A Complex Exile

Homelessness and Social Exclusion in Canada

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Exploring Exclusion among People Experiencing Homelessness

Walking through the hallway of an emergency shelter one frosty February afternoon in Ottawa, I came across a poster on the noticeboard. In bullet points, it listed questions about issues that residents might be facing: "Were they having trouble sleeping?" "Did they lack motivation?" "Were they irritable?" "If so," the poster read, they "may suffer from depression and should seek an assessment from the visiting psychiatric nurse." This was one of my first visits to a homeless-serving agency, and I was shocked at the medicalized understanding of distress. What I perceived to be rational reactions to the difficult and oftentimes degrading circumstances of being homeless were being reconstructed as sickness. What happens when the only lens we have to look through to examine and react to marginalization – that of individual deficiency – is unable to capture the social context within which pathology, criminalization, and social exclusion are situated? In this book, I engage with this question, uncovering the ways that structural and systemic parameters limit our understanding of experiences of homelessness and reinforce the social exclusion of already vulnerable people. I also examine how people who are homeless take action to navigate this terrain.

Despite decades of advocacy, research, and frontline intervention, Canada's most vulnerable populations have seen little improvement in their collective circumstances. Arguably, things have gotten worse. Homelessness has reached epidemic proportions with almost a quarter of a million people a year finding themselves on the street in Canada (Gaetz et al., 2016).

Involuntary psychiatric hospital admissions increase yearly. Those in contact with police, as well as immigrants, are at greatest risk of homelessness, regardless of other characteristics (Lebenbaum et al., 2018). The remand rate has exploded by 355 percent over the last forty years so that there are more people in provincial jails awaiting trial while legally innocent than those found guilty of committing a crime.[1] Meanwhile, the federal prison population grew by almost 18 percent between 2005 and 2015, with Black and Indigenous prisoners being overrepresented, especially Indigenous and racialized women. A third of Canada's federal prison population is Indigenous, and although Indigenous women make up 5 percent of the national female population, they represent 42 percent of incarcerated women (Office of the Correctional Investigator, 2020). Census data reveals that Indigenous Peoples are among the poorest people in Canada while the wealth gap continues to grow across the country (Yalnizyan, 2010).

Each of these exclusionary statuses share common elements. First, racialized minorities and Indigenous Peoples are vastly overrepresented in virtually every area of social control and marginalization. They are targeted and surveilled by police and child protection agencies and are vastly overrepresented in the homeless population. In the case of Indigenous Peoples, systemic inequity and discrimination are a consequence of historical, intergenerational, and contemporary colonization practices such as those experienced through residential schools; the Sixties Scoop; the disproportionate violence and murder against Indigenous women and girls and systemic racism in the policing and prosecution of such crimes; the Indigenization of Canada's carceral systems; and settler-colonial institutions, policies, and actions both large and small. There is also a long history of Black oppression in Canada that underpins the material and cultural disadvantages Black people currently face. From Canada's historically anti-Black *Immigration Act;* the exploitation of Black temporary workers; the increasingly racialized wealth gap; and discrimination in education, employment, and access to housing and services, to the criminalization of Black bodies, people of colour experience exceptionally high rates of poverty and marginalization because of anti-Black racism that permeates the country (Maynard, 2017).

The disciplinary regimes that construct and perpetuate exclusion do so in some obvious, and some less obvious, ways. It is clear how segregation punishes and harms prisoners who are in distress. It is evident how people living in poverty are reduced to living in ghettoized neighbourhoods. It should be apparent to everyone residing in Canada that all levels of government are violating Indigenous Peoples' human rights in regard to accessing

clean water, standard health care, and basic educational infrastructure. But exclusion is also perpetuated in other, more insidious ways – the person experiencing homelessness[2] who is forbidden from using the coffee shop bathroom; the man on probation whose "red zone" (areas of the city that are restricted as part of a bail or probation order) includes his doctor's office (Sylvestre et al., 2017); the single mother who is penalized for not filling out the social assistance application form correctly. Exclusion works in a variety of ways to differentiate and Other certain kinds of people from the mainstream social body.

Another technique for ensnaring people in a cycle of perpetual exclusion is to pathologize those who face socio-structural oppression and discrimination. Pathologization – treating something as a medical anomaly – dilutes complex historical, cultural, and social conditions in favour of individual deficits to be addressed by targeting personal failings (Rimke, 2016). Pathologization re-narrates people's emotional and behavioural reactions to inequity and disadvantage as being irrational cognitive patterns, uncontrollable mood swings, and a warped sense of self and the world around them. Mental illness diagnoses and the broader mental health system are key tools used to exclude those who react to and/or resist social injustice. Pathologization downplays people's distress[3] by failing to recognize and respond to the trauma that the modern social world creates.

The mad movement – the activist-oriented, user-led successor of the anti-psychiatry movement of the 1960s and '70s (Burstow, 2005) – problematizes distressed people's marginalization and challenges the use of mental illness as a medicalized concept, providing alternative understandings of distress and its treatment, such as advocating for peer-support services. When I began this research project, I immersed myself in the anti-psychiatry and mad movement literatures. Inspired by leading authors in the movement (Burstow, 2004, 2005; Laing, 1960, 1967; McLean, 2000; Sedgwick, 1982; Shimrat, 1997; Szasz, 1974, 1989), I began to think critically about how the mental health system can be used as a tool to exclude those who do not meet dominant conceptions of normality. This literature highlights the ways that psy-disciplines – psychiatry, psychology, and other disciplines related to these areas – use medical discourse to make moral and political judgments. In adopting this critical stance, I do not discount the distress many people experiencing homelessness face; rather, it is a testament to the way socio-structural conditions are rendered invisible by the biomedical model.

With these thoughts in mind, I began my research looking for transgressive acts that defied pathologizing discourses and practices. I was looking

for instances where people experiencing homelessness refused medication, sought alternative modes of recovery, and questioned psy-experts. But as I spent more time in homeless-serving agencies and getting to know people who used homeless-oriented services, it became clear to me that something more complex was going on. I had to be careful not to romanticize all actions that differed from the norm as forms of resistance (Munn & Bruckert, 2010; Pollack, 2005). The people I spent time with who were homeless had a much more variegated relationship with the mental health system, those in positions of power, and their own sense of self than I had anticipated.

