RE-CONCEPTUALIZING "CONTRIBUTING": HOMELESSNESS AND UNPAID LABOUR IN A NEO-LIBERAL CLIMATE

MARY REBECCA CHOY

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Abstract

The goal of this research was to challenge notions of "contributing" in active citizen discourse. This was done by exploring how individuals experiencing homelessness give back to their communities while surviving through social exclusion and life on the streets. Twelve semi-structured interviews were conducted with individuals who experienced homelessness between the ages of 40-64. This research found that respondents gave back to others through various forms of labour in ways that were mutually beneficial. Contributing to the well being of others helped respondents to cope with homelessness by gaining opportunities, resources, information, networks and developing a sense of well being, confidence or support. The findings suggest a need to re-conceptualize "contributing" in ways that recognize alternative forms of citizenship activities and participation. By doing so, all people, including people without homes, can be recognized as contributing citizens in their communities.

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Chapter 1

Introduction

Homelessness is a problem that was declared a "National Disaster" by the Toronto

Disaster Relief Committee (TDRC 1998), and recent studies support these concerns by providing

a clearer profile of the prevalence of homelessness across Canada. According to estimates by the

Canadian Homelessness Research Network, at least 200,000 people sleep in a shelter or outside

on the streets or access emergency services in Canada in a given year, with at least 30,000 being

homeless on any given night (Gaetz et al. 2013:5). Furthermore, homelessness does not seem to

be ceasing as a future concern in Canada, as statisticians note that the absolute gap between high

income and low income families grew in the 1990's (Heisz 2007), with 8.8% of the population in

2011 considered low income (The Daily 2013). In addition, homelessness disproportionately

affects segments of the population. Urban Aboriginal peoples experience higher rates of

homelessness than non-Aboriginal Canadians (Belanger, Awosoga and Weaselhead 2013;

Distasio, Sylvestre and Mulligan 2005; Gulliver and Abbasi 2014; Leach 2010). Shelter surveys

have also found 21% of youth in shelters identify as Lesbian, Gay, Bisexual,

Transgendered/Transsexual, Queer, and/or Two-Spirited (LGBTQ2S)[1] as was found in the recent

2013 Toronto Street Needs Assessment (City of Toronto 2013:24), reflecting disproportionate

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[1] In this research, "transgendered" and "trans" are used interchangeably as general terms for people who identify
with a gender identity different from their birth-assigned gender identity or a binary gender system. In literature
reviews, "transgendered" and "trans" is often represented by the "T" in the acronym "LGBTQ2S" and can include
people who are transsexual, intersexed, two-spirited, transitioning, Female-to-Male (FTM) or Male-to-Female
(MTF) transgendered. Adopting the University of Michigan's (U of M) terminology, a transsexual person is a person
whose "gender identity is different from their biological sex, who may undergo medical treatments to change their
biological sex, often times to align it with their gender identity, or they may live their lives as another sex" (U of M
2014). "Two-Spirited" is an umbrella term that can be used by First Nations, Inuit or Metis people referring to
people of LGBTQ2S identities (Ristock, Zoccole and Passante 2011:4). However, "Two-Spirited" can also refer to
an individual with tribally specific cultural, social, and spiritual roles that are not associated with a sexual or gender
role (Fieland, Walters and Simoni 2007:271). "Queer" can be used as an umbrella term referring to the range of
gender and sexual identities embraced in "LGBTQ2S", or as an alternative to using a system of labels and categories
to describe a diversity of people (U of M 2014).

levels of homelessness among LGBTQ2S youth. These estimates demonstrate cleavages and inequality within Canada, as segments of the population are excluded from important social structures, access to resources, opportunities and relationships when homeless. The process of being shut out from the social, political, economic, cultural and spatial systems in our society as a process of social exclusion manifests in a variety of domains. For those who are homeless, this includes restricted access to shelter and housing, economic opportunities, education, health care, the ability to exercise basic rights, migration to and from geographic locations, and limited social capital (Gaetz 2004). The ways that our society systemically and disproportionately excludes certain identities and populations is a reminder of the tiered citizenship existing in Canada. Therefore, social policy interventions at federal, provincial and municipal levels must address homelessness as a national issue.

Despite these socio-economic indicators of poverty and homelessness, the influence of neo-liberal ideologies on public and economic policy has led to changes in the system of welfare supports that have exacerbated homelessness. Neo-liberal trends in the provision of social and support services have included funding cutbacks to community service programs and organizations, decreasing amounts of social assistance payments, and the downloading of responsibility for social programs from federal to provincial governments, municipalities, and finally, to households. Researchers have argued that this restructured welfare system and neo-liberal influence on the state has resulted in the individualization of social problems as citizens are expected to become "self-regulating", "active citizens" responsible for their own welfare (Bezanson and Luxton 2006; Ilcan and Basok 2004; O'Connell and Valentine 1998). As researchers critique the neo-liberal state's diminishing role in the provision of social welfare and the rise of the responsible citizen, they have also noted an increased emphasis on formal channels

of volunteerism and local community responsibility to provide for and support citizens (see Hyatt 2001; Ilcan and Basok 2004; Neysmith et al. 2012). However, the general emphasis on volunteering is by the 'average' citizen, a citizen assumed to have a place of residence. Volunteering is understood to be a challenge for those experiencing the weight of diminished state support <u>and</u> homelessness, as dedicating extra energy, time, and resources to activities other than sustaining themselves is not easily done.

How citizens are able to cope with the increased stress of a restructured welfare system and a precarious labour market and, perhaps, engage in volunteering and unpaid care work or benefit from it, is an increasingly developed area of scholarly research (see Baines 2004; Luxton 2006a,b; Martin 2014; Neysmith et al. 2012). But studies have not explored how people without stable housing are volunteering and participating in care work and how this is shaped by the neo-liberal climate and their experiences of social exclusion. In this thesis, I focus on the relationships formed by people living on the streets, to explore the contributions they made in the lives of others – while surviving the marginalization of homelessness. In particular, I focus on the myriad forms of unpaid labour exercised in meeting their social reproduction needs, and the needs of others.

My research is in contrast to socio-political beliefs about the deserving, "active" citizen and the neo-liberal value of individual responsibility. These neo-liberal values and ideology reflect a distinction between the "deserving" and "undeserving" poor (Ruben 2001:436), the latter characterization being one that stigmatizes individuals who are homeless and influences public and political interests in policy and social welfare services[2]. In resistance to these

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[2] In comparison to neo-liberal values about individual and citizen responsibility, neo-conservatism is another ideological movement that has a strong influence in public debate about the role of government in providing for citizens. Neo-conservatism is more commonly used in political debates in the U.S. and has a stronger influence on

ideologies, my research serves to demonstrate that "contributing", measured only in relation to neo-liberal standards of the responsibilities of the citizen, fails to understand how the unpaid labour that citizens perform is critical to their survival in our current neo-liberal climate. Refusing to acknowledge the multiple ways individuals engage in citizenship activities results in their further exclusion and marginalization. My research also speaks back to political and policy discourses about citizen responsibility to the state and the importance placed on employment in order to access social rights and the attribution of social problems, like homelessness, to individuals' attitudes and behaviours alone. In this research I am not suggesting that people facing poverty and homelessness should give back. Instead, my research is a critique of the neo-liberal ideal of "self-regulating", "responsible" citizen-volunteers to demonstrate the social inequalities experienced by citizens as the state abandons a welfare system premised upon universal social rights for all.

My research is situated in contemporary scholarship and studies on unpaid labour, social reproduction, and homelessness. This literature is theoretically framed by feminist political economy, and in particular, examinations of neo-liberalism and social reproduction. Social reproduction refers to the reproduction and production of the labour force. According to Katz: "At its most basic, it hinges upon the biological reproduction of the labor force, both generationally and on a daily basis, through the acquisition and means of existence, including food, shelter, clothing and health care" (2001:711). However, in scholarship on social

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public policy than neo-liberalism (Nicholls 2011:77). In contrast to neo-liberalism's view of the role of the market as separate from influencing government (see Brown 2006; Saltman 2006), neo-conservatism is guided by the ideal of a strong state (Apple 2004:67). In neo-conservatism, the role of the state is to influence individual behavior through state censorship and to educate individuals around universal virtues that align with an understanding of the public good (Saltman 2006:347-8). Neo-conservative groups have been described as adopting a far right ideology (see McKeen 2006), holding to patriarchal and individualized views of social problems. Neo-conservatism, like neo-liberalism, fosters stigmatizing views of people. For example, neo-conservatives have upheld the argument that people on welfare are "dependent" and "undeserving", their dependency being encouraged by the structure of the welfare system (McKeen 2006:17).

reproduction, the role of informal communities and personal relationships has been relatively ignored (Luxton 2006b:266). My research contributes to a void in the literature by exploring the importance of the relationships that people experiencing homelessness are involved in and sustain, and their agency and resourcefulness in participating in the social reproduction of themselves and their communities. My research can be placed within a growing body of literature by feminist scholars who examine how women, citizens, and households carry out the work involved in maintaining and reproducing the labouring force. In a social reproduction framework, women's housework has traditionally adjusted to balance the impact of market forces, state practices and changing family circumstances in a capitalist society. However, a crisis in social reproduction takes place when there is insufficient intervention by the state through income support, laws and policies for households to manage subsistence labour in the home (Luxton 2006a:37-8).

My research is also informed by the scholarly understanding that homelessness is a manifestation of social exclusion (see Gaetz 2009; Parmentier 1998). For those experiencing homelessness, they are subject to a lower standard of living and less supports to protect their labour, in addition to constraints and social exclusion. Indeed, not just homelessness but poverty, poor health, discrimination, and restricted access from support services qualify as social exclusion. Social exclusion and discrimination can occur before and during time on the streets, as it is a cause and an effect of poverty (see Gaetz 2009:4; Lister 2004:82). Coping and surviving in an environment of deprivation with minimal state protections leaves individuals experiencing homelessness and social exclusion to provide for their own needs, and the social reproduction of those in the same class.

THE STUDY

This research developed out of my goal to recognize and examine the valuable ways that people living on the streets care for themselves and others. The purpose of this was to combat stereotypes, stigma and an overall indifference towards urban homelessness. In particular, this research examines the experiences and challenges affecting individuals in the age range of 40-64 who experience homelessness, which was the category of recruitment for this research. Mid-life is an aging category in the life course where individuals are traditionally expected to take on responsibilities related to the home and family, while managing their transition into older age. They are expected to become more stable (Clausen 1986:151). Identifying the needs and concerns of this population can help provide suggestions for effective social welfare services to prevent and minimize the effects of homelessness on health, well being and aging.

My research has been influenced by the values and practices promoted in feminist methodologies. In particular, I recognize the inclusion of my own personal values and those of my respondents' in this thesis, as well as the experiences and emotions of respondents in the data collection and analysis process. Feminist methodologies promote social transformation and seek to challenge patriarchal structures in society. With this recognition, my research was guided with the desire to answer the following research question: How do individuals experiencing homelessness and social exclusion create opportunities through which they can contribute to their communities? In addition to the main research question, my research is organized around the following three questions:

- Which relationships are considered the most important for respondents and why?
- Which communities do respondents consider themselves a member of and how do they give back to these communities?
- How would the respondents like their knowledge and suggestions to help other people?

These questions are best answered through qualitative research methods that suit feminist methodologies by recognizing the lived experience, knowledge and diverse perspectives of respondents in order to question what can be "known" and to challenge common concepts, such as "contributing", that ignore differences of subjectivity, context and social location. Thus, from these questions a semi-structured interview questionnaire was developed. Twelve interviews with people who experienced homelessness[3] between the ages of 40-64 were conducted. These interviews focused on the challenges and forms of exclusions respondents faced while living on the streets, ways to give back and support others, social relations, and an evaluation about needed services for people experiencing homelessness.

My respondents narrated to me their stories about surviving through extreme exclusion where they learned how to strategize their use of time and develop useful interpersonal skills and networks that would help them survive. At this time in their middle age they went through a process of reflection, displaying a level of self-awareness after evaluating personal goals and past experiences. As a result, they wanted to give back to others', motivated by a sense of responsibility, care, connection and/or respect, in addition to the purpose of caring for their own social reproduction. However, despite the resilience and agency of my respondents, they were actors within a social system that is exclusive, and often discriminatory. Respondents described not having the means or opportunities to access healthcare, stable and secure housing, employment opportunities, or time for self-care needs. This suggests that respondents were only able to meet basic subsistence needs, to "get by" on the street. Mobility out of their socio-economic location is obstructed by an exclusive, stigmatizing and discriminatory society, a

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[3] Throughout this research the terms "homeless", "street involved" and "living on the streets" are used interchangeably.

weakened social welfare system, a precarious labour market, and a political system that only recognizes the citizenship activities of paid labour as conditioning rights to state support.

My respondents demonstrated their interest, expertise, agency and need in helping other people, whether it be friends, acquaintances, strangers, or community organizations, all the while surviving extreme social exclusion. Overall, my research suggests that citizens are finding ways to cope with the exclusion and marginalization of homelessness by developing relationships of mutual support and care. The ways that respondents' gave back to others' were diverse in form; from interpersonal means by sharing information, performing caring labour by visiting friends, or of a higher risk, physical nature by diffusing fights. Regardless of the means by which respondents gave back, the variety of ways they contributed reflects a point that my respondents emphasized to me: that they gave back every day, through acts of helping anyone who needs help, and they made the most of their capabilities and care to do so. By contributing, respondents were creating supportive communities of reciprocal care, based upon values of equal rights, opportunities, support and inclusion. These acts of caring and support were forms of coping with the exclusion of living on the streets that helped respondents to meet their own needs, and resulted in the development of mutually beneficial relationships of care. In light of this, I argue that we need to re-conceptualize what we mean by "contributing" in a neo-liberal state. In doing so, we can see that all people, including those living on the streets, are active citizens who give back by building community in ways that do not conform to neo-liberal understandings of citizenship.

This thesis is organized as follows. In the next chapter, my literature review begins with an examination of two competing perspectives to situate my research study. Neo-liberal ideologies concerning the responsibilities of citizens are contrasted with literature describing the

unpaid work of citizens to carry out social reproduction activities. I then focus on current

literature on homelessness and describe intersections of age, race, ethnicity, gender, and sexuality

in exploring differences in experiences and exclusions on the streets, followed by a discussion of

different forms of community, coping, and surviving on the streets. In Chapter Three, I discuss

the research strategy that informed this study, e.g., my overarching theoretical framework and

methods. In Chapter Four I review the main findings collected from my analysis. Chapter Five is

where I use my analysis to re-conceptualize what it means to "contribute", and compile

suggestions to improve our system of social welfare and social policy. Lastly, suggestions for

further research and the implications of this research are taken into account in Chapter Six.

Chapter 2

Literature Review

The objective of my literature review was to describe the socio-political context that existed while I researched the agency of those experiencing homelessness. I begin this chapter with a discussion about the responsibilities of the state and citizens under neo-liberalism to explain how the ideological climate influenced the state's declining provision for social welfare. Grounded in feminist research, I situate the activities of citizens in carrying out unpaid labour as an outcome of these neo-liberal processes, making visible the inequalities and difficulties facing citizens in meeting subsistence needs. How those living on the streets are excluded from receiving health, social, housing, and employment opportunities and care is outlined. This is followed with a discussion of what it means to "contribute" according to neo-liberal understandings compared to contributions that are not equally valued, such as the work done to provide for the social reproduction of individuals, families, and communities. Finally, I describe how the diverse identities of people living on the streets intersect with, and affect, their experiences and ability to survive through homelessness.

