence over her ethical practice. Finally, although the Housing First *model* encourages case managers to foster relationships with landlords, according to Sam, this is not the reality. If Sam were to prioritize the client, it means betraying the relationship he built with the family that owned his client's housing. Assisting them in eviction means betraying his client. Either choice left him with a potentially irresolvable ambivalence towards Housing First in practice.

This chapter shows the tensions that emerge when the Housing First model enacted on an individual level conflicts with the most ethical choice for the Housing First client. In some cases, it results in having to break the rules in order for case managers to create an ethical practice. One way to understand this contradiction is to view the social worker alongside the work of activism. Wood and Tully (2006) argue that in a structural approach to social work, there is a "need for role

flexibility" (49). One of these roles is the "advocate," who "seeks to create social justice and protect human rights" (Wood and Tully 2006, 50). Of course, not all social workers or case managers are activists, but there are some resemblances between the two positions. Naisargi N. Dave (2011) argues that activism is an ethical practice in which activists "desire the practice of new freedoms that they can only yet imagine but still strive to enable" (5), calling attention to the need for change, but not necessarily at the point of knowing what that change should be. Sam became a social worker because he wanted to "change the world" and imagines that other social workers have similar reasons for getting into this line of work. Both Sam and Tom built their careers on personal experiences and helping others to overcome what they have been able to overcome themselves. Out of this, they have developed ideas about "what the world *ought* to look like" (Dave 2011, 5), as activists do. Therefore, just like activism, social work is, or at least can take on similar characteristics of an ethical practice. Dave (2011) outlines activism as an ethical practice with three exercises: "the problematization of established social norms, the invention of alternatives to those norms, and the creative practice of these newly invented possibilities" (3). My interlocutors problematize the ways that Housing First is set up when it gets in the way of serving their clients most effectively. This is the most apparent in Sam's case. His ethical practice takes the form of breaking and bending the rules for the purposes of serving his client better. Knowing that his managers frown upon some of his actions, he makes up for it with work that makes him indispensable. This indicates that case managers are not just reproducing a moral code generated by the organizations for which they work. Rather, they are creating something new.

Ambiguity can reveal the flaws of systems or reinforce them (Brković 2017). I have shown how the elements of Housing First that takes out the human component in place of something seemingly objective (as we see with Beth's feelings towards the SPDAT and OrgCode guidance

in general), but also how case manager ambivalence reveals a disruption in the very idea that all Housing First clients are ready to be housed (as we can see with Mike and even with Lea). The way that Sam creates ambiguity with brownie points may make things more complicated, but it also gives him more options to better serve his clients. Beth's ambivalence about using the SPDAT for evaluating the progress of clients (as well as how Namian's (2019) interlocutors accept the SPDAT for intaking new clients so they do not have to be accountable for prioritization) shows how case managers are left out of an integral process of assessing clients, whether or not they want to be a part of it. The program attempts to objectively standardize the needs of people experiencing homelessness to make it easier for case managers in deciding who to prioritize. It allows for everyone to speak the same language, but there is no apparent consequence to not growing or regressing. Ultimately, it leaves less room for maneuvering in ways of helping complex situations. Similarly, brownie points help Sam navigate the ambiguities of ethical choice. However, Dave (2011) argues that "the institutions that activists must engage are not conductive to the cultivation of radical practice" (10), and consequently, even in a setting that is dedicated to transforming the lives of the marginal, they still tend to work within certain political limitations. Therefore, Sam's actions do not work to challenge this system, but instead reinforces these conventions as he is making up for these transgressions with additional work. This creates an ambivalent relationship between Sam and his managers and confuses ethical boundaries.

CONCLUSION

This project began as a question about what a program that promises to solve chronic homelessness looks like in practice. To do that, I worked with several case managers who work directly with clients of this program, listening to their stories and experiences, and how they talk about their clients and the program as a whole. Follow-alongs and sitting in on the weekly meetings allowed me to observe and ask questions about things that I would not have otherwise noticed. This, unfortunately, leaves out the most essential voices of getting a better understanding of how Housing First looks like on the ground level: the clients themselves. The clients of my case managers were adults classified as "single" as one of the populations that the program serves, but this label leaves out much of the nuance of these clients. Additionally, those who the program targets are a heterogeneous group. Other clients to be considered are also Indigenous, youth and families. Other elements that should be considered in future research on this matter are the landlords who own the units where Housing First clients are housed, the community in which they live, and other bureaucratic levels would also be of interest. This would help to get a better understanding of all facets of the program. Still, case managers work at the intersection of a program and the subject in which the program aims to target. They not only are the mediators of the goals of both the program and the clients, but together they create something new. Focusing on case managers allowed me to understand a crucial dimension of understanding how Housing First looks in practice.

I previously mentioned that the Indigenous-run organizations were not included in this study. Working with Indigenous groups requires thoughtful consideration and collaboration that I did not feel I was prepared for. I have very little experience working with Indigenous people or

organizations and I did not feel I was the right person for this type of research at the time. However, given the discrepancy of housing retention rates between Indigenous (54%) and non-Indigenous (78%) populations after six months (McBride, Bartlett, and Page 2017), the lack of Indigenous voices, and experiences of racial barriers, "cultural differences" (Burke 2017c), and intergenerational trauma (Curtis, Awad, and Heatherly 2018) should be recognized as a significant limitation of this project. These considerations require careful attention as a stand-alone project, rather than something lumped into Housing First as a whole.