Despite the medical paradigm and psy-language (used and promoted by the psy-disciplines) proliferating within the homelessness sector, it became clear to me in my time in these spaces that blatantly coercive governing strategies, such as involuntary psychiatric hospitalization or forced medication compliance, are rarely used. More commonly, popular mental health interventions encourage residents to seek out their own care rather than impose treatment on them. This reality is a more complex and nuanced understanding of the mental health system and its multifarious forms of governance (diagnoses, psychotropic medication, in- and outpatient addiction treatment, case management, group therapy, provisions for basic care [encouraging/forcing hygienic practices], and involuntary hospitalization) than that described by much of the psy-literature and its critics. Diagnoses, treatments, programming, and surveillance that make up mental health practices are complex and introduce questions about how people experiencing homelessness negotiate and reconcile with the mental health system, its manifest and latent objectives, and how the system acts to regulate and manage those deemed "abnormal." In my search for answers to these questions, I came to uncover how those experiencing homelessness make sense of their mental health identity and the spaces and institutions that they frequent. I also uncovered how the mental health system can have the unintended effect of reinforcing, rather than ameliorating, social exclusion for those already marginalized.

The Project

The findings presented in this book are based on my years of immersion in spaces frequented by and among people experiencing homelessness in Ottawa, Canada. The research uses a combined social-constructionist and symbolic-interactionist paradigm that provides a critical orientation to deconstruct discourses, so as to reveal the power relations that produce

them (Rose, 1998). Social constructionism views knowledge as being mediated by social, cultural, and temporal conditions. Truth claims are not rooted in a particular reality but are social processes situated within power imbalances that afford some knowledge dominance over others. Symbolic interactionism studies how people make meaning of their lives based on social interaction. Meaning-making is a social, cultural, and political process rooted in connections between people and between people and institutions (Becker, 1963; Blumer, 1969). Combining social constructionism and symbolic interactionism allows epistemological questions on the nature of homelessness and mental illness and their governance to be formed in and through an investigation of the day-to-day lives of the research participants (Hacking, 2004). I chose the methods used in this study – interviews, participant observation, and a focus group – to seek out subjugated knowledges and privilege the experiences and world views of people who are homeless. The methodological framework provides an opportunity to reveal the connections between individual experiences of marginalization and the broader social forces that impact those lived realities.

Before conducting this research, I was very much an outsider to the homeless population in Ottawa (Adler & Adler, 1987; Kaler & Beres, 2010) and continue to be in some important ways, having never experienced homelessness or institutionalization myself. In the year leading up to data collection, I volunteered in two of Ottawa's homeless shelters and one church-based soup kitchen. I took on a number of roles by serving meals in all three locations, by participating in evening socials and activity nights, and by simply spending time in the common areas of the shelters and church. I attended special events such as Christmas parties, summer barbecues, and music nights. I was often seen around the halls of these organizations four to five days a week. It took a long time to gain respect and build trust and rapport with people experiencing homelessness. There is a high turnover rate for volunteers and staff alike in homeless-serving organizations, with many people volunteering only until they reach their required number of community service hours. Similarly, those who are applying to various police forces may only volunteer during the active recruitment phase. I was able to distinguish myself from these volunteers primarily by remaining in the field for longer than a few months. But it also became apparent that I was genuinely interested in getting to know the people in the community and had frequent, candid conversations about the nature of volunteering and the paternalistic attitude some volunteers project in their attempt to "do good."[4] Indeed, the acceptance I felt in the community came from G.,

a soft-spoken man with whom I had always been friendly but had not had long interactions. He caught me by surprise one day when he brought me a poem he had written and framed. The poem was a beautiful rhyme about the time I spent in the shelter, with the last lines reading: "For to listen much more than to read / From a heart who believes in its cause."

Most of my encounters with people using these spaces were casual. We chatted about sports, the weather, and current events. Some interactions were especially meaningful: I did the crossword with Seamus every Friday for two years; William tried (in vain) to teach me how to paint; Jasmyn kept me company while I did dishes as she talked about her struggles with religion and men. After some time spent bearing witness to the lives of the people around me (Caron, 2014) and simply being in the community, it became evident to myself and to others that I had "taken a side" (Becker, 1967). As a result, I deepened my resolve for social justice with respect to homelessness and, over time, I transitioned from being a "peripheral member researcher" to an "active member researcher" (Adler & Adler, 1987). I have gained "acceptable incompetent" status (Lofland et al., 2006), where I am generally forgiven for not knowing certain terms and references, and people are willing to teach me rather than dismiss me as an ignorant stranger.

After a year spent getting to know the landscape of homelessness in Ottawa, I received ethics approval from the Research Ethics Board of the University of Ottawa and began data collection in two emergency shelters. The Board approved all three of my methods, and I adhered to all of the appropriate recruitment and consent protocols necessary for conducting research with marginalized groups.

Crossroads[5] is a large men's emergency shelter with over two hundred beds and many social, housing, and health services. Residents can spend time in the main lobby and lounge and have access to the dining room, staff offices, and services at various points during the day. Besides regularly being over capacity, Crossroads provides services for many people who stay at other shelters or who are precariously housed, making it an important hub for the homeless population. The second shelter, Haven, contains separate women's and men's shelters within the same overall building as well as several supportive housing developments. I spent my time in the women's section of the shelter. Haven also has just over two hundred beds and provides specialized services for those who are most deeply entrenched in street life, using a harm-reduction philosophy whereby strategies and programs seek to minimize the health risks and social harms of particular behaviours (i.e., drug use, sex work, etc.) rather than expect abstinence. Because of its

harm-reduction orientation, Haven has a reputation for being rougher and more insecure than some of the other shelters in the city but is also a place with fewer barriers to service where people can stay when they are not welcome elsewhere. The core of both shelters are the frontline offices, where staff sit behind glass walls so they can watch CCTV footage of almost every corner of the buildings. Both shelters are highly regulated spaces with lots of staff presence during the day (much less so in the evening hours) and where safety and security are prioritized.

Between my time spent at Crossroads and Haven, I conducted 296 hours of participant observation, taking field notes after each volunteer shift. Field notes were a rich source of data and a way for me to reflect on my position within the field, as I often included my own thoughts, emotions, and concerns (Hannem, 2014). Conducting participant observation allowed me to witness how the agencies and actors involved in mental health care and the homelessness sector engage with residents and service users. It also provided me with insider knowledge about how the shelters function, the routines and rules of shelter residents, and how individuals experiencing homelessness form and maintain relationships between themselves, staff, and other members of the homeless population.