NEO-LIBERALISM AND THE CANADIAN WELFARE STATE

Neo-liberalism was developed as an alternative to classical liberalism (Amable 2011:25). Neo-liberalism challenged the Keynesian Welfare State (KWS), which provided security to individuals through collectively inspired welfare programs in order to stimulate economic growth (Duesterberg 1998:46). In this welfare state, the government was responsible to provide for the basic needs of citizens, having political control over the economy (Brodie 1996). Under Keynesian economics, governments should reinvigorate the economy by using debt to finance state expenditures (Finkel 2006:128-9). In doing so, government intervention in the economy

would minimize the impact of recessions on citizens, who were to be protected through a system of social policies. In this form of social citizenship, citizens are entitled to social rights, to be claimed by individuals if they fall into a certain category (e.g., age, employment status, etc.) (Korpi 1989:314). These rights were delivered in the form of universal social welfare programs that all citizens were entitled to in the postwar social welfare state (see Brodie 1996). By extending rights for all citizens, the state provided security, through the provision of social welfare, for citizens in a weaker position in relation to market resources (Korpi 1989:313). Social policies created social cohesion, as they built connections between citizens and the state, and relationships between citizens (White 2003:57).

In contrast, neo-liberalism was oppositional to the tenets of the KWS, instead, celebrating market individualism and minimal government intervention (Mahon 2008:344). Amable (2011) explains that neo-liberalism is premised on the idea that competition should be fair for all individuals, and the role of state intervention is to uphold conditions of fair competition. According to Amable, competition, therefore, has a moral and economic purpose: allowing the best individuals to contribute the most to the productive efficiency of an economy. The ethic of self-reliance is an important norm in neo-liberal societies, as is the notion of meritocracy, where citizens will be rewarded based on their merit (Amable 2011:6). Competition in neo-liberalism is a value meant to improve not only the individual and their ability to participate and compete in a market economy, but also to ensure productivity. Under neo-liberalism, contributions' to society are viewed primarily as participation in the labour market. The "active citizen" is someone who is deemed "useful" based on their involvement in the labour market, with the role of the state and society to promote participation in the labour market (Amable 2011:24). In this neo-liberal view, "contributing" is not done for others in the community but instead for individuals to take control

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of their lives by achieving self-sufficiency (Bonnycastle 2006:86). In order for the state to promote fair competition and inclusion in the labour market, policies are deregulated, and employment protections and the collective rights of workers are limited (Amable 2011:24). While these state interventions are meant to eliminate perceived employment barriers, they have the effect of challenging workers' rights and conditions of the labour market.

Bonnycastle (2006:86) discusses two scripts that characterize citizens. Individuals with a secure income deserve to feel they have met their responsibility to the state. However, marginalized people are subject to a script of being a "bad" citizen as the social conditions they experience are individualized and pathological. By shaming individuals, they are expected to change their situation and behaviours. This script fails to challenge hegemonic structures and those who do the excluding (Bonnycastle 2006:86). Instead, the most vulnerable are expected to aim for self-improvement and to correct deficits in their behaviours to meet neo-liberal ideals of responsibility and obligation.

In order to provide social welfare for citizens the state relies on markets, specifically the labour market. The state can alter and change the outcomes of the market to ensure security for citizens, the means for doing so including taxes and transfer, services and collective goods (Jensen and Saint Martin 2003:86). Since the aims of neo-liberalism are to encourage increased responsibility of the individual to be self-sufficient, the state is expected to intervene in social welfare provisions to citizens. Efficiency and "good government" are embraced in neo-liberalism, where resources are shifted away from the promotion of social equality towards targeted economic growth (Lyon-Callo 2004:11; Ruben 2001:436). Funding and strategies that promote growth and prosperity are emphasized in neo-liberal economic development schemes which promote uneven development by bypassing the poor (Smith 1991 in Ruben 1996:445).

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Here, public money is directed away from social welfare provision towards private development projects that benefit corporate interests, large developers, and selected corporatist nonprofit organizations (Ruben 2001:445). To encourage those who are the most marginalized to be responsible for their own employment outcomes, the neo-liberal state can adopt changes to the system of welfare provisions. This includes more selective criteria to assess eligibility for social welfare programs, paid and unpaid work requirements and the increased surveillance of citizens collecting social assistance benefits (see Parker and Fopp 2005). The ideal characteristics of the "good" neo-liberal citizen are self-reliance, personal responsibility and independence in solving personal challenges (Parker and Fopp 2005:110). Most notably, the script of the unwanted behaviour of the poor and marginalized becomes evident in the concept of "welfare dependency". This derives from the idea that unemployment is the result of a too generous welfare system that affects the work ethic and motivation of the individual, while their non-participation in the labour market is condoned through welfare provisions (Parker and Fopp 2005:110). The moral notion of the "active citizen" and the behavioural characteristics of those who become "dependent" on welfare are influential in how social welfare provisions are organized, with particular scrutiny and stigmatization against the poor and unemployed.

Feminist political economy research examining the impact of neo-liberalism has reported on several trends characterizing the provision of services to the public and the restructuring of the welfare state. First, devolution refers to the transfer of responsibility from federal to provincial, municipal, and local levels of government (Dunlop 2009:192), thereby downloading responsibilities for public services and social welfare. This trend has been noticed in the Canadian government's transfer of responsibility for public housing to provincial, and then municipal, governments in Ontario, which then declared a moratorium on non-profit housing

under Mike Harris' Progressive Conservative government. Amidst a neo-liberal process of deficit reduction and devolution, social policy was dramatically altered in 1996 when the 1966 federal Canada Assistance Plan (CAP) was eliminated. CAP was replaced by the Canada Health and Social Transfer (CHST), shifting fiscal costs, and responsibility, to the provinces for health care, postsecondary education, and social welfare services (Dunlop 2009:201). The elimination of CAP, along with other deficit reduction policies, resulted in little central responsibility for social provision or commonality across the provinces (Dunlop 2009:202). As a result, the federal government was not involved when provinces committed actions that eroded universal access to care (Finkel 2006:292-3). This was further challenged by the reduction of funding inherent in the CHST arrangement. CHST was one mega-block fund, whereas CAP was a 50-50 federal-provincial cost sharing for welfare that took into account rising welfare and social service use during times of recession and higher unemployment (Battle 1998:330). The reduced influence, and funding, by the federal government has challenged the availability of social programs as provinces could decide to cut back on specific services, restrict service use, or make mandatory conditions for recipients (see Battle 1998; Dunlop 2009). The devolution of social service provision under CHST and continued under the Canada Social Transfer and Canada Health Transfer demonstrates how the federal government has absolved responsibility for the provision of collective social rights, resulting in inequalities in funding and differences in service programs and availability across the provinces.

A second trend affecting the welfare state includes reductions and cut backs in money allocated to the provision of social welfare and protectionist services. This was also seen in the case of Mike Harris' government, where dramatic changes were made in most areas of public life, including decreasing government provision of social services and income supports

(Bezanson 2006:173). Reprivatization is another process associated with increasing neo-liberal influence in government, where the responsibility for formerly public services are located in the private spheres of the market, family, and/or charity (Fudge and Cossman 2002:20; Vosko 2006:148). These services are assumed to "naturally belong" in these domains where they can be more efficiently taken care of (Braedley 2006; Fudge and Cossman 2002:20). These former public services are involved in the care and support for citizens, and include childcare and healthcare. When reprivatized to the "traditional" family and household, caring support it is often taken on as unpaid work by women (Brodie 1994:14). Altogether, these changes of devolution, funding cutbacks and reprivatization make visible how neo-liberal governments "individualize problems in meeting standards of living" (Bezanson 2006:198), as responsibilities and risks are shifted downwards onto individuals' to care for, but with no enhancement of supports (McDaniel 2002:144). Under a neo-liberal political climate, the welfare and well being of citizens is allocated as a private matter that is the responsibility of the individual or family, and out of responsibility of the state (Braedley 2006:217). Social problems, as discussed earlier, are seen under neo-liberalism as a result of the failures of individuals (Braedley 2006:217) reflecting their inadequacy as responsible, self-regulating citizens. However, social policies do not address the social conditions that give rise to these challenges (Braedley 2006:220), making evident that the guarantee of social rights and provision of social welfare are no longer an entitlement of citizenship.

GENDER DIVISIONS, INEQUALITIES, AND UNPAID LABOUR: FEMINIST PERSPECTIVES ON THE WELFARE STATE

    In feminist political economy literature, academics have seen parallels between social inequalities, including the intensification of poverty, and the influence of neo-liberal reforms and

welfare restructuring. Since the main purpose of the neo-liberal government is to encourage a free market, citizens are responsible for their welfare through employment and by managing their livelihoods. As a result, the federal government downloaded responsibilities for key processes involved in the care, welfare, and reproduction of citizens (O'Connell and Valentine 1998:28). This occurs while power is centralized and decision making authority for policy reforms is moved outside of debate by elected assemblies (O'Connell and Valentine 1998:25). This can be seen through the withdrawal of funding to services, such as social assistance and drug benefits, and by decreasing the influence of protections, such as labour market and environmental regulations, thereby individualizing social problems and their costs (Bezanson and Luxton 2006:4-5).

Social reproduction theory is used as a way to understand how states, markets, and households are involved in the daily and generational production and reproduction of the labour force (Luxton 2006a:35). Social reproduction is a broad concept, referring to the various kinds of mental, manual, and emotional work used to provide the care necessary to maintain life (Luxton 2006a:36), including the transmission of skills, knowledge, and moral values to the next generation (Cameron 2006:45). Feminist academics have stressed that the social reproduction of the labouring population has been the responsibility of women (Bezanson 2006; Braedley 2006; Luxton 2006a). Women, more often than men, are responsible for taking up domestic and caring work within the household, a social domain and role that women are traditionally responsible for. Under neo-liberal economic policies and restructuring, women are expected to intensify their workload of domestic and paid labour to offset cutbacks to social services, welfare payments, education, and health care by the state (Bezanson 2006:184; Luxton 2006a:39). Feminist political economists recognize that paid and unpaid labour combine to generate the household's

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livelihood, sustaining the labourer to be physically, mentally, and emotionally strong to participate in the labour force.

The degree to which individuals and households are able to take up extra unpaid work depends on their income, how they navigate social service structures, and their personal support networks (Bezanson 2006:184; Braedley 2006:225). In a neo-liberal state, services once provided by the government become privatized (Bezanson 2006:5), becoming inaccessible and unaffordable to many. As a result of economic restructuring and privatization, "existing inequalities in income, opportunities, citizenship and support were exacerbated." (Bezanson 2006:5). As well, federal policies have placed heightened emphasis on the "employability model" of the welfare state (Cameron 2002:32; Cameron 2006:67; Porter 2003:212). Under this model, all women and men are expected to participate in the labour market (Porter 2003:212). However, they must do so without the services and supports to assist workers in their social reproduction and home life. This labour has been off loaded to the family (Cameron 2006:68), with women picking up the majority.

The labour involved in the production and reproduction of families has become individualized as a responsibility of the citizen worker, but these workers are not genderless – under neo-liberalism, the responsibility for meeting care needs rests with women (Braedley 2006:22). Meanwhile, welfare supports, such as social assistance, are a short-term measure to facilitate individuals' transitions into self-sufficiency and independence from the state (Neysmith et al. 2012:34) and have been made more difficult to access.

Returning to the population of interest in this thesis, the homeless, there are implications of these neo-liberal changes in supports that this population can access for their social reproduction. Those living on the streets are not entitled to the same rights and standards of

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living as those who "contribute" through paid labour. On the basis of their "failure" to be self-regulating citizens in the face of challenges, they are stigmatized as "undeserving" and expected to work harder to achieve mobility and become "contributing" citizens. How citizens shoulder the weight of this increased labour in a neo-liberal climate that expects communities and agencies to take up care support and service provisions is taken up in the next section.

"CONTRIBUTING" TO SOCIETY AND UNPAID LABOUR

It is evident from the preceding discussions that the obligations and responsibilities of citizens differ based on ideological standpoint, as does the perspective of how citizens "contribute". In the current phase of neo-liberalism, the ideal "active citizen" is capable of contributing to their society through participation in the labour market, taking individual responsibility for their welfare, and being self-sufficient. Although "contributing" is generally viewed as any form of productive contribution to one's society, paid work is often associated as the means by which citizens "contribute" (Fuller, Kershaw and Pulkingham 2008:157).

Increasingly, however, volunteerism has been recognized as an important goal in active citizenship discourse promoted by politicians and policy makers. In character with neo-liberal restructuring, the responsibility to provide services has been transferred to provinces, municipalities and the local community. Indeed, a trend noticed as an effect of the re-structuring of the welfare state has been the training of volunteers of community organizations and non-profits to provide services for communities in place of paid service workers (Baines 2004:268-9; Martin 2014; Neysmith et al. 2012:136). Citizens are expected to be "self-governing", and this expectation exists as changes to social welfare provision places responsibility on local organizations to care for citizens. These community and voluntary organizations are shaped to provide services to the public, and to be efficient in doing so (Ilcan and Basok 2004:136-7). This

is done through the elimination of core funding replaced with funding for individual projects',
greater demand for voluntary agencies to be accountable to the state for publicly funded
activities, and for funding to be provided for service-oriented programs instead of research and
advocacy programs (Ilcan and Basok 2004:136).

Volunteerism is seen as a public virtue and obligation of responsible citizenship in neo-
liberal thought. But as Hyatt observes, this view "obscures the role that state action continues to
play in reproducing inequalities in society." (2001:206). This is because volunteerism, in the
context of community social service organizations, is an activity that takes the place of state
responsibility for welfare provisions. The increased reliance on volunteers to provide social
services occurs as our political climate has changed from a state providing social welfare for all
citizens, to the devolution of these services to provincial and community levels accompanied
with the view that citizens have responsibilities and obligations to the state. Embedded in this
understanding of citizen responsibility and the importance of voluntarism are notions about the
poor as "welfare dependent", and the image that through volunteering, the poor "empower"
themselves (Hyatt 2001:206). Thus, in neo-liberal political discourse, individuals and
communities are expected to assume their moral duties and take responsibility for social
problems in their communities (Ilcan and Basok 2004:132) by becoming self-regulating, "active"
citizens. Furthermore, the centrality of the labour market in neo-liberalism is evident when
volunteering is recognized as a preliminary step towards paid employment and can help to
reduce expenditures by the government (Fuller et al. 2008:158). This is framed as a way for the
state to prevent "dependency" on the part of citizens by withdrawing from engagement in their
lives, as neo-liberal policies have contributed to a changing role of the state from providing a
safety net to the poor, towards their "empowerment" to provide for themselves and each other

(Hyatt 2001:206). Through voluntarism, the poor contribute to the primacy of the labour market and economy through the provision of their free, or underpaid, labour.