Housing First shows the problems that develop when interventions tailored to the individual are tasked to solve the systemic problem of homelessness, and the tensions that develop in the process. Each chapter focused on a different tension, revealing how liberal understandings of autonomy, relationships and ethical practices create ambiguity that must be navigated by the case managers. Chapter 1 showed how some forms of autonomy are valued over others. Case managers had to navigate the client's choices, influencing them to push past certain barriers to get to a place of making the choices that are in their own self-interest, attempting to shape clients into people that case managers and others need them to be. Tensions rose when clients did not act in ways that appeared rational, in the liberal sense. Chapter 2 showed how some relationships are valued over others. Case managers had to navigate the social webs of their clients, both helpful and harmful, bringing up questions of care and images of good outcomes. Chapter 3 showed how ethical practices are developed when incompatible goals emerged. Case managers must navigate the tensions that form when what is best for their client conflicts with the standards of the Housing First model or the organization that implements it.

In Housing First, individual choice was both a problem and a solution to chronic homelessness. Because of the barriers that compromise one's capacity to make certain choices,

Housing First attempts to account for such factors, offering clients a safe environment for recovery. Choice is also the solution because clients must choose to recover, for their own benefit and for the benefit of the "affiliated," if they make choices that contribute to "capitalistic measures of worth" (Rothe and Collins 2016, 1). Clients are tasked with making themselves responsible for their actions. Choice is a problem because based on systemic, economic, political, social and biosocial factors, clients do not always make decisions that act in liberal understandings of rationality or their own best interest. Case managers, who are the agents tasked with encouraging clients to make behavioural changes, are, therefore, working in the same liberal understandings that perpetuate homelessness. This reinforces the idea that clients act as individuals making personal choices and devalues the context in which those choices are made.

The problem of homelessness is systemic and must be matched with a systemic intervention. One of the broader issues I have occasionally touched on is housing affordability and availability. In 2017, the Canadian Federal Government launched a National Housing Strategy [NHS] that pledged $15.9 billion towards repairing existing rental units and the construction of new affordable units (Canada 2017). Critics, like University of Ottawa psychology professor Tim Aubry, suggested that the NHS does not do enough or "move fast enough" to make meaningful change (Hoytema 2019). In 2019, the Office of the Parliamentary Budget Officer [PBO] put out a report analyzing the NHS's budgetary commitments, concluding that,

> It is not clear that the National Housing Strategy will reduce the prevalence of housing need relative to 2017 levels. Overall, Canada's National Housing Strategy largely maintains current funding levels for current activities and slightly reduces targeted funding for households in core housing need. (Giroux and Segel-Brown 2019, 1)

In other words, the PBO doubts the efficacy of the NHS to create more affordable housing.

In Ottawa, the waitlist for affordable housing reportedly grew 14.8 percent from 2017 to early 2020 (Osman 2020). In January 2020, in a motion led by City councilor, Catherine McKenney, the City of Ottawa declared housing and homelessness both a "crisis" and an "emergency" (Britneff 2020). Only a few months after this declaration, the COVID-19 pandemic reached Ottawa. Since then, COVID-19 has become a consistent threat to people experiencing homelessness. Not only has it been found that they have a higher death rate than others (McGillivray 2021), but it also threatens to make the condition of homelessness worse through losing access to both formal and informal supports (e.g. breakfast programs in schools; couchsurfing), shelters require more funding and must reduce capacity, and it increases isolation for those who are housed (Kerr 2020). In addition to that, Bill 184 was passed in Ontario in July of 2020, which affordable housing activists argue that it makes it easier for landlords to evict tenants if they are unable to keep up with paying rent (Ruddy 2020; Edwards 2020), thus potentially unhousing more people. Ultimately, COVID-19 has only highlighted what was already recognized: that current systems are ill-equipped to handle a long-term solution for homelessness, but long-term solutions are the only way going forward.

What does the state of the housing crisis and emergency mean for Housing First? What does it mean to have a market-driven model for homelessness in the context of the tightening housing market in the city? Housing First is a market-driven intervention. It is entirely dependent on both the availability and affordability of units, as well as the willingness of landlords to participate and lease their apartments to Housing First clients. My research shows that finding housing units is a tenuous process that is compounded by the competition with non-clients, some who may have the financial means to maintain tenancy and some of who may not experience homelessness but may also have similar financial and supportive needs as Housing First clients.

This model was already set to hit its limits of sustainability before the pandemic. We have seen the effects of gentrification, NIMBYism, and general discrimination towards social housing. We saw this with tent cities in Toronto, Vancouver and San Francisco with an already tight housing stock. COVID-19 has only made these conditions less favourable with increased housing prices and a tighter supply (The Editorial Board 2021). And as housing prices increase, rental demand increases (Bernard 2021). If Housing First is to be a part of the solution to end homelessness, the problem of affordable housing must take priority. If housing is affordable and available, there is less of a risk of clients losing tenancy and rehousing is made much easier. If case managers are truly unconcerned with clients losing tenancy the space allowed for mistakes, relapse, evictions, etc.—something close to Tom's "loophole"—is more feasible. It may open up more room for different points of view that do not conform to liberal understandings of autonomy and rationality, allow for social networks to better support one another, and would mean that there is less of a need to make so-called "rational" decisions. But housing availability is only a basic necessity. Much more is required for meaningful change.

Housing First does little, if anything, to challenge these structural conditions. Although it does attempt to redirect people from shelters and into permanent homes and offer relational support and guidance, it is still a temporary program with finite resources. It does not go far enough, and as it is, it cannot go to the lengths it needs to for each chronic homeless subject to get permanent housing. A solution for chronic homelessness needs to consider the lifetime of the people involved. Nonetheless, inequality cannot be solved with a market-driven solution and a political system that governs people in terms of personal responsibility will never resolve the problem of homelessness.

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