I conducted forty-four interviews with men and women experiencing homelessness, thirty-eight of which were used in the research.[6] Overall, I spoke with a relatively diverse subset of the homeless population in Ottawa, providing a variety of responses and perspectives. Further demographic information is listed in Table 1.

TABLE 1

Interview demographics

Demographic	Result	
Average age	37	
Gender	71% men	28% women
Race	73% white	16% Indigenous
	8% Black	
Sexual orientation	75% straight	25% LGBTQ2S+
Identified mental illness	84%	
Taken psychotropic medication	73%	
Identified addiction	89%	
Interaction with the criminal justice system	79%	

I recruited interview participants first through a poster put up in the shelters and later through snowball sampling as a result of my initial recruitment efforts. I conducted interviews in locations that were comfortable for participants, such as a private room in the shelter, on a park bench, or at a coffee shop. Interview participants received $25 remuneration in advance of the interview that had no bearing on the quality of their responses or their willingness to complete the interview. The semi-structured interviews lasted an average of forty-five minutes, with some lasting over two hours, and were digitally recorded with participant permission. The interviews focused on participants' experiences of homelessness; health and mental well-being; using the mental health system, including taking/refusing psychotropic medication and programming; how their status as homeless impacts their mental health; and thoughts on treatment.

Finally, I conducted a focus group with professionals and para-professionals who work in the homelessness sector. Professionals are people with education and qualifications from formalized programs and are usually backed by a professional association (e.g., the Canadian Medical Association). Often professionals have decision-making authority. Para-professionals are those who work in the field but do not have these kinds of official credentials. Para-professionals may work on the front line and organize and run programming. The focus group was made up of five key informants ranging from community service providers to individuals involved in shelter management. I used the focus group to gain information on how mental health is managed in shelters and in the community, as well as the most common mental health diagnoses and medications prescribed, and to discuss the range of mental health services offered to people experiencing homelessness. In this way, the focus group supplemented and contextualized the narratives provided by those experiencing homelessness; it did not test the truth claims made in the interviews. Following data collection, I conducted one additional interview with a mental health nurse as a "member checking" interview (Fontana & Frey, 2000) to receive clarification on some of the lingering questions I had after the interviews were complete.

Once I reached theoretical saturation[7] I left the field to the extent that I no longer collected data but I continued to volunteer at both shelters for another eight months and remained a volunteer at one of the shelters for several years. I conducted a critical discourse analysis that allowed me to situate individual narratives within broader systematic and institutional power relations. Critical discourse analysis uses texts (including individual narratives) to bring to light ideological formations as they exist within

dominant social structures. Critical discourse analysis distinguishes itself from other practices, such as content analysis, by making explicit the power dynamics at play in the texts (Fairclough, 1985; van Dijk, 1993), thus fitting well within the social constructionist framework. Grounded in the participants' voices, the research explicates how people experiencing homelessness use mental health resources and other techniques to manage their status as always-already excluded.

The Argument

In this book I make two interrelated arguments. Both address how various systems manage homelessness and govern the homeless population, and the unintended consequences of maintaining the status quo. The first argument is that over the past thirty years, Canada's emergency response to the growing homelessness crisis from all levels of government created a homelessness industrial complex that individualizes the causes and experiences of homelessness and has the effect of perpetuating social exclusion. The second argument is that, given the realities of this social exclusion, many people experiencing homelessness vie for "redeemable" status, one that carries opportunities and obligations, but which remains entrenched within exclusionary discourses.

The Homelessness Industrial Complex

I use the term *homelessness industrial complex* to describe a series of sectors, institutions, public systems, community organizations, policies, practices, and funding structures designed to manage and maintain, rather than end, homelessness. I derive this concept from the "non-profit industrial complex," defined as: "A set of symbiotic relationships that link together political and financial technologies of state and owning class control with surveillance over public political intercourse" (Rodríguez, 2007, p. 21). The non-profit industrial complex points to the ways that state governance techniques and funding models constrain agencies and groups into narrow, program-specific categories that breed competitiveness and inflexibility in an effort to ensure organizational viability. These restrictions have the effect of silencing advocacy related to broader social questions, even though staff are often keenly aware of the structural issues at play in the lives of the people they serve. In so doing, the non-profit industrial complex absorbs and transforms activism into social services that at best work to reform, rather than dismantle, institutional and social arrangements (Rodríguez, 2007; Smith,

2007; Wilson Gilmore, 2007). This is obvious in the case of the "prison industrial complex," a related concept describing the business of prisons and the ways private corporations profit off the maintenance and expansion of the carceral population (Davis, 1998). Numerous studies reveal that while service providers working with criminalized people find creative ways to offer support, in many cases their work bolsters the criminal justice system and its underlying inequalities (Quirouette, 2018; Tomczak & Thompson, 2019). For example, Dobchuk-Land (2017) reveals that community-based policing initiatives are rooted in managing the urban Indigenous population in Winnipeg, rather than revitalizing that community. In the homelessness sector specifically, funding constraints encourage service providers to engage in advocacy, but in ways that align with government departmental interests (Mosley, 2012). As a concept, the homelessness industrial complex allows us to pay attention to the unique ways homeless-serving agencies are bureaucratized and how responsibility is downloaded by the state onto the homelessness sector to "do something" about homelessness. "Doing something" is often conceived by local politicians and the public as rendering homelessness less visible to the housed public.

It is not easy to unravel the concept of the homelessness industrial complex. It points to the ways that many well-intentioned, compassionate, and vocal supporters of those who are homeless, myself included, work within structures, systems, institutions, programs, and policies that are sustainable only as long as homelessness and/or the ongoing marginalization of people living precariously is maintained. Funding parameters, evaluation strategies, political buy-in, and marketable fundraising campaigns limit the kinds of narratives that the sector can use and the services they can offer, regardless of how much people working within this complex seek to make a difference for the homeless population.

The homelessness industrial complex relies on the pathologization of homelessness as a key strategy to manage what are positioned as personal and individual failings. The structural roots of homelessness – poverty, capitalism, colonialism, racism, sexism, and other forms of discrimination – are ignored or left at the periphery, while the industry builds its knowledge and capacity around managing the individual. The mental health system acts as a cornerstone for this work. Along with, and often connected to, calls for access to affordable housing, providing mental health care (usually limited to psychotropic medication) is positioned as *the* solution to the homelessness problem. This is not to say that people experiencing homelessness may not benefit from mental health care; rather, I argue that it is a problem to

situate the mental health system as a panacea for the homelessness crisis. Throughout this book, I articulate the ways that these individualizing modes of governance operating within the homelessness industrial complex can actually reinforce social exclusion and contribute to the ongoing marginalization of people who have experienced homelessness. They have the effect of limiting our gaze to what is wrong with the person, rather than allowing us to look at how social, economic, and cultural structures are designed to create permanent precarity and instability.