At the local level, citizens can "contribute" through involvement in organizations or the non-profit sector, which, as previously discussed, is under increased demand to provide services for communities. This has been noticed in the housing sector, where given the devolution of social housing from federal to provincial and municipal responsibility, there is an increased reliance on non-profits to develop affordable community housing options (Dreier and Hulchanki 1993:51-3). As a characteristic of neo-liberal welfare state restructuring, voluntary work in the non-profit sector has become a means for non-governmental actors to provide services to welfare recipients and marginalized groups (Fuller et al. 2008:159; Neysmith et al. 2012:135-7). Community organizations and non-profits, strapped under their own funding cuts and shortages, have resorted to using volunteer labour to provide services. This trend highlights a contradiction noted by other feminist academics: citizens, facing the challenges of austerity measures and social welfare cuts, exercise a basic right of democratic citizenship through community participation while at the same time experiencing a lowering of their standard of living as the entitlements under social citizenship become narrowed (Fuller et al. 2008:168). In spite of this contradiction, researchers have noted the benefits for individuals who volunteer in community organizations, which may include increased networks, emotional and social support, generating knowledge (Neysmith et al. 2012:50,125), access to resources, extra or better quality food (Fuller et al. 2008:168; Neysmith et al. 2012:125), honorariums of cash or goods, the development of skills and social capital that may lead to paid employment, and it is also a way to combat isolation and marginalization (Fuller et al. 2008:163,166,173).

Of course, how one "contributes", by expending labour and energy to improve conditions

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for others, is a subject of debate. In a political climate characterized by reducing spending on services, recent social reproduction literature has emphasized the role of individuals to take up the increasing care work and the work involved in sustaining and reproducing the labouring population (see Bezanson 2006; Braedley, 2006; Luxton 1980, 2006a,b). Informal relationships, such as relationships between friends, neighbours, family, and members of religious or cultural groups, can provide vital support and labour to offset the decreasing social safety network's provided by the state. In a study of the role of social networks in providing health care support, Meg Luxton (2006b:274) found that asking for and providing caregiving was easier for respondents with more access to material resources. The ability for individuals to take up and offset the increased workload in their homes and family life is dependent on their income and networks, a finding common in other research about the impact of neo-liberal cuts to services and families (Bezanson 2006:184; Braedley 2006:225). Similar studies about informal supports found that these networks help individuals manage short-term social reproduction needs in the face of welfare cuts, however these supports could not be relied on for long-term commitments (Bezanson 2006:190).

Meg Luxton's (2006b) work demonstrates the shifts of the health care system to rely on informal support and caregiving to supplement formal care. Individuals without relations of support can be left vulnerable and at risk for subsequent health care needs and crises when the initial caregiving was not adequate (Bezanson 2006:186; Luxton 2006b:282-4), resulting in inequalities in health. Luxton's respondents' practices of caregiving was based on their relationship with the other person but could also be related to forms of identification relating to "race", ethnicity, class, gender and familial ideology (2006b:271-2). Gendered stereotypes held by respondents manifested in the belief that women were better able to provide caregiving

(Luxton 2006b:278). Studies like these demonstrate that the labour involved in managing and taking care of oneself and others is shaped, and constrained, by social location, as well as societal beliefs and personal values about how to and who should provide labour.

In contrast, research that focuses on the unpaid labour performed by people living on the streets is minimal. However, existing studies do describe collective and individual ways that people with lived experience of homelessness and poverty help others, including activism (see Bockmeyer 2003; Small, Palepu and Tyndall 2006), networking, relationship building or collective and oppositional mobilization (see Anker 2008; Lyon-Callo 2001; Miller 2011; Mosher and Paradis 2012; Plaster 2012), and advocacy work (see Landriscina 2005; Small et al. 2006). One example of collective activism by individuals who were street involved resulted in the opening and continued operation of Insite, Canada's first supervised injection and harm reduction facility. The momentum to open Insite was largely the result of advocacy by community organizations comprised of active and former drug users and activists (Small et al. 2006:75). The work and contributions by anti-poverty organizations and activists has sponsored a variety of political campaigns to build public pressure (Finkel 2006:306) against policies and political actors. These organizations are often led by members with lived experience of poverty and homelessness.

Voluntarism through participation in shelters, soup kitchens, and non-profit organizations are avenues where individuals living on the streets may contribute to their community in an institutional, formal context. Researchers have also discussed the informal means of support and care performed by people who are living on the streets towards one another. These examples of assistance includes helping to build shelters for another person on the street (Boydell, Goering and Morrell-Bellai 2000:33), peer networks that share harm reduction information and safe drug

use supplies (Kirst 2009:662), watching out for one another or visiting peers in hospital (Makuwane, Tamasane and Schneider 2010:46) or providing child care by those experiencing hidden homelessness (Distasio et al. 2009:12). In one Toronto study of social network relations and how they influence drug-use behaviours, respondents reported having access to harm reduction advice, information and safe drug use supplies from fellow drug users (Kirst 2009:662). Women's monitoring and guarding of peers, friends and fellow drug users to protect them from rape, police harassment or physical threats was reported as a way that social networks could keep each other safe (Bungay et al. 2010:326; Makuwane et al. 2010:46). In a study by Boydell, Goering and Morrell-Bellai (2000:34), respondents cited that their experience of homelessness and their volunteerism at hostels had shaped their career path to help others. Giving back can entail a transformation of identities and values, resulting in the development of a helping identity (Haldenby, Berman and Forchuk 2007:36). The limited research available on the labour and contributions made by those living on the streets is telling of how overlooked and undervalued the capabilities, skills and contributions of these individuals are.

THE HOMELESS ARE THE SOCIALLY EXCLUDED: HARMS ON THE STREETS

Perspectives differ on what it means to be "homeless". In contemporary research, homelessness is understood as a dynamic process as opposed to a static and uniform state (Wellesley Institute 2009:8). Lister (2004) argues that circumstances of poverty must be understood as the result of efforts by powerful actors to increase their own advantages in society. In this line of thought, the social exclusion of peoples experiencing homelessness is explained as a result of power relations, as opposed to the individual characteristics of those experiencing poverty (Benjamin and Krumer-Nevo 2010:700), and can be relieved through the extension of full citizenship (Lister 2004:77). Homelessness is a manifestation of social exclusion. For those

who are homeless, exclusion is experienced in a variety of domains, including: separation from access to a shelter and housing, employment, and access to urban spaces and social capital within these spaces (Gaetz 2004:428).

In the wider literature, social exclusion generally refers to disparate groups of peoples who live on the margins of society with limited access to social protection (Percy Smith 2000). Social exclusion is understood to be both a cause and an effect of poverty. On the one hand, social problems, such as poor health, poverty, discrimination, lack of affordable housing and more can be understood to interact and exclude people from social integration and participation (Room 1995). On the other hand, one could argue that exclusion from society can cause poverty and deprivation (see Sen 2000:5). There seems to be general consensus, however, that social exclusion must be viewed as exclusion from full society, including social, economic and political processes and opportunities, and not solely economic society (Gilroy and Speak 1998; Mackinnon 2008; Madanipour 1998; Somerville 1998:763). It is important to recognize and understand how detachment from society, critical social structures and the lack of strong, supportive social relationships can also be a cause and characteristic of social exclusion.

Violence and Insecurity on the Streets

Social exclusion negatively affects an individual's health (see Jackson et al. 2009) and invites violent encounters. High rates of mental illness can be a result of having to reside in unsafe shelter and housing, where risk of violence and traumatic incidents is increased. In a recent report following the health of 1200 homeless and vulnerably housed adult individuals in Toronto, Vancouver, and Ottawa, 38% reported being attacked or beaten up over the previous year (REACH3 2010:2). When individuals are unable to secure safe shelter they may resort to finding residency in unstable locations, such as parks, abandoned buildings, or couch surfing.

These unsafe shelters can place them at risk for unwanted interactions.

Recall that women are more at risk of sexual violence than men, which is a gendered manifestation of the social exclusion experienced by women living on the streets. High rates of violence against homeless women were found in the Toronto based 2007 Street Health Report. In the report 37% of women surveyed had been physically assaulted, with 21% having been assaulted or raped in the past year (Khandor and Mason 2007:28). What is of particular difference to this population is the increased rates of violence and assault of women by strangers, reflecting the increased visibility and vulnerability for women who have to sleep in public spaces.

Due to limited economic opportunities, homeless individuals may be left with few opportunities to earn an income and meet survival needs. They may be exposed to vulnerable and dangerous situations if they engage in illegal or unregulated activities to earn money, which could place them under someone else's control. These links between victimization and street crime highlight extreme forms of economic marginalization and exclusion facing individuals living on the streets (Kirst, Frederick and Erickson 2011). Risk of physical and sexual assault, for example, is a reality for those who engage in sex work. A study by Hudson et al. (2010) found high associations among physical assault, mugging, and rape and involvement in the sex trade. In another study by El Bassel et al. (2001:45) with 105 female street-based sex workers, more than 50% surveyed encountered physical or sexual abuse from commercial partners and 73% experienced physical or sexual abuse from intimate partners. Being homeless significantly increased the risk of abuse by clients, with 26% of women reporting to be homeless in the past year (El Bassel et al. 2001:45-7). However, women with a regular partner were less likely to be abused by commercial sex partners than those without. This is of interest for my study, where

other researchers have noted that women may avoid staying in the shelter system by remaining in unhealthy relationships (Gaetz et al. 2013:26) or to become "invisible" through involvement in relationships with housed men (Klodawsky 2006:368) rather than risk violence on the streets.

Effects of Social Exclusion on Health and Access to Health Care

It is a common conclusion that homelessness has an adverse impact on overall health and well-being. Living conditions, limited access to health care, and the effects of stress, violence, and stigma on the street can negatively impact health. Living in crowded shelters can result in increased exposure to diseases such as tuberculoses, or lice and scabies infestations (Frankish, Hwang and Quantz 2005:S24). The food provided by drop-ins and shelters can be nutritionally deficient, and is often donated food too old to sell or serve to consumers.

Social exclusion negatively affects access to health care for people living on the streets. Due to the limited financial independence and the difficulties to meet basic needs, chronic health conditions may be unmet through the inability to receive treatment or the prioritization of immediate survival that complicate one's ability to take care of interrelated health needs. This understanding was reflected in a study about housing vulnerability and health, where 38% of 1200 respondents reported having unmet health needs that they were unable to receive care for (REACH3 2010:3). In addition, discrimination and stigma by health care professionals and service organizations complicate access to quality treatment for people living on the streets. Recognizing that individuals facing homelessness can be excluded from all stages of diagnosis and treatment for health conditions, studies reflect the severity of exclusion on individuals' health and well being. Mortality rates are high amongst people experiencing homelessness (Hwang 2002:409-10), with unintentional injuries being the leading cause of mortality among men (Hwang 2000:2155). The main causes of deaths for homeless men in the age range of 45-64

years included cancer, heart disease, cerebrovascular disease, and accidental death (Hwang 2000:2155). These causes of death could be delayed or prevented through regular access to health care.

The degree of victimization and witness to violence experienced by those living on the streets can result in trauma, stress, and mental health challenges. These incidents can affect both mental and physical health, causing such health issues as depression (Banyard 1995:878; Fitzpatrick, LeGory and Ritchey 1999; Padgett and Struening 1992:532), fatigue, sadness (Banyard 1995:878), psychotic ideation and alcoholism/substance use (Fitzpatrick et al. 1999; Padgett and Struening 1992:532). Some researchers have found increased rates of trauma and post-traumatic stress disorder (PTSD) among those experiencing homelessness (North, Smith and Spitznagel 1994). Higher levels of mental illness and substance use are found in the homeless population than in the general population (Frankish et al. 2005:S25), with homeless and variably housed men being twice as likely to die of suicide (REACH3 2010:3).

Health care needs for individuals living on the streets can be complex and interrelated, therefore, meeting all of these needs and conditions through multi-service care are necessary to prevent further health issues from developing. Frustrated by the inability of the mental health care system to meet their health needs, some women on the street in Vancouver's downtown eastside used crack to manage their physical and emotional pain (Bungay et al. 2010:324). The use of drugs and alcohol among the street involved population is a form of self-medication to cope with the stress, trauma, and challenges of homelessness despite the risks involved. Barriers to attain proper care include limited financial resources, a lack of appropriate mental health counsellors to deal with the interrelated challenges of life on the streets, or a focus on changing drug use patterns by individuals rather than address the underlying mental health concerns, and

social exclusion that contributed to drug use (Bungay 2010:324). Using improper materials or sharing drug use tools can increase risk of acquiring infectious diseases, such as HIV, and other blood borne illnesses (Shannon et al. 2006:5). Researchers argue that addressing the structural inequities that contribute to violence, drug use and poor health is necessary (Bungay et al. 2010:328), as survivors may not be ready to abstain from drug use while healing from trauma. For these reasons, researchers have called for supervised drug use facilities (Bungay et al. 2010; Shannon et al. 2006) as well as more harm reduction programming for addicts.

Health and sociological research has examined the connections between transphobia, violence, and homelessness and how these experiences have an impact on mental health. Increased rates of PTSD, depression and anxiety have been found among trans individuals who live on the streets (Spicer 2010:327). Trans individuals may experience hostility, misunderstanding and a lack of knowledge and specialized treatment from the medical system (Spicer 2010:333; Strang and Forrester 2003:5). Homelessness, social isolation and financial instability place trans individuals at higher risk for HIV infection (Spicer 2010:331). Sex work can be done to earn money or to trade sex for food, drugs or hormones as a means of income (Spicer 2010:331) for individuals subject to transphobia when seeking housing and employment. The pervasiveness of transphobia as a cause of homelessness and a form of social exclusion indicates that there needs to be more education in our society to eradicate discrimination against these communities.

The Experiences of Trans Individuals on the Streets

Due to their gender non-conformity, trans individuals can often be excluded from shelter systems since they are expected to reside in shelters based on their anatomical sex (Spicer 2010:321). This was found in a Toronto study, where MTF and FTM respondents who identified

as one gender but not as "trans" had been subject to a different protocol from other residents of the same gender (Strang and Forrester 2003:8). For them, being admitted to a shelter depended on their presentation of self as a stereotypical "woman", or their responses to staff questioning about their surgery and stage in transitioning (Strang and Forrester 2003:9). Other barriers and exclusions reported by trans shelter residents include the insistence of gender based dress codes (Mottet and Ohle 2006:97). According to the 2003 survey of trans shelter residents and shelter workers, none of the shelters in the City of Toronto have rooms specifically designated for trans residents. Instead, women are accommodated in the general shelter. From these reports it is evident that improvements need to be made in the shelter system for trans residents, since some women's shelters do not accept MTF trans residents and do not have an anti-discrimination policy against transphobia (Strang and Forrester 2003:15).

LIVING ON THE STREET IN A NEO-LIBERAL CLIMATE

The Context of Homelessness in Toronto and Services to Address Homelessness

Homelessness has been increasing in Canada since the 1980s. This increase can be partially attributed to policy decisions made at the federal level (Hulchanski et al. 2009:5). The dismantling of Canada's national housing strategy in the 90's began with reductions in federal spending on the construction of affordable housing, followed by the cancellation of the program in 1993, and the transfer of responsibility for social housing to the provinces (Gaetz et al. 2013:15; Hulchanski et al. 2009:5; Kipfer and Petrunia 2009:118). Neo-liberal devolution of responsibility and fiscal costs to the provinces and municipalities, leaving little federal responsibility for social provision, has meant that the daily "management" of the homeless is the responsibility of the community to provide (Tarasuk and Dachner 2009:434).

In Toronto there were an estimated 5,253 people who were homeless living outdoors, in

shelters, or facilities in 2013, a count that has increased 1.6% since the 2009 Street Needs Assessment (City of Toronto 2013:13). Despite this increase, an agenda of fiscal austerity has been promoted over investment in additional service programming in recent municipal politics. This is seen through cuts to affordable housing programs and municipal budget decisions aimed to reduce city deficits. During this period, there has been an increase in applications on the wait list for social housing, totaling 165,977 by the third quarter of 2013 (Housing Connections 2013:3), up from 140,649 in 2010[4](Housing Connections 2010:3). Other city statistics demonstrate the increasing need for shelter space, with occupancy rates in 2014 of permanent emergency shelters at higher rates compared to the previous four years[5] (see City of Toronto 2014a). Despite this growing need, the budget for Shelter, Support and Housing proposed for the 2014 budget is $636 million[6] (City of Toronto 2014b:3), down from $854 million in 2010[7] (City of Toronto 2010).

Reports about shelter use in Toronto have identified that the average length of stay of shelter users has increased over the past few years (Abrahams 2013:4). This is due to chronic mental and physical health conditions, substance use or the increasing shelter use by people of older age (Abrahams 2013:4). In addition, the City of Toronto's shelter statistics for the 2012 year report that 4% of individuals arriving to shelters were discharged from other institutions, such as health care, child welfare, and corrections (Abrahams 2013:5). These statistics shed light on the fluidity of homelessness. While most individuals move in and out of homelessness (episodically homeless), others may transition between different states of homelessness (e.g.,

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[4] See http://www.housingconnections.ca/information/reports.asp
[5] See
http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=4ec8c0e9f7301410VgnVCM10000071d60f89RCRD&vgnextchannel=c0aeab2cedfb0410VgnVCM10000071d60f89RCRD
[6] See
http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=798809b0aac52410VgnVCM10000071d60f89RCRD.

chronic, transient, etc.) and lengths of time within these states. The total annual homeless

population in Canada is estimated by the CHRN to be around 200,000 people (Gaetz et al.

2013:7). Of this total, the chronically homeless (long term) make up between 4,000 to 8,000

people, the episodically homeless make up between 6,000 to 22,000, and the transitionally

sheltered number 176,000 to 188,000 people (Gaetz et al. 2013:8). While it is important to

recognize movement of individuals in and out of these states of homelessness, investments into

housing should also take into account citizens who are at-risk of homelessness.

Various charitable programs provide temporary solutions in the areas of housing,

recreation, health care services, and meals to those living on the street. Despite the existence of

charitable programs and social services, non-profits have faced changes as a result of neo-liberal

policies resulting in funding cuts (see Neysmith et al. 2012), for organizational funding to be

targeted for service programs instead of advocacy, as well as project specific funding over core

funding for an organization (Ilcan and Basok 2004:134-5). Funding cuts for community

programs have been found to result in the increased workload of volunteer's hours (see Neysmith

et al. 2012). Additionally, Ilcan and Basok (2004:134) argue that changes to government policies

and funding have shaped voluntary organizations and agencies into a community of service

providers, reducing the voluntary sectors' ability to make changes at the social policy level.

In addition to the difficulty in finding support from community organizations, researchers

have criticized city policies and legislation that challenge the living conditions for those who are

homeless. As a form of legislation that restricts monetary opportunities for those living on the

streets, the Safe Streets Act has been argued to have negative consequences (Mosher 2002;

O'Grady, Gaetz and Buccieri 2011). Implemented in 2000, the Act made squeegeeing and other

forms of panhandling illegal. In a report regarding the criminalization of street youth, Gaetz

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(2004) argues that the Safe Streets Act is one form of criminalization where those occupying public spaces are subject to increased attention from the criminal justice system not so much for the acts they carry out, but for their social status and social location. The ways in which the public safety system challenges those who are homeless through criminalization and discrimination is a form of social exclusion; this system fails to assist with their security and further marginalizes an already vulnerable population.

THE DIVERSITY OF HOMELESSNESS: IDENTITY AND SOCIAL LOCATION

Age and Homelessness

Generation is a social and historical relation, and a system through which to make sense of and accumulate knowledge of the world, while also signifying the importance of periods of the life course as a social process (McDaniel 2004:31). Generation can also invite marginalization. As part of individual identity, age and age categories can be subject to discrimination and stereotyping in a society that devalues aging (Rozario and Derienzis 2009). Age intersects with gender, sexual orientation, ethnicity and race as individuals may experience multiple forms of discrimination and exclusion. How people's access to resources, social structures and opportunities differ based on their social location, which may then make child-raising, employment, and other activities associated with middle age more challenging, can help to reveal connections and insights about how inequality is differentially experienced by, and between, those in middle age.

Existing literature that focuses on homelessness and aging has found that people in older age may be at risk for homelessness if they have low incomes, chronic illness, addictions, histories of homelessness or incarceration (Waldbrook 2013:339). In a Toronto study by Waldbrook (2013), in which interviews were conducted with women aged 45 and older who had

experienced homelessness, the majority of respondents moved back and forth between being housed and homeless throughout their lives. Many of these women attributed current health problems with their poor living conditions when homeless, including poor nutrition, irregular sleep and victimization. Having a mental health condition was common. Waldbrook (2013:346-7) found that these conditions were actually a precursor to homelessness as 63% of respondents were diagnosed prior to becoming homeless; others felt that homelessness resulted in new and exacerbated symptoms. In another study exploring the life narratives of adults aged 55 and over with schizophrenia who had experienced homelessness, Ogden (2014:63-4) found that respondents reflected upon their experiences on the streets as testaments of their endurance and personal resilience through adversity, which helped them to reconstruct their identity.

Shibusawa and Padgett (2009) examined narratives surrounding aging, severe mental health conditions, and homelessness among respondents aged 40-62 years. They found that respondents' lives had been characterized by instability and deprivation. Most respondents had never married or lived with a significant other, the majority grew up in poverty or low income families, and half of respondents reported the loss of a parent through death. Among respondents, many experienced divorce or abandonment before they reached adulthood, all had a history of homelessness, 72% had a documented substance abuse problem, and half had been incarcerated (Shibusawa and Padgett 2009:190-1). Homelessness was often the result of concurrent mental illness and substance abuse in combination with limited family and social support (Shibusawa and Padgett 2009:191). Themes that emerged in respondents' narratives included their self-reflection in discussing their lives, often with a sense of loss and regret. Individuals with co-occurring addictions and mental illness did not experience "normal" life routines, including time for self-reflection or stable employment when they were consumed in their addictions.

Respondents had a sense of agency to make changes in their lives after reflecting on how they

matured as they grew older in their adulthood. Feeling out of sync with "normal" peers,

respondents attributed their homelessness, accompanying survival mechanisms, the stigma and

fear directed at them for their mental illness, as well as an awareness of their age, as setting them

apart from others and exacerbating feelings of abnormality (Shibusawa and Padgett 2009:192).

Shibusawa and Padgett concluded that drug addictions, especially in combination with mental

illness, can impair a person's ability to engage in society. Time to reflect on one's life and desired

changes and outcomes could come from independent housing, and, although not entirely

desirable, institutionalization, including incarceration or involvement in a drug treatment

program. Finding histories of marginalization and a life course characterized with periods of

exclusion, the above studies emphasize that individuals in their middle age experiencing

homelessness have multiple challenges to focus on just to ensure their survival. How the process

of aging is understood through one's relationships with others and an awareness of the absence

of "normal" life stages is an important consideration in the narratives and sense of self for those

living on the streets.

*Homelessness and Poverty among Racialized, Status Immigrant and Non Status Immigrant
Populations*

Analysis of racial differences in rates of homelessness has been given little attention in

Canadian research (Springer, Lum and Roswell 2013:447), as have individuals' experiences of

racism before, and throughout, their time on the street. Research has shown that racialized[8]

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[8] In this research "racialized" is used to acknowledge "race" as a social construct to describe a group of people (Block and Galabuzi 2011:19). In using the term "racialization" to understand the process through which race is socially constructed, I adopt the Canadian Race Relation Foundation's (CRRF) definition of "racialization" as: "The process through with groups come to be designated as different, and on that basis subjected to differential and unequal treatment." (CRRF 2005:14) Racialized groups, in contemporary Canadian society, include those who may

people on the streets in Toronto experience increased levels of discrimination (Jim Ward Associates 2006:7). Racialized new immigrants and refugees make up a large proportion of those at risk of homelessness. Established immigrant communities can particularly experience hidden homelessness, where families and networks experience "housing stress" by sharing rent in overcrowded residences (Chan et al. 2005:vii-x). They are not as visible on the streets as they participate in ethno-cultural or religious communities or organizations that care and share resources with them, or stay with family or other acquaintances instead of relying on shelters (Chan et al. 2005:vii-x, 6). However, recently arrived immigrants and refugees who do not have these networks may face more difficulties in securing housing and meeting basic needs.

Systemic and institutional racism and exclusion can be a factor leading to homelessness within racialized populations (Gulliver 2011). The "racialization of poverty" refers to the disproportionate concentration and intergenerational reproduction of poverty among racialized group members (Block and Galabuzi 2011:12). Historical forms of racial discrimination in the Canadian labour market are accentuated by structural changes in the economy creating processes of social and economic marginalization that result in these increased levels of poverty among racialized groups (Galabuzi 2005:16-7). Canadian reports published by policy and research institutes, councils and centres have used the 2006 census to reveal associations between demographic populations and trends in employment and income. In particular, they find that racialized workers earn less than non-racialized workers (Block 2010:7; Block and Galabuzi 2011:11), racialized adults experience higher rates of unemployment, and that the overall poverty rate for racialized persons in Canada was 22%, compared to 9% for non-racialized Canadians (National Council on Welfare [NCW] 2013). In particular, 41% of all racialized persons

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experience differential and unequal treatment on the basis of race, ethnicity, language, economics, religion, culture, politics, etc. and phenotypical features (CRRF 2005:14).

experiencing poverty live in Toronto (NCW 2013). The intersection between gender and racial

discrimination produces pronounced disparities in wage earnings for racialized women. Women

were paid 53.4 cents for every dollar earned by non-racialized men in 2005 (Block 2010:7), also

reflecting the fact that more women live in poverty than men (NCW 2013).

The combined effects of systemic racism on socio-economic status challenge and prevent

equality in health, education, and care opportunities for some racialized Canadians. In one study

of shelter users in B.C., the most frequently cited causes of homelessness among immigrants,

refugees and refugee claimants were: financial, substance abuse, mental health, family issues and

physical and mental abuse (Chan et al. 2005:vii). Furthermore, researchers have illuminated

problems of racist practices and policies in shelters and affordable housing, describing the racism

and discrimination by landlords who deny individuals access to housing, or Eurocentric shelter

and housing policies that fail to meet health, immigration and citizenship processes, policies, and

needs of newcomers (Greene et al. 2013). From the above discussion, it becomes evident that the

historical forms of racism and discrimination embedded in the Canadian labour market interact

with neo-liberal shifts in public policy and economic restructuring. These interactions increase

vulnerability in employment, health and well being, income and housing security for racialized

groups and can contribute to homelessness.

Disproportionate Homelessness among First Nations, Inuit and Metis

Homelessness is disproportionately experienced by urban Aboriginal people. Belanger,

Awosoga and Weasel Head (2013:14) use Statistics Canada data to estimate that one in fifteen

urban Aboriginal people are homeless compared to one in 128 non-Aboriginal Canadians.

Among those experiencing homelessness in Toronto, Aboriginal peoples are overrepresented,

accounting for one third of the outdoor homeless population (City of Toronto 2013:22), numbers

that are in line with the disproportionate levels of Aboriginal homelessness in all major cities (Leach 2010:12). These statistics emphasize the reality vocalized by Aboriginal activists and academics that there is a national crisis in Aboriginal homelessness.

The increased rates of homelessness among Aboriginal peoples must be understood and explained in the context of Canadian colonization. Colonial powers subjugated First Nations, Inuit and Metis people through racist processes of assimilation, disenfranchisement, displacement and accompanying institutions of residential schools, the forced removals of children into child welfare, and racism and discrimination from the labour market. The effects of this colonization have not been adequately addressed by the Canadian state. Current generations of Aboriginal people experience heightened social, political and economic exclusion, reflected in lower socio-economic indicators, such as income and education levels (Siggner 2003:126-7) and increased rates of poverty compared to non-Aboriginal peoples (Leach 2010:12). In order to understand the disproportionate levels of Aboriginal homelessness "one needs to reflect on the impact of historic Indian policies that resulted in impoverished conditions and criminalized Aboriginal behaviours and whether contemporary policies influence urban Aboriginal homelessness trends." (Pate 2006 in Belanger et al. 2013:18)

Housing stability and homelessness among urban Aboriginals has been linked to systemic barriers such as poverty, low education levels, unemployment, vulnerability due to health conditions (Leach 2010:12), disruptions in housing related to overcrowding (Belanger et al. 2013:18; Distasio et al. 2005:7-8), having other family who are homeless (Ruttan, LaBoucane-Benson and Munro 2010:72), addictions, racism and discrimination, and the shortage of affordable accommodations (Belanger et al. 2013:18; Distasio et al. 2009:9; Leach 2010:12; Ruttan et al. 2010:74). Aboriginal people are also found to be more likely to become and remain

homeless, and are the least likely to use shelters and support services (Leach 2010:12). In focusing on the contemporary nature of Aboriginal homelessness, understanding high levels of migration to and from the reserve and cities is another factor that highlights structural forces contributing to increased levels of homelessness. People may leave reserve communities in pursuit of employment and educational opportunities and housing (Disastio et al. 2009:6). Various First Nations organizations, including the Assembly of First Nations (AFN), have called attention to the extreme levels of housing distress experienced on reserve, including issues of under housing, appalling housing conditions of mold, lack of amenities, major repairs and maintenance, and overcrowded housing (see AFN 2013:1). Furthermore, migration off reserve into urban areas could also be attributed to low employment rates on reserve, with an across Canada average of 51.8% in 2006 (Statistics Canada 2010). In one Canadian study, 45% of research respondents moved more than three times within six months, with 18.2% of respondents having a seasonal attachment to their home communities, emphasizing respondents' experiences of residential instability (Disastio et al. 2009:2, 6) and the pursuit of employment, educational and housing opportunities not available on reserve. In describing the structural, historical, economic and political causes of urban Aboriginal homelessness that intersect with a weak labour market and post-recession economy, discussions on this subject must not homogenize or pathologize the experiences of First Nations, Inuit and Metis people. Instead researchers and policy makers need to recognize and respect the work of Aboriginal organizations and governments, and their leadership and direction in seeking holistic solutions to this complex political issue.

Women's Homelessness

  According to the National Shelter Survey, in 2009 26.7% of estimated emergency shelter

users were women (Saegart 2012:14). Women's homelessness has been described as "invisible", as women are at increased risk for hidden homelessness living in overcrowded residences, or finding other alternatives to staying in public shelters where women may experience increased risks of assault, exploitation or theft (Gaetz et al. 2013:26). Many women facing homelessness are escaping domestic violence and abuse in their home (ACLU 2008:1; Gaetz et al. 2013:26; Native Woman's Association of Canada 2007:1), having limited housing and financial options to escape and find shelter for themselves and their children. When homeless, women face heightened levels of violence (American Civil Liberties Union Foundation 2008:1; Gaetz, O'Grady and Buccieri 2010:72-3; Novac, Brown and Bourbonnais 1996:vi). Studies describe histories of sexual assault of homeless women, finding that women who were sexually abused as children have been found to be at increased risk of sexual victimization as adults (El-Bassel et al. 2001; Hudson et al. 2010:1259 in Huey, Fthenos and Hryniewicz 2013:306).