Redeemability

My second argument is that people experiencing homelessness manage social exclusion in unique ways, including through their interactions with the mental health system. With minimal social and financial capital, those experiencing homelessness seek out, accept, or resist mentally ill identities and treatments in ways that impact their level of autonomy and access to interventions of their choosing. I situate this argument within the dialectics of exclusion (Young, 1999) that analyze the processes of accentuating marginality and difference so as to create and amplify Otherness. As described in detail below, scholars such as Bauman, Castel, Rose, Spitzer, and Young have sought to position exclusion along a continuum. Adopting this framework, this book traces the varying degrees of exclusion experienced by people who are homeless and the ways that certain kinds of exclusion are deemed preferable to others. Expanding from Rose's (2000) conceptual tools, I use the term *redeemability* as a status and identity marker that many people who are homeless strive to achieve. Redeemability connotes a level of accountability and willingness to adopt the values, norms, and behaviours that are promoted by the mental health, addiction, and homeless-serving sectors, while continuing to face social exclusion in a variety of ways. Having redeemable status in the eyes of psy-professionals and service providers, as well as their peers and themselves, means that people are deemed worthy of privileges and resources offered by homeless-serving agencies. Providers of those services have a mandate to support people to become members of included society – defined loosely as the mainstream world of housed people (where wealthy, white, cis, heteronormative, able-bodied men dominate), who are not asked to move along when standing on the sidewalk, who are not stopped by police for being intoxicated in public, and whose daily schedules are not dictated by social services.

It is worth noting at this point that exclusion (and inclusion) is not static, either as a concept or in its lived experience. Exclusion and inclusion vary

depending on the spaces and communities someone moves within, the layers of privilege or oppression someone embodies, and the appetite for social and cultural diversity that exists in a particular neighbourhood or state. People experiencing homelessness, while physically and symbolically excluded in many ways, shift between varying degrees of inclusion and exclusion. There is rarely a fixed moment when someone becomes officially "included." For example, in their attempt to create a definition of what amounts to an "end" to homelessness in a given city, Turner et al. (2017) revealed that some people who exit shelters and secure housing continue to identify as homeless given the precarity of their living situation, continued impoverishment, and social isolation. Conversely, many people experiencing homelessness feel included in important ways, through formal employment (i.e., with day-labour contracts or jobs in construction, restaurants, etc.) or informal employment (i.e., drug dealing, sex work, etc.), and many, although not all, have at least one significant and meaningful relationship to a parent, sibling, or children, despite living on the margins.

Redeemability, then, points to the variations along the inclusion-exclusion continuum, in particular to the possibility of achieving a high level of integration within otherwise exclusionary institutions, systems, communities, and relationships. Redeemability highlights the tactics people use to navigate the homelessness industrial complex and the ways autonomy and freedom intersect with disciplinary technologies so that people experiencing homelessness are positioned as responsible for managing their trajectory along the continuum.

Key Messages

These arguments embody two overarching messages that I wish to communicate through this book. The first is that social exclusion, in all its iterations, has a profoundly negative effect on a person's housing, homelessness, and well-being. While rooflessness is undoubtedly the primary concern with regard to homelessness, there are subtle forms of exclusion that have grave consequences for someone's sense of self and material conditions. Without broader social inclusion and belonging, many people who have experienced homelessness will continue to face seemingly insurmountable barriers to a sense of true inclusion. The result can be a deep sense of hopelessness that stifles personal resiliency, creates the feeling that inclusion is impossible to attain, and makes striving for redeemability (and submitting to the necessary governing techniques to achieve that status) appear to be the only viable solution to surviving homelessness. This sense of hopelessness, a lack

of social support and access to services, and struggles with distress make maintaining permanent housing exceptionally difficult, resulting in cycles in and out of homelessness.

The second objective of this book is to take the position that we must permanently change the way we respond to homelessness. Focusing primarily on individual deficits limits innovation and radical social transformation. While substantial structural change seems too utopian or "pie in the sky" for many, failing to recognize and address systemic drivers of homelessness inevitably leaves individual factors as the only explanatory tool for homelessness as a social phenomenon. These individualized responses responsibilize people for their homelessness and often provide narrow mechanisms for addressing personal faults (especially using the mental health system) with little to no room for autonomy, choice, or alternative conceptualizations of what it means to be homeless, mentally ill, disabled, addicted, etc. This book draws attention to the ways that collective responses to homelessness must be rooted in structural understandings of homelessness and that these structural underpinnings perpetuate exclusion and undermine efforts to reduce homelessness.

Framing Homelessness

Freedom

The historical and cultural moment in which one lives moulds how we move about the world, determines who constrains us and how, and shapes the relationships between the state, community, and private citizens. Here I am referring to governmentality, a Foucauldian term that studies how government is practised – that is, who can govern, what governing looks like, who or what is being governed, and how we govern ourselves (Dean, 1996; Gordon, 1991). Governmentality scholars examine "regimes of truth" – knowledge creation that frames the way we think about a subject (Garland, 1990). For example, homelessness and the policies, institutions, and services created to respond to it act as a kind of regime of truth. Homelessness is defined and constituted by various discourses related to property ownership, economic forces, houselessness as an identity marker, and cultural stigma. Homelessness is generally believed to be a *true* concept and state of being that calls for particular actions based on this truth – individualized, short-term, and historically dehumanizing responses built within the pre-existing capitalist market. Governmentality studies parse out how regimes of truth make up the discourses and techniques that shape the way we act on ourselves.

Foucault (1991) reminds us that power is not a possession; power moves through and around us, between state actors, professional experts, cultural icons, families, and ourselves. Modern power relations are made up of networks of actors who share (or translate) information, ideas, and values across sites and work to convince us to adopt social norms and govern ourselves, rather than force us to act a certain way through the threat of punishment (Garland, 1997; Miller & Rose, 2008). Individual subjects develop and maintain power relations by embracing discourses and technologies that shape our world views, moral compasses, behaviours, and interactions with others (Nettleton, 1997).