Discussions about women also focus on their parental status, as single women or families surviving homelessness. Women facing poverty and insecure accommodation may go to great lengths to avoid stigmatization or risk disruption in their children's lives (such as child custody), by staying in abusive relationships or residing with multiple people (Whitzman 2009:19). In a year-long study of 91 women staying at family shelters in Toronto, Paradis, Novac, Sarty and Hulchanski (2009:3-4) found that the majority (30%) reported leaving their last stable residence mostly due to abuse, and also overcrowding, family conflict, crime and violence, bad physical conditions and affordability. Several women reported losing their jobs or being evicted for being pregnant while others were told to move to a shelter by child protection agencies in order to retain custody. Most Canadian born women had been homeless in the past but spent less time in

the shelter than immigrant women[9]. In contrast, status immigrant women had a more stable housing history, and towards the end of the study most were living in apartments with their children, suggesting they were more likely to move into subsidized housing after their shelter stays (Paradis et al. 2009:7-8). Non-status immigrant women, however, had the least stable residential history, moving often prior to living in the shelter, living in short-term, informal arrangements (Paradis et al. 2009:8). Respondents' sense of social exclusion was consistent across all groups, as most women felt judged and excluded from society, and this was also felt in the discrimination they faced when accessing housing, employment, or social services (Paradis et al. 2009:9-10). Paradis et al. (2009) concluded that the causes of homelessness among their respondents were: low incomes, high housing costs in the private rental market, insufficient subsidized housing, and that incomes and social assistance rates were too low to provide safe, stable housing for their families. In addition, family shelters, originally intended as a crisis resource, were used as supportive housing for women (Paradis et al. 2009:11-2). In the shelters the women had better care, safety, and resources than in precarious housing and post-shelter housing, where women experienced stalking and threats by ex-partners (Paradis et al. 2009:11-4). Existing studies find differences in the cause and experiences of homelessness by women, emphasizing the importance of taking an intersectional approach to research and policy solutions to address women's and family homelessness.

LGBTQ2S Populations on the Streets

Research about LGBTQ2S identifying people and their experiences living on the street is scant. Available literature focuses primarily on the experiences and the over-representation of

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[9] In this research, "status immigrant" referred to women who had immigrated and had permanent resident status. "Non-status immigrant" refers to women who had migrated but did not have their permanent resident status (Paradis et al. 2009:7-8).

LGBTQ2S youth. According to the 2013 Toronto Street Needs Assessment, 21% of respondents in the youth shelter system identified as LGBTQ2S (City of Toronto 2013:26). Many LGBTQ2S youth leave home or are thrown out into homelessness due to family conflict (Abramovitch 2008:42; Wong-Chong 2007:1). It is a common finding in research that trans individuals experience high rates of discrimination, stigma, and unemployment, and lower levels of formal education and training, economic and social support from family (Spicer 2010:321). In a recent survey by Trans PULSE Ontario, taken with 433 trans identified individuals, 98% of respondents reported having experienced at least one incident of homophobia, 78% felt their family members were hurt or embarrassed by them, 39% were turned down for a job, and 24% were harassed by the police (Longman et al. 2013). Evident from these studies are the pervasive levels of discrimination which disproportionately affect individuals from these communities and contributes to their exclusion from accessing basic rights, including housing, employment opportunities, and safety.

The limited availability of LGBTQ2S affirmative spaces and services is one problem inherent with service provisions and the system of supports for individuals on the streets (Spicer 2010:322). In Toronto, there are currently no shelters for LGBTQ2S youth, only specialized evening and drop-in programs by local health and community organizations (Abramovitch 2013:391). However proposals to allocate 25% of beds in an existing shelter to LGBTQ2S youth, as well as other options to open a LGBTQ2S shelter have been put forward in recent months[10] (City of Toronto 2014c). In a study of homeless LGBTQ2S youth and shelter workers, several workers reported that they did not receive specialized anti-homophobia training. This is particularly problematic as they were also divided whether homophobia and transphobia was a

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[10] See http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2014.CD30.8 to view the City of Toronto's Council agenda and vote to allocate money and resources for shelter spaces and a residence for LGBTQ2S2s youth.

problem that existed in their shelter (Abramovitch 2013:393-4). To complicate limited housing options, the prevalence of bi-, trans- and homophobia in healthcare and social services, criminal justice, and society in general, interacts in ways that reduce opportunities, services, and supports for LGBTQ2S individuals on the streets.

COMMUNITY, SOCIAL RELATIONS AND SOCIAL CAPITAL

"Community" is a diversely conceptualized concept across cultural, generational, geographic, disciplinary and other boundaries. However, scholars do agree that there must be an emphasis on similarity between a group of people in order for their identification as a community to develop (Wiesenfeld 1996:339). A community, therefore, can differ across context, motives, interests or needs. "Community" is often used to refer to a geographic neighbourhood, a specific location or bounded area where residents are included in the membership of the community. The concept also refers to a broader community of people that conform to societal expectations of "normative" citizens, based on age cohort, citizenship and gender roles, and class. In these usages, individuals who experience a marginalized social status, such as homelessness, are excluded from the social imagining of "community" as they differ from those considered "normative" citizens based on their social location and lack of permanent residence.

In contrast, the term "community" can be used in a general way to refer to the social relationships of belonging that each individual is a part of. Pahl and Spencer (2004) take a micro-level perspective when using the term "personal communities" in their research, to describe the set of relationships in an individual's life. These relationships vary in level of commitment and the chosen or given nature of relationships to an individual (Pahl and Spencer 2004:206). In this way, personal communities vary in the extent that families and friends play distinct or overlapping roles, and in the nature of interaction between an individual and a "member" (e.g.,

confiding, emotional support, companionship and fun, practical help) (Pahl and Spencer 2004:215). In the context of homelessness, the disruption of routine daily activities and "normal" life experiences, such as paid, formal work, stable residence and a (heteronormative, nuclear) family life, and how personal relationships of friends and peers are developed in the absence of these experiences, is an avenue for investigation to understand how individuals experience disaffiliation or a strong sense of connection within their communities.

In social science research, homeless individuals are often described as experiencing disaffiliation, a limited connection to social and economic resources, including friends, family and economic opportunities (Lee and Schreck 2005:1058 in Kiepal, Carrington and Dawson 2012:146) or "a sense of being separate and disenfranchised by the community" (Nemiroff, Aubrey and Klodawski 2011:1004). Research has also examined perceptions of community neighbourhoods towards the homeless. Lack of support from residents (NIMBY ["not in my backyard"]) has resulted in the discrimination and resistance by housed communities towards the construction of services and shelters for the homeless in their neighbourhoods (O'Grady et al. 2011:72; Shier, Walsh and Grahame 2007:67). For those experiencing homelessness, being removed from stable housing and long term involvement in a neighbourhood, the opportunity to develop workplace relationships and networks, or the time and ability to access recreational, social, religious or cultural activities may be constrained for individuals experiencing material deprivation and more urgent needs. The absence of these networks, in addition to other factors, can affect an individuals' sense of integration and belonging to a community (Distasio et al. 2009:12; Nemiroff et al. 2011:1004-7). Feeling a sense of disaffiliation or connection with communities of people who conform to social expectations of being housed, employed, and child-raising is a theme found in studies exploring experiences of homeless or the formerly

homeless people (see Gordon 2012; Shibusawa and Padgett 2009; Rokach 2004; Waldbrook 2013). In this sense, belonging to a broader "community" of people based on societal expectations and access to powerful structures and resources in society (e.g., money, property, institutions) is one frame for understanding "community".

Finding that people experiencing homelessness represent members of a community that are deprived of basic needs and restricted from participating fully in the wider community, one research study by Shier, Walsh and Grahame (2007) has focused on characteristics of shelter and service delivery for the homeless. Interviews with professionals working with the un-housed revealed the need to alleviate negative perceptions by community members towards those experiencing homelessness, improving relationships between the shelter and the community at large (Shier et al. 2007:65-7). Indeed, changing public perceptions about homelessness is an important area for research and work, as improving relations between services and neighbourhoods may facilitate inclusion of homeless individuals in their neighbourhoods of residence. In one study by McDonald, Donahue, Janes and Cleghorn (2009) of formerly homeless adults who were recently housed, the availability of community based supports helped to encourage transition to housing. Suggested community supports could be delivered through the implementation of decision making programs, such as tenant councils, self-regulating housing communities that promoted social connections and enhanced safety and autonomy, or incorporating peer knowledge into materials, policies, or programming affecting the community (McDonald et al. 2009:12-3).

Limited research exists about the nature of different communities that people who experience homelessness belong to, based on class, gender, sexuality, ethnicity, religion, neighbourhood, interests, or even, housing status. This gap in literature leaves room for

exploration in current sociological research. Existing studies discuss the social relations between individuals experiencing homelessness (see Molina-Jackson 2008; Quayson 2005; Snow and Anderson 1987). These social relations are important, assisting people living on the streets and in shelters to cope with the stressors of homelessness. This is because group membership and social support is psychologically important for individuals who experience hardship. Membership and group affiliation permits peoples to understand their struggles as a collective struggle, allowing them to gain a stabilizing sense of self hood and reassurance, minimizing the psychological impact of the trauma or oppression they may experience (Wexler, DiFluvio and Burke 2009:567).

The importance of community affiliation by people experiencing homelessness was included in Montgomery's (1994) study of seven women who were homeless. These women reported that being involved in "community" was a source of strength and support that helped them to rebuild their lives throughout their experiences. These communities were noted for having the following properties: recognizing the positive strengths and appreciating the women, an opportunity to contribute to the organization or community that had supported them through voluntarism or employment, and offering an immediate sense of belonging (Montgomery 2004:39-41). Winkle and Ward-Chene (2008) compared interviews with HIV antibody positive individuals to understand service use and informal supports. These researchers conceptualized "community" as membership to a broader "gay" community. They found that interviewees who were homeless reported less social support than domiciled respondents (Winkle and Ward-Chene 2008:62). However, among both domiciled and homeless respondents, gay individuals reported higher levels of social support and an increased rate of formal service use than straight respondents. Winkle and Ward-Chene (2008:70) found that the positive relationship between

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increased service use and social support for homeless, gay respondents suggests that social

support may facilitate service use. These findings suggest that people experiencing homelessness

have less socio-economic power and may not have the structural power or collective resources

needed to create services for themselves, and therefore, activating social support networks

among communities can improve access to formal services (Winkle and Ward Chene 2008:70).

Other research has studied the development of a "subculture" among people who are un-

housed, examining the development of norms and values of a group of people (see Snow and

Anderson 1987). Focusing on the personal identities of people experiencing homelessness, Snow

and Anderson (1987:1347-63) found various patterns of personal and social identities:

respondents distanced themselves from their social positions on the streets; embraced social

identities associated with stereotypical street roles and associations with peers; or created stories

about their life and accomplishments that had a fictive character. These findings demonstrate

how personal identities can be connected with a sense of belonging on the streets and with other

street involved people. However, personal identities were subject to change over time.

Respondents who spent a longer time on the street were more likely to adapt to street life, adopt

a street life identity and embrace "homelessness" as a category (Snow and Anderson 1987:1358).

In contrast, those who lived on the streets for a shorter period of time separated themselves from

"homelessness" as a social category and disassociated from others living on the streets (Snow

and Anderson 1987:1349).

Studies have examined the social networks and social capital of groups of individuals

experiencing homelessness, moving away from a focus on community in the above sense. In an

ethnographic study of social networks among African American, Latino, and recent migrant

Latino homeless men, Molina-Jackson (2008) argues that these men engage both homeless and

housed members of their non-kin networks frequently, challenging views of the homeless men as retreatist or disaffiliated. She writes "by retaining connections to housed friends, to service agencies and to employers they are in effect drawing on mainstream resources in order to survive" (2008:37). Even weak ties of acquaintances and associates facilitated men's survival by circulating information, providing resources and maintaining a norm of reciprocity. More so, these highly instrumental but weak emotional relations had a useful purpose to the men. However, these relations were generated by the incidental nature of life on the street and the imposing structures, policies, and regulations of the shelters and drop-ins (Molina-Jackson 2008:74). Despite this, weak ties can be tenuous and carry liability, and at times, homeless men agree to enter into exploitative relationships out of sheer necessity.

In one study of homeless, predominantly younger, indigenous individuals in several cities across Canada, Letkemann (2004) used his lived experience of episodic homelessness to describe his relations on the streets with these "urban nomads". In contrast to Molina-Jackson's study, these men dissociate themselves from other un-housed people, hanging out mostly with others of their shared age and ethnicity who live on the streets. Despite their disassociation with others who are not part of their shared social location, the writer emphasizes their networking abilities with others who are part of their grouping. Associating with new group members on the streets provides social freedom and choice, the creation of networks, and the exchange of information and resources (Letkemann 2004:248). Networks are maintained as most individuals spend two to three days with subgroups of 2-4 people, and then reorganize with others on the basis of material resources, personality, kinships or conflicts. They also have a role as "information brokers", as they are described as practicing a "sharing ethic" of information or other resources (Letkemann 2004:249-51). This form of networking with peers on the streets to share information, resources,

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or for another beneficial purpose has been studied by Makuwane, Tamasane and Schneider

(2010). In this South African study, respondents socialize with each other, support and help the

economic practices of their peers by looking for cans and paper to earn money for recycling, and

then share the food and resources bought with this money (Makuwane et al. 2010:46). However,

respondents were not entirely trustful of peers, claiming to not invest too much trust in others on

the streets. In common with the study by Letkemann (2004), race led to closer bonds between

individuals living on the streets. These studies demonstrate how relations on the street can have a

purposive role, with emotional attachment separate from the practice of support to help peers

meet subsistence needs.

Social exclusion and stigma can affect the forms of relationships developed by those

living on the streets, limiting them to people of the same socio-economic status or peer group.

This can, at times, result in increased isolation for those who are excluded from broader society

and without stable housing, reducing opportunities to develop diverse relationships that may

provide a range of support. Regardless, the forms of support, care and sharing, and how these

actions are carried out by those experiencing homelessness is demonstrative of their resilience to

support others while experiencing personal challenges in their own lives.

AGENCY, RESILIENCE AND SURVIVING THROUGH HOMELESSNESS

Agency is a broad concept that has been interpreted to mean the various behaviours and

actions that individuals conduct to improve their daily life, including the dynamic survival

strategies peoples adopt (Edin and Lein 1997; Jarrett 1994:45 in Benjamin and Krumer-Nevo

2010:701). In poverty research "resistance" has been used to describe the conscious intentions,

through personal or collective action, to challenge the marginalization of poverty (McFarland

2004:1262; Scott 1985:289-90 in Benjamin and Krumer-Nevo 2010:701). Despite the

overwhelming literature and research that focus on "deficits" of people who are homeless, there have been few researchers that study the capabilities, strengths and resiliency of those living on the streets (Huey et al. 2013:296). In interviews with 64 women who were residents of shelters, Banyard (1995) explored methods of coping and stressors. Her findings discussed the interconnected nature of stress, where women dealt with stressors originating at the individual, family, and social structural levels. Some of these stressors were specific to being un-housed and living in poverty, and ranged from dealing with discriminatory social welfare services and large bureaucracies, living in challenging shelters, the self-stress resulting from expectations women placed on themselves, to dealing with the stigma of being homeless and seen as "unfit" mothers (Banyard 1995:878-9). Banyard found that the women were active in their coping techniques, undertaking a great deal of planning, negotiating situations beyond their control and focusing on personal relationships with others.

In the previously mentioned study by Montgomery (1994), her respondents displayed courage and determination to leave the abuse and addictions of their domestic lives towards the instability of homelessness, in pursuit of new possibilities. The decision by her respondents to leave an abusive household to live in unstable housing and shelters was a temporary state towards "health and self-actualization" (Montgomery 1994:38). These women gained strength and learned qualities that helped them develop a "clarity of focus and stoic determination" to work against the conditions of their environment (Montgomery 1994:38). The qualities exhibited by the women were: a stubborn sense of pride, a positive and optimistic orientation, and a moral structure that gave them direction.

Resiliency has been cited by social science researchers as an important characteristic for individuals facing homelessness to develop. This emphasis has reflected a focus in homelessness

research that has sought to replace the stigmatizing "deficit" model with a model that focuses on the capabilities and resilience of individuals. Huey, Fthenos and Hryniewicz (2013:296) defined resilience as "an individual's capacity to overcome significant adversity and hardship through positive modes of adaptation". Their study focused on homeless women's attitudes and use of mental health services and involved coding semi-structured interviews with 60 women for subjects related to "trauma, resiliency, adaptive and maladaptive coping strategies" (Huey et al. 2013:301). Of importance is the finding that 87% of respondents identified themselves to be resilient, referring to themselves as "strong", "a survivor", and by expressing positive attitudes, feelings, behaviours and coping strategies that were helpful to them after violence (Huey et al. 2013:303). These women attributed their strengths to different sources, including an understanding of how they changed after their experiences of violence and their determination in the face of this, as well as lessons they learned from their childhood to deal with adversity (Huey et al. 2013:308). A shared finding of this research with other studies on women, coping and resilience, is that having an optimistic outlook helped women experiencing homelessness to deal with difficult situations (Banyard 1995:886; Huey et al. 2013:309; Montgomery 1994).

Positive coping strategies (such as physical, relational or emotional activities) helped women facing homelessness not only as a means of self-care (Williams et al. 2001:245 in Huey et al. 2013), but also to deal with past and current stressors (Huey et al. 2013:310). Relational coping was practiced in Banyard's study when the women strategized how the decisions made by them would affect other people, including their children (Banyard 1995:888). In these studies the women derived a sense of strength from their positive social relationships. The women received social support and self-confidence from their relationships with residents (Banyard 1995:884; Huey et al. 2013:309; Montgomery 1994:39) and shelter staff (Huey et al. 2013:309), which

helped them to reduce isolation and marginalization (Banyard 1995:884). For the respondents in

Banyard's study, the formation of a group identity with fellow shelter residents provided them

with support that helped them to cope through the difficulties of homelessness (Banyard

1995:883-4). Other sources of strength and motivation for the women included their

relationships with their children and a creation of a sense of identity and purpose in helping

others (Montgomery 1994:41-3).

Women who are homeless develop emotional and cognitive strategies that help them

work through trauma. For example, women distanced themselves from their experiences of

sexual violence as a means to "let go" of the incidents and "move on" in order to gain perspective

(Huey et al. 2013). Other coping techniques included confronting and dealing with problems, and

using patience and positive thinking to overcome stressors in the shelter (Banyard 1995:880).

Women would also exercise personal agency in their lives by putting problems aside to deal with

them at a time where they had more energy and focus, setting limits on how much stress they

could deal with at one time, focusing on other issues to gain distance from the stress and

practicing a spiritual or religious faith (Banyard 1995:834, 885-6; Huey et al. 2013:309;

Montgomery 1994:42). The variety of these methods of positive coping demonstrates the

women's resourcefulness, displaying how individual agency is shaped and exercised within a

variety of structural and external forces.

It is important to note, however, that some of the respondents in Huey et al.'s (2013)

study described themselves as weak and/or vulnerable and did not see themselves having

overcome their experiences. There are two reasons Huey et al. uses to explain these negative

self-perceptions. The first can be attributed to the shame the women felt for using drugs to cope

with the effects of the sexual violence. The second reason was because of the multiple problems

respondents dealt with, in this case, serious mental and physical health problems (Huey et al. 2013:308-9). In contrast, two other women reported being strong and weak at different times (Huey et al. 2013:303). These mixed feelings of respondents makes visible the contextual and unique process of healing that differs among people. It also emphasizes the extent of the shame and stigma experienced by drug users, people with mental and physical health challenges, and survivors of sexual violence. The struggle to remain optimistic and practice positive coping strategies demonstrates the resiliency that is employed by all of the women, a difficult practice given the constant challenges and limitations.

SUMMARY

In this chapter I began by situating homelessness in a neo-liberal social and policy climate and introduced insights gained from feminist scholarship on social reproduction. I specifically discussed the role of the state in providing for the social welfare of citizens and theories related to paid and unpaid labour involved in the social reproduction of the labouring population. I then provided an introduction about homelessness, placing my research in the context of homelessness in Toronto. I concluded the chapter with a focus on literature relevant to the community and coping strategies of people who live on the street. In the next chapter, I will discuss the methods I used to direct my research study.

Chapter 3

Methodology

The primary goal of this study was to examine how individuals who experienced life on the street gave back to society. It is my belief that these ways of giving back should be valued and recognized as meaningful. As discussed in Chapter Two, "contributing" has been understood in neo-liberal thought as an individual's participation in the state's labour market and economy. In accordance with this association, conservative academic literature and societal stigma has pathologized people experiencing homelessness, ignoring their agency and the broader social contexts that shape their lives. My approach was to explore how respondents gave back to their communities, accepting their descriptions of the ways and forms in which they contributed to vibrant communities. I assumed respondents would be able to discuss and identify how they remained active in their communities and the importance of their contributions in terms not measured by economic means. Furthermore, their responses would be able to highlight the resilient and resourceful means by which they exercised agency, tapping into opportunities and creating networks to pursue goals.

In this chapter I review the purpose and focus of the study, then discuss the theoretical frameworks used and describe the research procedure including sampling and recruitment, and data collection. I then chart respondents' demographic information and describe the ethics process, my positionality as researcher in relation to my respondents, and my narrative analysis strategy. I conclude this chapter with a discussion of the overall research design and approval process.

PURPOSE AND FOCUS OF THE STUDY

The purpose of this study was to explore how individuals gave back to their communities

amidst the trauma and challenges of unstable housing, food insecurity, social exclusion and other forms of extreme marginalization, as motivated agents in Canadian society. By interviewing individuals to learn about their experiences, the assumption was that unique opportunities may arise to critique mainstream notions of what is and who are responsible for "contributing", allowing a re-conceptualized understanding of "contributing" to emerge. By analyzing "contributing" through respondents' experiences, this research sought to counter neo-liberal ideologies that stigmatize peoples who experience homelessness, who are perceived as "undeserving" and characterized by behavioural deficiencies.

The primary research question of this study was "how do individuals experiencing homelessness and social exclusion create opportunities through which they can contribute to their communities"? As stated previously, all self-identified forms of "giving back" were valued in this research as opposed to focusing exclusively on formal volunteer work. By expanding ideas of what it is to "give back" my hope was to counter social stigma about homelessness by showing the sense of community and resourcefulness of respondents, in addition to their diversity. The study also investigated the following three research questions:

- Which relationships are considered the most important for respondents and why?
- Which communities do respondents consider themselves a member of and how do they give back to these communities?
- How would the respondents like their knowledge and suggestions to help other people?

These three areas of focus aid in an exploration of the idea of "community" and if the relationships formed by individuals related to how and why they contribute.

OVERARCHING FRAMEWORK

Since the aim of this research was to re-conceptualize the common social concept of "contributing", this research was informed by feminist research and used a feminist political

economy framework. This is because feminist research and feminist political economy makes use of particular research methods that recognize the perspectives and standpoints of those of the non-dominant order that are favourable to explore new conceptual understandings. When exploring subjective experiences and new conceptualizations, research is often qualitative in nature, taking into account the importance of relations of power, giving priority to actors' subjectivities, and grounded in daily, lived experiences and values (Sprague and Zimmerman 2004:39). These values and considerations are largely absent from positivistic research methods. Qualitative methods, in particular, in depth interviewing, have been aligned as a method more complementary to the goals and values in feminist research, in comparison to quantitative methods. As Oakley (1998) describes, quantitative methods would instead result in masculinist bias despite a lens of "objectivity" and perpetuate unequal power relationships between researchers as "experts" and those who are the subjects of research.

Qualitative methods are a popular strategy for feminists working with the theoretical perspectives of feminist political economy, as qualitative research methods from this perspective accept multiple subjectivities and dispute notions of what can be "known". By troubling what had been known about labour, capitalism and political economy, phases of feminist political economy scholarship in Canada challenged the omissions of a gendered perspective in "malestream" political economy research. Addressing women's experiences under capitalism, using a multi-leveled analysis to understand how women's work is connected to the capitalist system of production, and using intersectional analyses to explore interrelations between gender, race and ethnicity, and women's relationship to capitalism, characterized these phases of scholarship (see Vosko 2002). Evident from these phases, feminist political economy has included different levels of analysis, perspectives that connect micro events with the macro and

the use of multiple subjectivities, including those of the marginalized and oppressed, in their scholarship. These areas of foci are challenging to carry out in quantitative research methods which adhere to positivistic claims for objectivity, an essential "truth", and which neglect to recognize context, power and social construction.

Qualitative methods are argued by Grant, Ward and Rong (1987) to be more appropriate for feminist research on gender as topics arise that are not easily quantifiable. Qualitative methods also allow for the use of self-reflection and emotion when investigating these topics, and have the potential for correcting androcentric bias in traditional research questions, concepts and theories (see Grant et al.1987). Therefore, qualitative methods were better suited for addressing the research areas and objectives in this thesis, which challenged common gender neutral understandings of "contributing" that ignored power differences, context and social location.

Moreover, using feminist qualitative methods and feminist political economy were well suited for this research since these methodological and theoretical approaches highlight differences of lived experience. In particular, my theoretical framework was informed by literature investigating the work involved in social reproduction. Using theories about social reproduction (largely rooted in feminist political economy) was a means to understand how various institutions, such as the state, the market, the family/household and third sector, "interact and balance power so that the work involved in the daily and generational production and maintenance of people is completed" (Bezanson and Luxton 2006:3). A social reproduction approach was a useful frame to explore the labour conducted by respondents, revealing their perceptions of the importance of this work and how they were differentially situated in relation to the social, political and economic environment.

A feminist political economy framework was also a useful lens to analyze how neo-liberal ideologies and policies interacted in the daily lives of individuals. Research by feminist political economists have examined how neo-liberal policies have diminished and eroded welfare support offered to citizens, devolving responsibilities, such as the caretaking associated with this support, to municipalities and the household (see Braedley 2006, Bezanson 2006, Luxton 2006 and Vosko 2006). Feminist political economists have been vocal in identifying how the work no longer provided by the state has inequitably fallen on the shoulders of women, and in particular, unevenly distributed on the basis of gender, race and class (see Arat-Koc 2006). This uneven distribution of labour is argued by Bezanson and Luxton (2006) to be critical to the neo-liberal project, exacerbating existing inequalities in income, opportunities, citizenship and support. My research questions explored differences and inequalities between my respondents and the intersection of gender, sexuality, race and class. To address these considerations, several of my research questions asked respondents to discuss how their experiences were unique from other people, and asked respondents what they perceived their role to be as members of their community. These open-ended questions created an opportunity for respondents to discuss their sense of self, and their responsibilities and relationships to others. An analysis of their responses is discussed in later chapters to assess how labour and care taking abilities, homelessness, and exclusion have been disproportionately experienced by individuals on the basis of racial, ethnic, sexual or gendered identities.

The emphasis on, and importance of, unpaid, invisible care work and labour by citizens in social reproduction scholarship is aligned with my own research goals to recognize the ways that individuals "contribute" in society. For a complete analysis using a social reproduction framework, one must develop "a class analysis that shows how the production of goods and

services and the production of life are part of one integrated process, social reproduction does more than identify the activities involved…It allows for an explanation of the structures, relationships, and dynamics that produce those activities" (Luxton 2006a:37). This theoretical framing is fitting, allowing me to explore the agency of respondents while contextualizing my discussion in a broader analysis of neo-liberal ideologies and policies, social exclusions and inequalities that are reflective of the contemporary political and economic climate in Toronto. By using feminist qualitative research and a social reproduction framework as part of my methods I have aligned my research goals with my methodology, analyzing the subjective experiences, values and standpoints of my respondents' to inform a new understanding of "contributing".

SAMPLING AND RECRUITMENT

Since a goal of the research was to highlight diversity amongst people experiencing homelessness, respondents were not selected based on gender, modes of "giving back", or community membership. This research was narrowed to focus on men and women who were between the ages of 40-64 when they experienced homelessness and who "gave back" to help other people during their time on the streets. Since age, experiences of homelessness and giving back were the main focus of this research, respondents who had transitioned out of homelessness and were housed at the time of interview participated. Four respondents were living on the streets and the other eight were renting in subsidized housing, living in supportive or transitional housing, or rooming with family at the time of interview. Age was used as a selection criterion since there are expected social responsibilities associated with age, such as paid work from young adulthood onward. Periods in one's life, such as childhood, middle age and old age have been understood as part of a developmental stage in the life course of an individual, in addition

to a social construct (McDaniel 2004:30). This understanding of social expectations and roles attributed to adults of middle age encourages thinking about how the pressures to follow these roles and expectations are internalized and practiced by individuals experiencing homelessness. This may be because activities typically identified with this age category, such as child-raising, employment and/or the opportunities to carry these out will be more difficult given the constraints of life on the street, limiting the respondents' time, energy and thoughts about "contributing" through organized means and conventional life course behaviours. How respondents were able to fulfill these responsibilities when they were faced with multiple institutional and societal barriers can highlight the nature of the social exclusion they experienced, as well as their own resilience.

I used snowball and purposive sampling to recruit respondents from different areas of downtown Toronto. Originally my intent was to interview two friends who had experienced homelessness and who had been the inspiration for the study, however, due to challenges in scheduling I was not able to interview one friend, and the other interview was never completed in full. One of these friends, however, was critical in my snowball sampling. He referred me to his peers and the staff who were connected to a particular organization. For this reason, several of my respondents were clients and/or peer workers of this community health organization (referred to as CHO in interviews)[11] dedicated to improving the health and well-being of people who live on the street or are under-housed. This organization offered a variety of programs to clients with a focus on harm reduction, mental health care, street nursing and outreach. It was a unique organization as many of the people served were involved in providing these services as

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[11]To protect the confidentiality of respondents, acronyms will be used throughout this research and in quotes to represent the names of organizations and community centers referenced by respondents. These acronyms are fictitious and do not reflect the real names of organizations cited during interviews.

peer workers.

In August of 2011 I entered the organization asking to put up a poster to recruit respondents. Discussing my thesis idea to the front receptionist, he suggested that I could recruit respondents from the peer workers and volunteers at the organization. Leaving information about my research, he informed other staff members and the Director. The staff then contacted individuals they thought would be suitable for my research. After these individuals expressed their interest in participating in the study to the staff, I was provided with their contacts. In total, five respondents (Derek, Star, Pamela, Sherena and Tina) were referred by email from this organization. On the day that I arrived I interviewed one man, Billy, a peer worker at the organization, in addition to Adrienne and Hannah, who were clients. I also interviewed Gord, who had been referred to my research by our mutual friend.