Autonomy – the ability to govern oneself without external constraint, domination, or coercion – is at the heart of self-governing technologies (Reindal, 1999). Despite its connotation with uninhibitedness, autonomy is laden with power dynamics that we exercise on ourselves and others. We are governed through our freedom. Rose (1999) is clear that this does not mean that freedom isn't *real* but that the notion of freedom is historically, culturally, and socially constituted and is given meaning through the techniques and practices we attach to it. Freedom does not simply remove constraints in a passive sense; it requires us to act (Dumm, 1996). We are expected to adopt technologies of the self to assess, work on, and control ourselves. This can mean anything from making litterless lunches to watching motivational TED talks, counting our steps each day, going on a yoga retreat, seeing a therapist, or taking psychotropic medication. Individuals must develop a relationship with the self to gain authority over their desires, impulses, behaviours, and cognitive patterns. To be free means to judge and act on ourselves to facilitate improvement. Freedom comes with obligations to conduct ourselves rationally and accept personal responsibility for all facets of our lives (Rose, 1999). As I describe throughout this book, a common narrative among individuals participating in self-help programs is one of accepting complete personal blame for their social circumstances. In these stories, personal power is seen as the primary mechanism for escaping homelessness, and referencing past victimization or social inequity is understood as an unhealthy avoidance strategy. Freedom, then, is a mixed blessing – the freedom to choose who you want to be is accompanied by the responsibility to choose correctly (Bauman, 1988). Failure to live up to the obligations of freedom, and to do so in a socially acceptable way, leads to a loss of that freedom. This is especially the case when self-responsibilization strategies are thrust on populations that have few resources that would enable them to live up to

normative ideals. There, the distinction between freedom and coercion becomes blurred.

An analysis of practices of freedom would be incomplete without looking at the other side of the coin – disciplinary strategies. Discipline is a method of control targeting the body, mind, and behaviours in subtle ways, by manipulating time and space, and most importantly, creating the docile body that is observable, malleable, and transformable (Foucault, 1977). The bodies of those experiencing homelessness are rendered docile, for example, through anti-poverty legislation that criminalizes sleeping in public, panhandling, loitering, or causing a disturbance (Sylvestre, 2010a). Disciplinary forces are omnipresent for marginalized people who are assumed to be unable to self-govern (this lack of responsibility is unfairly thought to be the cause of their homelessness). The homelessness industrial complex is designed as a disciplinary space both for the sake of physical safety and security (Ranasinghe, 2017) and to provide structures and routines that are meant to act as building blocks for successful independent living, despite imposing limitations on residents' decision-making capacities. Disciplinary strategies are successful when those being surveilled and managed internalize a dominant society's values and act on themselves accordingly, as well as disseminating the values in the community.

Governing technologies can rely on disciplinary and self-governance elements simultaneously. Initiatives, policies, and interventions used to manage those experiencing homelessness are based on the idea that people who are homeless cannot adequately govern themselves (often because they do not have the financial and social resources to do so and because they face widespread discrimination and oppression) and so require discipline until such time as they are deemed capable of self-governance. We must keep in mind that institutional practices and techniques to assess someone's ability or potential to self-govern often exist within and reinforce class-based, racial, gendered, colonial, heteronormative, and ableist divisions (Chan et al., 2005; Jiwani, 2001; Razack, 2015).[8] Marginalized people are held to the same standards of self-actualization and self-improvement as those who are more privileged but they are meant to achieve these goals differently and with different degrees of freedom (Castel, 1988). As explored in detail in Chapter 6, the "good" neoliberal citizen exerts their individual freedom by purchasing advice, expertise, and goods from whomever they wish. For those who do not have the means to act as a consumer, disciplinary regimes impose authority figures (i.e., case manager, counsellor, probation officer, etc.) and programs on them. Their inability to participate in the consumerist

project suggests a need for an external figure to make decisions for them until they are ready to handle the obligations of freedom (Rose, 1996, 1999). Many people, including those experiencing homelessness and those labelled mentally ill, are restricted from the "regime of choice" regarding which sorts of programs and experts they want to engage with or avoid. In the section that follows I consider how people experiencing homelessness navigate the mental health system given their constrained freedom, often by positioning themselves as redeemable along the continuum of exclusion.

Exclusion

People experiencing homelessness have faced exclusion throughout history, from the maligned vagabond to disdained skid row inhabitants. However, the conditions of exclusion contain unique features in the late-modern, neo-liberal regime, where those experiencing homelessness are expected to take responsibility for, and use self-governing practices to improve their economic and social status. Young (1999) argues that people who are excluded are trapped in a series of circumstances that leave them in a state of desperation, and as I will argue throughout the book, hopelessness. Young describes the contemporary paradigm where excluded persons are regarded as complicit in their own exclusion: a corollary to the expectation that individuals should engage in their own governance. Many individuals internalize the rejection and dehumanization they experience, which can lead to them embodying the social processes of exclusion and excluding others in similarly marginal positions, creating further divisions. Through gentrification, policing practices, and defensive architecture,[9] public spaces are increasingly denied to those experiencing homelessness (Hermer & Mosher, 2002) so that many refrain from visiting shopping malls, busy urban streets, and public parks to avoid visible rejection, thus pre-emptively excluding themselves from these public spaces. This is part of the larger responsibilization project that will be described throughout this book, most notably in Chapter 5.

While it is undeniable that people experiencing homelessness face corporeal, social, spatial, and economic exclusion, the inclusion/exclusion binary represents a false dichotomy and fails to capture the material experiences of many marginalized people who find themselves included and excluded in various ways. I am especially reluctant to designate those experiencing homelessness as occupying a singularly excluded existence since they are already stereotyped within numerous unrealistic and harmful dichotomies: sane/insane, rational/irrational, good/bad, and productive/unproductive,

among others. Powerful institutions and actors, such as the criminal justice system, adopt these classifications and further exclude already marginalized populations and so we must interrogate how the dichotomies advance institutional and state objectives. The notion of redeemability allows us to pay attention to the varied ways people experience, lean into, and/or reject exclusionary discourses and practices in any given time, location, or social context.

Thinking about exclusion along a continuum captures how exclusionary and inclusionary practices play out for people experiencing homelessness. Rather than seeing it as a process of strictly inclusion or exclusion, Young (1999) describes modern exclusion as a "sifting process" (p. 65), where people gradually experience more severe modes of exclusion (from eligibility criteria that prevent enrolment in a private school down to criminal record checks that deny access to housing) as they move toward what he terms "the underclass." As I explore various ways of conceptualizing exclusion, we must keep in mind that these are symbolic categorizations that do not necessarily reflect personal experiences; rather, they are designated onto people by those in positions of power and privilege. Those experiencing homelessness are sometimes characterized in the literature as the underclass, or "anti-citizens":

> Outside the communities of inclusion exists an array of micro-sectors, micro-cultures of non-citizens, failed citizens, anti-citizens, consisting of those who are unable or unwilling to enterprise their lives or manage their own risk, incapable of exercising responsible self-government, attached either to no moral community or to a community of anti-morality. (Rose, 1999, p. 259)

Rose describes anti-citizens as a group of long-term welfare recipients, street criminals, alcoholics, drug dealers, single mothers, and deinstitutionalized psychiatric patients. Rose and others (Huey, 2012; Young, 1999) specifically list the drug user, the criminal, and the homeless person as typifying those living "outside of society." I would add that many of those identified as mentally ill are also often subsumed in this marginalized category. Simply being without an address hinders numerous inclusionary activities, such as applying for jobs, spending time with family and friends, and engaging in self-chosen leisure activities. Moreover, interconnected institutional practices, policies, and resources reproduce social relations that exclude people experiencing homelessness across institutions and spaces. For example,

over-policing already ghettoized neighbourhoods reinforces the stereotype that those living in poverty (disproportionately people of colour and Indigenous Peoples) engage in more criminal activity than those living in neighbourhoods without heavy surveillance (Nichols & Braimoh, 2018). Exclusion exists structurally and at the personal level and is a process that distances people from positive social encounters and relationships, culminating in feelings and experiences that dehumanize, degrade, and deny active participation in social life (Silver & Miller, 2002).

It is clear that social exclusion – its practices, strategies, material experiences, and consequences – is not homogenous; thinking of exclusion simply as the end point of a continuum does not get us very far toward understanding the experience of exclusion. Spitzer (1975) famously coined the terms "social junk" and "social dynamite" to distinguish between the statuses ascribed to people on the basis of their perceived level of threat. Social junk is defined

> from the point of view of the dominant class, [as] a costly yet relatively harmless burden to society. The discreditability of social junk resides in the failure, inability or refusal of this group to participate in the roles supportive of capitalist society. Social junk is most likely to come to official attention when informal resources have been exhausted or when the magnitude of the problem becomes significant enough to create a basis for "public concern." Since the threat presented by social junk is passive, growing out of its inability to compete and its withdrawal from the prevailing social order, controls are usually designed to regulate and contain rather than eliminate and suppress the problem. (Spitzer, 1975, p. 645)

Many members of the homeless population fall into the social junk category from the point of view of society's dominant classes. This is particularly true of older homeless adults, people with disabilities, and many of those who are taken up by the mental health system. Yet, as others have noted (Elbogen & Johnson, 2009), those experiencing homelessness and those identified as mentally ill are often considered to be volatile and threatening and thus not nearly as benign as the social junk category suggests. Those who perceive these groups as a threat would perhaps find the social dynamite designation more fitting:

> The essential quality of deviance managed as social dynamite is its potential
> actively to call into question established relationships, especially relations

of production and domination. Generally, therefore, social dynamite tends to be more youthful, alienated and politically volatile than social junk. The control of social dynamite is usually premised on an assumption that the problem is acute in nature, requiring a rapid and focused expenditure of control resources. This is in contrast to the handling of social junk frequently based on a belief that the problem is chronic and best controlled through broad reactive, rather than intensive and selective measures. Correspondingly, social dynamite is normally processed through the legal system with its capacity for active intervention, while social junk is frequently (but not always) administered by the agencies and agents of the therapeutic and welfare state. (Spitzer, 1975, pp. 645–646)

The social dynamite category is closely connected with the disciplinary tools commonly used on those experiencing homelessness and in distress, particularly the heavy reliance on the criminal justice system as a technique of exclusion. However, social dynamite refers to an acute state of risk more than one of chronic exclusion. Spitzer (1975) suggests that a population can be dealt with alternatively as social junk *or* social dynamite, or as both simultaneously. The combination of the two is expressed through the myriad of social control strategies used on the homeless population and those identified as mentally ill; however, Spitzer stops short of explaining how the two ascribed identities coexist. The coalescence of disciplinary schemes and techniques of the self is pivotal to understanding how individuals experiencing homelessness negotiate the mental health system and their sense of self, and position themselves in the homelessness industrial complex.

Other scholars use models similar to Spitzer's to describe variations in social control strategies. I am influenced by the model formulated by Rose (2000) for theorizing redeemability in this book. Rose distinguishes the ways people deemed "anti-citizens" by those in positions of power are managed based on distinctions made between those who are considered "redeemable" and those who are considered "impossible." He defines the irredeemable or "monstrous" individuals as those who lack any civility and who are made out to be permanently fragmented. They are the anti-social, the predator, and the paedophile. Criminologists have used similar terms such as "unempowerable" (Hannah-Moffat, 2000a, 2000b) and "unsalveagable" (Desjarlais, 1997) to describe the level of exclusion facing women prisoners, for example. Control strategies for this population follow an actuarial risk management logic focused on containing future harm rather than rehabilitation. Most of the research participants in this study would

not be identified as the heinous criminals Rose describes, although many of them have been incarcerated in jails, prisons,[10] and psychiatric institutions at some point in their lives. The majority of those who cycle in and out of correctional facilities and homeless shelters are not likely considered high risk and are rarely under continuous state surveillance, but they do face other, less formal modes of risk assessment, regulation, and what I call *surveillance at a distance* from social services (Moore, 2011; Quirouette, 2016). Given the high rates of people experiencing homelessness who have been arrested or incarcerated (John Howard Society of Toronto, 2010; To et al., 2016), most people making up the homeless population in Canada could be described as the "semi-permanent quasi-criminal population" (Rose, 2000, p. 336) who are not impossible, but who find themselves caught up in a series of ad hoc techniques of social control. The *redeemable,* then, are those excluded people who are expected to take responsibility for their behaviours and engage in self-governance rather than rely on external modes of surveillance. Recognizing the excluded population as existing along a continuum of redeemability nuances how exclusionary practices play out and makes sense of competing actuarial and welfare-based strategies that coexist as part of the broader schemes for governing marginalized people. The excluded meet with both inclusionary and exclusionary practices, negotiating with these strategies to mediate their status along the continuum that stretches from being fully redeemed and included to complete irredeemability.