Another community organization that was supportive of my research was an organization dedicated to helping homeless, under-housed and low-income women in the city (referred to as WOW in interviews). The organization provided a variety of services and programming to women in one neighbourhood of Toronto, including housing support, advocacy, meals, employment and skills training, harm reduction and nursing support, and recreational activities. Speaking about my research to two staff members, they allowed me to put up a poster in their organization and leave information about my study. One staff member referred a volunteer and client of the centre, Roberta, to participate in my research.

Besides connecting with respondents through organizations, I also recruited people directly on the street. I approached my first respondent, Jove, on the street where he was recognizable in the community by singing and playing guitar. I introduced myself, talked about my research and asked him if he would be interested in participating. Other recruitment methods

included putting up posters and handouts on public notice boards at various community organizations, drop-ins, residences and other public spaces with the permission of their Directors and staff members. An email address, streetcontributions@gmail.com, was created for the purpose of this research and advertised on the posters and the information sheets I left at community organizations. Employees at the two organizations described above contacted me through this email address to pass along their contacts. Finally, I regularly attended a local meal drop-in at a Church and recruited Steve there.

In total fifteen people were interviewed who met the selection criteria, and twelve have been used in this research. These twelve individuals lived in different neighbourhoods in Toronto, and differed in their housing status at the time of interview. Most respondents lived in social or supportive housing, and four were homeless. For those respondents who were living in social housing, community housing, supportive or transitional housing at the time of interview, three had been living in their residence for less than a year: Tina (three months), Star (six months), Roberta (eleven months). Sherena, Hannah, Derek and Pamela had been living in their residences for less than two and a half years prior to the interview and Steve had been housed for the past eight years in a community house. Table 1 identifies demographic characteristics of these twelve respondents. Table 2 notes the sources of income and housing status of respondents when homeless and at the time of interview.

Table 1. Demographic Characteristics of Respondents

Name	Age or Age Range	Gender	Years of Homelessness and Places of Shelter when Homeless
Jove	45-49	Man	Homeless for 4 years, mostly outside.
Billy	50-54	Man	Homeless for 4 years, outside on the streets, detoxes, hostels.
Adrienne	40-44	Woman	Homeless for over 22 years cycling between living outside on the streets, in apartments, treatment centres, couch surfing.
Hannah	40-44 (43 years)	Woman	Homeless for 4 years in shelters.
Tina	45-49 (46 years)	Trans Woman	Homeless for over 24 years in shelters.
Gord	45-49	Man	Homeless for over 20 years cycling between streets, hostels, jails.
Derek	40-44	Man	Cycled between housing and homelessness over 12 years. Lived outside on the street and in shelters.
Roberta	40-44	Woman	Couch surfed, lived in insecure or overcrowded rental housing, shelters, and places not suitable for habitation for over 15 years.
Steve	68 (experienced homelessness when 54)	Man	Homeless for 6 years, living in rooming houses, hostels, outside on the streets, community housing apartments.
Star	50-54	Woman	Cycled between homelessness and housing for 5 years, living in shelters, and having a rental apartment at a point during this time.
Pam	40-44	Trans Woman	Homeless for over 20 years cycling between shelters and apartments.
Sherena	40-44 (43 years)	Trans Woman	Homeless for over 20 years in shelters, hotels, couchsurfing.

Table 2. Form of Income When Homeless/At Present and Current Housing Status

Name	Form of Income When Homeless (E.g., Social Assistance [SA], Ontario Disability Support Program [ODSP], Ontario Works [OW])	Form of Income at the Time of Interview	Housing at the Time of Interview
Jove	Earns money by playing music on the streets	Earns money by playing music on the streets	Living outside on the streets
Billy	Honorarium Pay as peer worker	SA/ Honorarium pay as a peer worker	Living in a shelter
Adrienne	Participates in surveys to earn money	Participates in surveys to earn money	Living outside on the streets
Hannah	Unknown	Unknown	Shared rental apartment
Tina	Sex work	Sex work and ODSP	Housing Connections subsidized bachelors apartment
Gord	Dealt drugs / Honorarium pay as peer worker	SA/Honorarium pay as peer worker	Subsidized Toronto Community Housing bachelors apt. but bedbug infestation for the past 3 months, living in a hostel at the time of interview
Derek	Used to be on SA (however, some of these cheques were never received by him when homeless) /Honorarium pay as peer worker, OW	Honorarium pay as peer worker/Part time jobs at drop-ins	Transitional Housing
Roberta	ODSP	ODSP	Renting a room in a family house
Steve	SA	Has Canada Pension/Employed at a Christian education organization.	Renting a room in a community house
Star	Dealt drugs, worked as a call girl	Honorarium pay as a peer worker	Lives in subsidized housing, a residence for people with addictions
Pam	SA/Sex work	SA/ Honorarium pay as a peer worker, works part time at community organizations and occasionally as a sex worker	Lives in subsidized housing with her mother and brother
Sherena	Sex work	ODSP/ Honorarium pay as a peer worker	Lives in subsidized housing in an apartment building

DATA COLLECTION: IN-DEPTH NARRATIVE INTERVIEWS

I interviewed respondents to hear their stories of homelessness, social exclusion, and their

strategies to survive and give back to others. My semi-structured interview guide (see Appendix

A) probed on my respondents' experiences, perceptions and meanings of homelessness. The

guide was divided into four sub-sections based on the different themes of this research: participant's lived experiences of homelessness and coping strategies to combat social exclusion; relationships in the lives of respondents; their belonging in communities and how they gave back; and recommendations for service providers and advice for other people living on the street.

This research employed a narrative approach to the interview process. A narrative approach takes into account the situated realities of respondents (see Gubrium 2006; Riessman 1993). Taking into account these differently situated realities was done by asking questions that solicited respondents' ontological narratives, in other words, the stories people use to understand who they are and which will help them to make sense of how they act (Somers 1994:618). To explore the connections between identity, social location and social action, interview questions focused on how my respondents' sense of self had been affected by their lives and experiences on and off the streets, which had then shaped their motivations, values, and beliefs that influenced how they gave back. Questions such as "How do you think your experiences differ from other peoples who live on the streets?" asked respondents to consider themselves in relation to others, contemplating differences of their experiences and social positions.

In order to create a broader analysis of my respondents' lives and to connect their stories of the past to their sense of self at the time of interview, I asked respondents open questions, such as "Where do you think that motivation comes from?" As constructors and narrators of their life stories, these questions were open for respondents to describe their perceptions, motivations, causes and intentions for their actions that they could locate over the course of their lives. The importance of the life course was evident when describing motivations for giving back, as several respondents, including Sherena, Derek and Roberta, described the values and work ethic they developed as youths in relation to their family backgrounds.

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Furthermore, exploring connections between the self and social actions to "give back", in the context of their experiences of social exclusion, fits with a narrative analysis connecting micro events with macro forces. Exploring how a particular setting crosses multiple levels of analysis can be done by using narratives to describe the self and social action (Gubrium 2006:232, Somers 1994:627). This was present in my analysis by searching for themes related to my respondents' relations with local government and institutions, communities, peers, and other social structures of family, work life, etc. and by focusing a sub-section of my research on the social and institutional relationships of my respondents. The narratives and stories elicited by respondents put into context their motivations to contribute, connecting their experiences as citizens within a set of social relations at government, community, and interpersonal levels, reciprocally shaping, and being shaped by, these social relations and institutions

By exploring the meanings respondents' attributed to certain concepts, themes surfaced in their narratives of "giving back" that were reflective of their experiences and perspectives. I asked my respondents what concepts such as "community" and "giving back" meant to them. Understanding my respondents' meanings of these concepts shed light onto their particular experiences, motivations and values that informed their actions. For example, Star's understanding of "community" as inclusive of diverse members was influenced by her experiences of exclusion when homeless and facing an addiction. She explained to me that at this time in her life she was excluded from "community". Since moving out of homelessness, however, Star embraced and felt a sense of belonging with multiple communities. Several other respondents expressed "acceptance of diversity" as part of their understanding of community. Asking my respondents what "community" meant to them was a way to connect the social relationships important to each respondent with their stories of social action and "contributing".

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In understanding their meanings of "community", as well as other important concepts, their values and stories of belonging, inclusion or exclusion contextualized their motivations for contributing. My respondents' diverse understandings of "community" are described in the beginning of my Findings section.

When conducting interviews, I wanted the environment and rapport between myself and a respondent to be comfortable. To accomplish this, I tried not to interrupt respondents or re-direct them to the focus of the question if they were straying from the subject. Although this led to lengthy interviews, I felt this was important to gain the political perspectives of respondents. There were moments of pause and reflection during the interviews, and I was sensitive to let respondents take the time they needed to think of their response. I wanted to have their entire perspective, story or experience included as part of their contribution to the research process.

In total, the twelve interviews used in this research ranged in the amount of time taken to complete each one. The shortest interview lasted 28 minutes. The longest interview was with Star, and was spread over two meetings: the first lasting 149 minutes, the second lasting 129 minutes. Three interviews were excluded from the final sample. One of these interviews remained incomplete. In another interview the respondent gave indirect responses that did not answer the questions, and I was not able to understand him. The third interview was excluded from analysis as the respondent's answers were inconsistent and contradictory, and I realized soon into the interview the respondent appeared to be intoxicated. Since there was deception during the interview, it was not suitable for use in this research.

Interviews were held at a location that was comfortable to me and my respondent. When receiving the contact name and number of the respondent, I phoned him or her to discuss my purpose and objectives for conducting the interviews, my background, and asked the respondent

where would be a comfortable and convenient location for them to be interviewed. Twelve interviews were held in cafes and restaurants near to or at the respondent's residence, workplace, or organization where they visited. Three interviews were held inside or near to community centres or organizations where respondents worked or visited. The second interview with Star was held in her home, a location that was comfortable and convenient for her, since Star had no money or TTC tokens to leave her home in order to meet me for the second interview.

At the beginning of each interview I would discuss with respondents my purpose for the interviews, my background as a graduate student, and my personal connection to the subject of homelessness. Respondents signed two consent forms, as well as an information form that documented that they had received the two TTC tokens and the fifteen dollar payment for participation in the interview. I purchased a meal or drink for respondents depending on the location of the interview. I discussed their rights as outlined in the York University and Social Sciences Tri-Council Protocols. I began each interview by asking respondents a list of demographic questions related to their age, background, housing information, and years living on the streets in order to gather information that helped me to understand their social location, and the commonalities and differences between respondents (See Appendix B and C).

My interview guide was semi-structured, allowing for dialogue between researcher and respondent to be developed, and lending to the informality of the interviews. Semi-structured interviews are characterized by a set of predetermined questions asked in a systematic and consistent order; however, the interviewer may probe respondents beyond these questions (Berg 2004:81). In open-ended interviews, the interviewer and respondent can expand on topics and questions of interest. This can be seen to give the respondent a level of control and influence in the interview process, allowing the interviewer to "increase the amount of data she collects and

also heighten the study's validity" (Denzin and Lincoln 2000 in Hoffman 2007:330). The semi-structured nature of the interviews also permitted me to follow up with questions and topics that were of interest to the participant, or to limit conversation on topics that were of a sensitive nature. The questions composing the interview schedule were asked in the same order for most interviews. Additional questions naturally emerged in each interview that allowed me to probe topics and explore themes specific to each respondent's experiences. This reflects the individual and adaptable nature of the semi-structured interview format, where questions "can reflect an awareness that individuals understand the world in varying ways. Researchers, thus, approach the world from the subject's perspective" (Berg 2004:81). By using a semi-structured format I was able to engage in a dialogue with each respondent and pursue topics unique to their experiences and their diverse backgrounds and standpoints, eliciting narratives that were unique and significant for each respondent to emerge.

ETHICS

Five respondents of the fifteen interviewees insisted that their real names be used in the research study and interview. I discussed with them why a pseudonym is used for confidentiality purposes in qualitative studies. However, it was important for them to be represented and that their experiences would not be alienated from their voice and identity. In her research on transnational migrants, Quayson (2005) reminds readers that naming is a form of self-validation. The five respondents who refused pseudonyms were proud of their ability to survive on the street and to share their story with me. For example, Adrienne was well known on the streets in Regent Park and had built a reputation as a woman who knows how to defend herself. Having developed "street smarts", Adrienne was proud of her strength and ability to take care of herself. Another respondent who insisted his real name, Steve, be used, had been featured in journal articles and

had done public education work in Toronto about homelessness. My interview was another avenue for him to share his story and to bring awareness to other people about his experiences. The three other respondents were more comfortable with the honesty of using their real name as opposed to a pseudonym. To maintain confidentiality for my other respondents and in keeping with York University's Office of Research Ethics Standards and Social Sciences Tri-Council Protocols, the transcripts and interview recordings were saved on a password protected drive at my residence after the interview. The Informed Consent Forms signed by all respondents were stored in a locked drawer, and then destroyed two years after conducting the interviews.

POST-INTERVIEW PROCESS

Discussions with several respondents continued after the initial interview process, with the tape recorder turned off. My discussion with Derek continued for nearly 40 minutes after the interview, when we took public transit together to return home, as did my discussion with Roberta, who walked with me to my apartment en route to her own. I also ran into several respondents in the city, including Roberta, Tina, Jove, Pamela and Derek while I was visiting service organizations, or in passing. As previously mentioned, a follow up interview with Star was recorded a month after the initial interview, when she invited me to her home. A year after the interview, I met with her over coffee and have been in limited contact since. Although staying in irregular contact with Star and Steve, most of the respondents I have not seen since the interview. Hannah, Adrienne, Billy, Sherena and Gord I have not had contact with.

A few years after conducting the interviews I learned of Sherena's passing through a sex worker organization (referred to as SWO in interviews) she had been involved with. I later attended her memorial service. At the service I saw Pamela and Tina, who were her friends and who spoke about their relationship with her. It was evident from hearing the memories of her

friends, neighbours, peers and co-workers, that Sherena was a warm, unique and well loved person whose life was being celebrated by all those attending.

In taking a community-based approach to homelessness research, academic and activist Paradis advocates for the use of research to support respondents and the community to "acquire the means to use the research to support concrete changes in their own lives" (2009:18). Staying in contact with respondents to assist them through advocacy work, or by using the visibility and resources available to us and our educational institution are some of the ways to support interviewees post-interview (Paradis 2009:18). It is my objective that this research be used not only for educational purposes but to advocate for the changes and suggestions provided by respondents. However, I also intend to remain available in the lives of the respondents who I am in contact with and to assist them through the networks, resources and opportunities that I may be connected with in the future.

POSITION OF THE RESEARCHER

As a researcher it is important for me to identify and recognize the biases derived from my own positionality and standpoint when trying to understand the perspectives, experiences and meanings of members belonging to a marginalized group. I have not experienced life on the streets before and instead, hold a privileged position as a graduate student researcher. The relations between respondent and interviewer, the imbalance of power within this relationship, and the location where myself, as researcher, am socially positioned in relation to those I was interviewing, should be under analysis to emphasize the limitations of this study in understanding the subjectivities of other individuals. With this recognition, the "standpoints" of the 12 diverse individuals whom I interviewed is only an interpretation and analysis through my own standpoint and location, as someone who does not share the same life experiences.