I have made the case that exclusion is not a static identity marker and that people experiencing homelessness will encounter various kinds of governing strategies that have the effect of moving them along the inclusion-exclusion continuum. Given the heterogeneity of the homeless population, it is inaccurate to pinpoint people experiencing homelessness as strictly excluded or "irredeemable" but so too would it be a disservice to the challenges and barriers they face not to address the ways governing technologies perpetuate exclusion and marginalization. Throughout my time in the shelters, it became clear to me that there are a range of strategies, tools, and techniques used to manage people who are homeless, many of which are cemented in the idea of moving people toward an included status.

At the Intersection of Inclusion and Exclusion
Although all signs suggest that those experiencing homelessness are positioned as an excluded group, we still find examples of inclusionary governance. I argue that not only can inclusionary strategies lead to further

exclusion, as witnessed for example in Canada's drug treatment courts (Moore & Hirai, 2014), but also that exclusionary strategies can create micro-sites of inclusion where marginalized groups form a unique sense of community. The promise of inclusion rests on individualized understandings of, and responses to, marginalization. This often means minimizing or outright rejecting historical, socio-structural, and economic factors that perpetuate poverty, colonization, racism, sexism, ableism, heterosexism, transphobia, and other forms of discrimination. These strategies encourage people to come to terms with their own oppression and manage it as best they can rather than resist or denounce structural inequity (Goddard & Myers, 2017). Lauren Berlant's (2011) notion of "cruel optimism" is a useful explanatory tool here. Cruel optimism occurs "when the object that draws your attachment actively impedes the aim that brought you to it initially" (p. 1). Inclusionary techniques require that the excluded group buy into the norms, habits, values, and ways of being of the included social world without the means to live up to these standards.

The act of internalizing inclusive discourses and practices while experiencing homelessness often serves to reinforce an excluded status. As described throughout the book, people experiencing homelessness are expected to maintain a strict schedule, manage complicated and inconsistent bureaucratic regulations, deal with the threat of violence and victimization calmly, participate enthusiastically in programming, and maintain a positive attitude, all while experiencing the degrading and dehumanizing conditions of homelessness. The very nature of their exclusion, typically stemming from a lack of financial resources and social ties, further entrenches their marginalized status when they are unable to live up to the standards for inclusion. Not only this, but embracing these technologies, for example self-help programs, education and work placement opportunities, and goal-oriented leisure activities (such as running or cooking groups), creates the appearance that they agree with the premise of these programs – namely the individualization and depoliticization of their exclusion. In Ahmed's (2012) analysis of inclusion, she argues that people seeking inclusion become subjects who must abide by the terms of that status. In this case many people experiencing homelessness internalize the values perpetuated by mainstream society and see their failure to become included as a personal failing rather than the result of structural barriers. If social inclusion fails, as it all too often does, these programs have the effect of permanently attaching individuals to the excluded circuit and in turn making their status as redeem*able* a permanent fixture rather than a transitive state.

The reality that relatively few people deeply entrenched in homelessness become members of included society begs the question of why so many people experiencing homelessness embrace inclusionary tactics. I offer two possibilities for why marginalized individuals voluntarily participate in inclusionary technologies that are organized by community-based organizations (besides when they are mandated to do so by bail conditions, probation orders, or shelter regulations). I suggest that the notion of hope and the desire to be the *included among the excluded* work in tandem with other potential factors (such as alleviating boredom) to explain why many excluded individuals embrace the unsubstantiated promises of inclusion.

Hope

Rose (2007) defines hope as part of the broader risk management project that seeks to manipulate the present in order to achieve a desirable future: "In a world imbued with a drive to master the future and still clinging to an ambivalent belief in progress, hope draws our gaze to a horizon on which things are imagined that we expect with desire, or desire with expectation" (p. 135). Hope is more than a subjective feeling; it plays an important role in shaping our choices and behaviours. While homeless shelters are thought of as spaces of hopelessness (Huey, 2012; Huff, 2008), inclusive strategies invite excluded people to reframe their futures by changing their present thoughts and behaviours. Regardless of housing status, hope provides people with a sense of purpose and the energy to pursue big goals. For people experiencing homelessness specifically, hope provides a framework to cope with the challenges of navigating complex social systems as well as hostility and dehumanization. Hope acts as a catalyst for individuals to make sense of, and see potential in, their futures. This is realized through ambitions to complete school, find well-paying and meaningful employment, and achieve the emotional stability to reconnect with family. Unfortunately, the resources required to successfully complete high school or post-secondary education, the dearth of well-paying, stable jobs, and complex and potentially volatile family dynamics can undermine the prospects of full inclusion. This is not to suggest that these pursuits are not worthwhile, but to acknowledge that they rarely amount to the kind of social inclusion promised or implied by these programs. In this sense, hope can be conceptualized as cruel (Berlant, 2011) or as contributing to a sense of personal failure and worthlessness (Partis, 2003) for not being able to achieve full social inclusion.

People who beat the odds and become included members of society are held up as pillars of neoliberal governance regimes and as examples that

show how personal fortitude and determination are what others need to pull themselves out of homelessness. Rose and Novas's (2005) "political economy of hope" explicates the connection between a sense of hope and self-governing logics. Referencing individual participation in awareness campaigns, fundraising, and finding treatments/cures for medical conditions, the political economy of hope also points to the ways in which individuals are expected to be active players in their own well-being rather than passive recipients of wellness. The term also highlights the economic role hope plays in producing wealth for the health, wellness, and lifestyle sectors. Using a support group found on Prozac.com as an example, Rose and Novas detail the website's rhetoric that depression is manageable so long as patients adopt their own personal recovery narratives that includes taking psychopharmaceuticals. The homelessness industrial complex has a vested interest in maintaining the political economy of hope so that their programs remain full, funding is renewed, and members of the excluded community are kept busy and docile. Fostering a sense of hope maintains a steady stream of people interested in various programs and initiatives where outcomes are much more moderate than them becoming included members of society. This is not to suggest that people who administer programs are trying to deceive the homeless population. Rather, it speaks to the fiscal, social, and ideological constraints on effecting change beyond that which can be accomplished through individualized technologies and to the lack of political will and social appetite to attend to the structural and systemic causes of homelessness. The political economy of hope points to the ways in which people voluntarily participate in self-responsibilization and self-discipline with few expectations that they will receive the rights and privileges that would typically flow from adopting these ideologies, namely financial security, independence, and respect. These programs and resources provided through the homeless industrial complex placate the guilt of included society members who feel compelled to do something for those experiencing homelessness, but who are overwhelmed by the magnitude of the crisis or are unwilling to call for, and participate in, radical social change to address the root causes of inequity. The political economy of hope cultivates a climate where the excluded are expected to act out inclusive discourses without being included in a material way.

Inclusion among the Excluded

We should not assume that those experiencing homelessness and/or identified as mentally ill who strive for inclusion are simply being duped into a

false sense of hope. There are strategic and practical reasons why those who are excluded might take up inclusive discourses. I argue that participating in inclusionary programs is a tool to become, and remain, included among the excluded population. If, as I have detailed, the exclusionary category exists along a continuum of perceived redeemability, it stands to reason that many marginalized people will seek out ways to be identified as redeemable. To be designated as redeemable is to be thought of as worthwhile, which comes with certain privileges. Whether those facing exclusion adopt the inclusive rhetoric earnestly or carry out a performance in order to reap certain benefits is unclear and not all that important. As Moore (2007a) articulates in her analysis of resistance in drug treatment courts, some participants play the addict identity role and follow the rules of the program to keep favour with the court in the hope that they will avoid incarceration. As I explore in the chapters that follow, there are high stakes involved in achieving the redeemable status that significantly influence the quality of life of those experiencing homelessness – factors such as being given the best rooms in a shelter, access to restricted spaces, opportunities for leisure activities, increased autonomy, and some privacy. These resources come from being singled out as worthy and can only be maintained if those identified as redeemable submit to the rules and basic responsibilization strategies set out by psy-experts, program administrators, and service providers.

Those who do not achieve or cannot sustain the redeemable status fall toward the other end of the spectrum, iredeemability. Recalling Spitzer (1975), those categorized as social dynamite are considered especially risky individuals who are not "deserving" of inclusive programs but are simply managed to minimize risk, often through incapacitation. Many people experiencing homelessness and/or who are identified as mentally ill participate in inclusionary practices to prevent people from giving up on them because that would make them even more vulnerable to incarceration in a jail, prison, or psychiatric hospital. Those who actively participate in programming are looked on more favourably by experts and para-professionals as fulfilling their role as marginal but responsibilized subjects. For example, staff may turn a blind eye to someone whom they regard as redeemable who enters the shelter intoxicated, whereas those who are considered irredeemable may be barred or expelled from the shelter. Likewise, staff may hesitate to contact police if a fight breaks out if they know they can appeal to the individual's sense of reason. Those categorized as irredeemable are thought to be inherently unreasonable, thus requiring targeted environments, such as a correctional facility, to manage them. While the redeemable are not

immune to the criminal justice system's pervasive reach, it is but one form of discipline, often manifesting as hostile police interactions, ticketing, and short stays in detention centres. For the irredeemable, the criminal justice system becomes a primary containment strategy. The ways people experiencing homelessness understand and work to situate themselves along the redeemable-irredeemable continuum is a theme I follow throughout this book.

Organization of the Book

I will unpack the themes explored above – freedom, exclusion, hope, and redeemability – in the remainder of this book. I have organized the chapters to build the argument that the homelessness industrial complex ultimately reinforces, rather than eliminates, social exclusion and that inclusionary programs and discourses concerning self-responsibilization and self-governance that promote redeemability also perpetuate Otherness. At the same time, more coercive disciplinary techniques are never far away for those who find themselves closer to the irredeemable end of the spectrum. To make this argument, in Chapter 2 I provide an overview of the phenomenon we are encountering – namely the overlapping relationship between homelessness, mental illness, and the criminal justice system. This chapter provides a solid foundation for understanding the context within which people experiencing homelessness face exclusion.

Chapter 3 studies the emergency shelter, a key institution in the homelessness industrial complex, as a paradoxical site of care and insecurity. Shelters are places where technologies of freedom and discipline align to form what I argue is the contemporary, neoliberal iteration of Goffman's (1961) total institution. The high brick walls and barbed wire fences of traditional total institutions, such as the prison and psychiatric hospital, are not always necessary for exclusion. Rather, the chapter points to the ways people experiencing homelessness manage the homelessness industrial complex, where techniques of self-governance and freedom position shelter residents as having the autonomy and desire to subject themselves to near constant surveillance and adhere to strict rules and schedules.

Without a doubt, emergency shelters have an enormous impact on how people experiencing homelessness perceive and perform their personal identity. The ways people adopt, manage, and resist the mentally ill identity in particular provide evidence of how they negotiate the redeemable status. In Chapter 4, I analyze the diverse ways people perform the homeless and

mentally ill identities within the context of experiencing various kinds of exclusion. The chapter reveals how people can be active participants in their own identity construction and how they negotiate their exclusion.

In Chapter 5, I probe what responsibilization discourses entail for those embedded within the homelessness sector and mental health system, and how they contribute to the quest for redeemability. Despite widespread acceptance of mental illness as a biomedical and therefore individualized problem, many people experiencing homelessness blame themselves for their status as homeless, mentally ill, addicted, and/or criminalized. Indeed, mental health and social service interventions encourage people to hold themselves accountable for their exclusion as a tool to move toward inclusion. This chapter furthers the argument that it is problematic to fixate on the mental health system in its current iteration as the primary response to the root causes of homelessness.

Chapter 6 acts as the culmination of the arguments put forth in the preceding chapters. Here I contend that many people facing homelessness model themselves as mental health consumers to establish their redeemability. Many hope that by performing techniques of self-regulation they will display their worthiness for social inclusion. Although the homelessness industrial complex is built to encourage this perspective, adopting the mental health consumer role implies accepting the pathologization and individualization of social problems, thus cementing one's status as permanently redeem*able* but never redeem*ed* and ultimately included. Still, there are symbolic and practical advantages to being included among the excluded. Meanwhile, some individuals are identified by shelter staff, professionals, and their peers as unable or unwilling to take responsibility for their marginal status and are thus categorized as irredeemable.

Finally, I use Chapter 7 to make sense of the ways seemingly benevolent programs and actions can inadvertently further entrench social exclusion. I also take the opportunity to highlight that people experiencing homelessness are not passive recipients of techniques of exclusion; instead, they make spaces and communities that give them a sense of inclusion in an otherwise exclusionary world. Finally, I offer reflections on a way forward. The homelessness sector is rapidly changing in Canada and internationally and the narratives found in this research call on us to be bold in seeking out ways to develop meaningful social inclusion if we want to prevent and end homelessness.