My power to select, interpret, and publish the information, wisdom and experiences shared with me by my respondents can be problematic when attempting to understand my respondents given my control over the information. However, by recognizing how my experience is different provides me with avenues to explore my connection to the subjects of homelessness, neo-liberalism and other themes discussed in this thesis. These connections and the web of relations between researcher and respondent are described by Smith:

> We might think of the "appearances" of our direct experiences as a multiplicity of surfaces, the properties and relations along which are generated by a social organization which is not observable in its effects. The structures which underlie and generate the characteristics of our own directly experienced world are social structures and bring us into unseen relations with others. Their experience is necessarily different from ours. Beginning from our experienced world and attempting to analyze and account for how it is, necessitates positing others whose experience is different. (2004:31-2)

It is with this partial knowledge, through my location as someone without lived experience of homelessness, and through my interviews with respondents, that I can attempt to understand the interconnectedness that I share with them.

This problem of an inherent "authentic knowledge" created in the research process has been addressed by researcher Khan (2005), who was aware of the difference of her social location from her respondents. The location of the researcher is often (and in my own case) a position of privilege by collecting, interpreting, and producing knowledge about their respondents. One strategy that Khan suggested researchers use to address this problem of power is to situate themselves and their relations to the research process. Khan accomplished this in her research with Pakistani women activists and the production of knowledge and representation in Western academia. In speaking about her own positionality and privilege, she writes "The process of locating myself disrupts the conflation of the other woman over there and the one who speaks for her here. Although the two women are situated differently, they and we have

intertwined histories" (Khan 2005:2023). With the recognition that my respondents' standpoints were different from one another and from my own, I do not speak for them, or even with the certainty that I am presenting an accurate understanding of their standpoints through my own. But the exercise of understanding, recognizing, and learning from my respondents and the differences of their standpoints and the social locations where we are positioned is an important one to build unity. The goal of building coalitions across different forms of feminism is articulated by Francks when she wrote "The way forward I would suggest is in recognizing the existence of a multiplicity of standpoints and the ways in which they not only divide us but also the ways in which they can facilitate issue-based coalition" (2002:40).

Moreover, being concerned with "epistemological assumptions which underlie different ways of knowing the social and of understanding women's experiences" (Cook and Fonow 1986:4), I used self-reflection in the preparation, gathering and writing of data based upon my own values aligning with feminist ideals for social transformation. Self-reflection was used in the data analysis process, as the standpoints and narratives of my respondents were filtered through my own lens as a feminist researcher to re-conceptualize "contributing". Understanding the complex structure of social and political relations that shape our society can be revealed through an analysis of how exclusions affect marginalized communities. These aspects of our social organization are not clearly visible to members of dominant groups, who benefit from the prevailing social order. Feminist theorist Jaggar argues that the marginalization and suffering experienced by oppressed groups "provides them with a motivation for finding out what is wrong, for criticizing accepted interpretations of reality, and for developing new and less distorted ways of understanding the world" (2004:56-7). The standpoints shaping my respondents' motivation to give back provided me with insight about the systems of exclusion

and marginalization that are present in Toronto. It is with this purpose that I continued with the exercise of writing a thesis informed by the limitations of my location and standpoint, in an attempt to make a contribution to academic literature about homelessness, agency, and the preservation of social rights and welfare for *all* citizens in Canada.

Specifically Practicing Feminist Research

Feminist methodology complemented my research purpose to challenge stereotypes and systems of social exclusion, as challenging norms of objectivity and conducting research that contributes to the transformation of patriarchal social institutions are promoted in this methodology (Cook and Fonow 1986:5). My research adopted principles of feminist methodology, as followed by Cook and Fonow (1986), in several ways.

First, my research was value mediated and driven by my own values as a feminist, taking into account ethical considerations of the study. Acknowledging the gender differences in narratives, the information was filtered and analyzed through my own social location as a woman. This became evident in interviews with male respondents, when an absence of discussion about gendered experiences was starkly different from my female respondents, the majority of whom discussed the threat of sexual violence when living on the street. An example of why I considered gender important was made vocal in one discussion with Gord, who, upon telling me that he wanted everyone to know that living on the streets was "fucking fun", I asked him what he thought the experience of homelessness was like for women. In being asked this question, Gord paused to think, and answered that women have different "needs" that could be more challenging than the experiences of men on the streets.

Second, in keeping with feminist methodologies, I rejected the idea that a separation between researcher and research subject creates an objective, valid account of research data. Instead, I encouraged and included the personal lived experiences, emotions and values of my respondents. This was accomplished by keeping to a flexible and informal interview format. This format cultivated an atmosphere that was comfortable to my respondents and encouraged dialectical interaction, in other words, my respondents "talked back" to the investigator (Cook and Fonow 1986:9). This informal atmosphere is reflected in the types of information disclosed by respondents, in addition to the relationship and rapport developed between respondents and myself. Several respondents told personal anecdotes about their experiences, at times unrelated to the research questions. I reciprocated by telling personal information about myself.

The informality of the semi-structured interview format also created opportunities to stray from the interviewer-interviewee roles to debate certain issues that were a point of disagreement between us. At the end of my interview with Jove I asked him what he would like to see happen with the research I was carrying out. He felt comfortable enough to share his opinion that the study was just another "drop in the ocean". This openness worked two ways, as I also questioned his recommendations that I should bring the data and information I collected to Mayor Rob Ford to improve conditions for people living on the street. These debates and disagreements opened new points of discussion that allowed me to gain a better understanding of my respondents, their diverse standpoints and political perspectives. In some interviews, respondents would joke with me, and I reciprocated back with them. Sherena, in a humourous and playful tone, referred to me as "Actress". I also reacted to personal anecdotes disclosed by respondents with sensitivity, including these as valuable ways of knowing based on emotionality, experience, or wisdom. This often occurred when respondents, especially the women, disclosed their experiences of being

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assaulted or taken advantage of while living on the streets. It was through this interactional exchange where my respondents and I learned about each other in the process of dialogue, sharing our viewpoints and understandings.

The informal, non-academic language that my respondents and I used was also in keeping with an accessible and interactional nature of the interviews and a concern with ethical issues in feminist epistemology. My respondents and I would occasionally curse during the interview. At times they would use words that I had no familiarity of, such as "T-Girls" as a short form for transgendered women. My respondents were patient and understanding of me when I asked for clarification. These moments were part of my education, where my respondents became teachers about their lives on the streets.

Third, in recognition of my own personal and political values, I asked respondents questions relating to what they learned about living on the streets that they would like to share with others. This was done specifically with the goal of compiling information to change the system of shelter services for those experiencing homelessness. Aligning with feminist methodologies that encourage social transformation and challenge patriarchy, I hope this research will, in some way, contribute to the transformation of the institutions, policies, and structures that exclude citizens from receiving basic human rights and access to opportunities.

ANALYSIS STRATEGY

In this research I used narrative analysis to focus on the stories respondents told to explain how they gave back, and the meanings associated with choosing to tell these stories. Narrative analysis centers on the subjects' own self-described narratives, stories, experiences, and objectives as "Individuals construct past events and actions in personal narratives to claim identities and construct lives" (Riessman 1993:2). The flexibility of this analysis strategy was

ideal as my respondents' stories about giving back and their intentions in participating in the research helped me to identify important analytical categories included in my discussion. By keeping to an open, flexible method of analysis, I was able to be guided to my theoretical framework and discussion by the information presented in the data.

In narrative analysis, insights about how my respondents understood the social and political context and environment they were located in and had experienced can be analyzed through the language they used and stories they told that shed light on the meanings given to their actions and experiences. The inclusion or absence of discussions about "practices of power" is an important consideration in narrative analysis, as respondents made sense of their narratives in the context of particular ideologies and cultural and social norms relevant to the time (Riessman 1993:5, 21). With my emphasis on political, economic and environmental contexts that influence the social locations and exclusions of my respondents, keeping to an analysis strategy that accounted for these contextual factors and their impact on the narratives told encouraged a multi-dimensional analysis of the codes and themes gathered in the analysis.

Interviews were transcribed as soon as possible after completion, which were then reviewed for accuracy (see Appendix D for transcription notation). After transcribing the interviews, I used the qualitative software program Weft QDA to conduct open coding, which means that I initially coded interviews based on words and themes that were repeated in the interviews, such as "sharing information". The code list was continuously revised as new codes developed in interviews and previously coded transcripts were re-coded with these. After running search queries on Weft QDA, I was able to compare my respondents' stories to understand the differences and similarities in their narratives in response to my questions. A process of focused coding was conducted after the initial open coding to develop more abstract themes that seemed

to characterize several open codes. For example, the theme "mental labour" captured open codes like "disassociate", "sense of gratitude" "optimism" that referred to the emotional and cognitive work done by respondents to cope with insecurities and exclusion on the street.

In my final analysis, I considered my respondents stories in relation to two features of narratives: the self and the life course. Narrative analysis was a suitable strategy for revealing diverse lives and subjectivities, and the lives of those who were marginalized. Recognizing that actors' were embedded within relationships and stories that changed over time and space, relationality was understood as an analytical variable (Somers 1994:621-22) in the research process by exploring the unique positionalities of respondents in their web of relations. In contemporary research several counter-narratives have been identified that oppose the stigmatization and Othering characteristic of past social research about homelessness. Through my feminist interest in understanding how individuals contributed to their communities, their intentions in giving back, and how this benefitted their well-being, my research would fall under the agency-resistance counter-narrative. In this counter-narrative the "unit of analysis becomes people's behaviour as their negotiation against the structural and social context in which they operate" (Benjamin and Krumer-Nevo 2010:706). In order to explain why and how individuals act in relation to social structures, the diverse perspectives of the individuals who are doing the acting, and their different social positions in relation to the forces they act against should be examined in research. This requires eliminating associations of one aspect of social identity (e.g., race) as the reasons for social action, and instead, adopting what Somers' refers to as a "narrative identity" approach (Somers 2004:624).

The "narrative identity" approach assumes that "social action can only be intelligible if we recognize that people are guided to act by the structural and cultural relationships in which

they are embedded and by the stories through which they constitute their identities" (Somers 2004:624). I accomplished this analytically by coding stories based on concepts, topics and themes that arose in each respondent's interview related to how they perceived their experiences. For example, after an initial coding I took into consideration adjectives and themes that my respondents used to describe themselves, how their sense of self had changed on the street and their experiences with broader institutions, communities, and relationships. I then re-coded my transcripts with these themes throughout, making notes about the unique experiences of each respondent. This was a way to gain a broader insight into the diverse positions of my respondents and to avoid explanations of social action attributed to one social identity. I included these unique stories in my Findings, as well as similar stories. The inclusion of these unique narratives, despite being anomalies, reflected my research objectives to understand the complexity of my respondents as well as to challenge stereotypes of homelessness by showing their diversity.

Incorporating a Life Course Lens to Narratives

My respondents told stories about past events and periods of their lives that extended beyond the present, to explain how they came to understand themselves the way they do. The life course perspective is used in sociological analysis to explore the intertwining of trajectories of age categories and pathways that are shaped by changing conditions and options (Elder 1994:5). The study of the life course requires taking a historical perspective, as the length, influences, and expectations of ages and aging differ within a single century (Clausen 1986:2). Central themes of the life course include the interplay of human lives with the historical time, the timing of lives and life events, interdependent lives and human agency (Elder 1994:5-8). These themes were considered when analyzing respondents' stories. For example, my respondents often spoke about their upbringing and the values they were raised with in helping them to persevere

and remain determined when on the streets. Respondents also discussed key events in their lives, such as a workplace accident, that was the cause of their homelessness.

The life course can also use an adaptational perspective in analyzing respondent's stories. This perspective focuses on how people cope with events and circumstances in ways different from their normal routines and requiring new strategies (Clausen 1986:17). The process of adaption was a central theme in this research, as respondents discussed how they coped with life on the streets. In my research on the perceptions and stories of individuals in the aging category of middle age, the concept of "social time" was also relevant. Social time is defined by Clausen as the set of norms that specify when life transitions or accomplishments are expected to occur in a particular society (1986:2). This was evident as respondents talked about their work and their values in life in relation to their ages with a sense of shame for not living up to social expectations or acceptance of their uniqueness. These perspectives, at times, reflected broader social and political discourses about the roles and responsibilities of "normal" adults, and citizens of the neo-liberal state. For example, some respondents expressed a sense of shame for being homeless, feeling they did not meet social expectations, as well as their own expectations about their responsibilities and roles. Broader political discourses and social stereotypes were, at times, adopted and revealed in the stories, subjectivities, values and expectations that respondents had at that time and generation in their lives. Taking into account these norms was a way to connect the social time and life course of respondents as discussed in their narratives, with their positions being subject to socio-cultural discourses as citizens in the neo-liberal political economy.

The life experiences and social location of a person are shaped by broader historical, political and structural factors. These influences may be indirect and invisible, resulting in an

absence of discussion about their impact on the life course. This may be a consideration in discussions about ethnic heritage and the impact of colonialism on the lives of my respondents. As discussed in Chapter Two, Canada's history of colonial violence against First Nations, Inuit and Metis people carried out through political processes and government agencies, religious institutions and Canadian society has had intergenerational and ongoing effects. Researchers (Bird et al. 2010; Leach 2010; McCall, Browne and Reimer-Kirkham 2009; Ruttan, LaBoucane-Benson and Munro 2008) attribute the disproportionate levels of homelessness, poverty and incarceration of Aboriginal peoples as an outcome of complex factors, including Canadian colonialism. An understanding of the ways Aboriginal people have been affected by colonization must be considered when discussing these realities (see Patrick 2014:7). Despite a disproportionate number of my respondents identifying as First Nations heritage or being visibly non-white, there was minimal discussion about ethnicity, heritage or race intersecting with their experiences of homelessness or their communities of belonging by most of these respondents. Although there are many reasons why this may be the case, I did not have enough findings about these social categories in relation to their experiences of homelessness and social exclusion to provide a detailed analysis in my thesis.

To summarize, I analyzed the stories told by respondents to reveal factors related to experiences on the streets, their histories, relationships, generation and age cohort. I also focused on the socio-political and cultural context of their lives' that shaped changes and developments' in my respondents' sense of self. In essence, narrative analysis and the life course perspective are incredibly well suited to each other, both taking multi-leveled perspectives and placing emphasis on issues of human agency, linked lives and causal explanations for social action in analyses of respondents' stories. In my Findings section, thematic categories found after my analysis are

denoted by the use of headings. Where possible, I draw attention to themes and sub-themes through different levels of headings and the bolded text within these headings. Bolded text indicating a sub-theme refers to a shared experience, action, or condition discussed by the majority of respondents.

RESEARCH DESIGN AND APPROVAL

This research was approved with the consent of the Human Respondents Review Committee of York University's Office of Research Ethics Standards in June of 2011. This research followed the guidelines and policies of the Research Ethics Standards and the Guidelines of Research with People who are Homeless of York University's Office of Research Ethics. Adherence to these ethics guidelines was followed in all processes of the research, from deciding who would be the research respondents, to drafting questions, recruitment, interviews, and follow-up. The research questions were created so as not to discuss the background and personal history of respondents, and did not delve into how respondents came to live on the street. Understanding that homelessness is a complex process, I chose not to ask about how my respondents came to live on the streets because I did not want to ask questions that may be re-traumatizing. Other researchers have noted that few women have had the opportunity to heal from traumatic incidents of assault given their limited financial resources and their circumstances of chronic stress while living on the street (Goodman, Saxe and Harvey 1991 in Paradis 2009:11). I did not want questions in the interview to be a trigger for past traumas to surface. Therefore, the interviews focused on the ways that respondents give back. For this reason, discomfort during the interview was minimal, and questions that related to the ways that respondents experience social exclusion, discrimination, and the difficulties of life on the street made up a small fraction of the interview. To further reduce discomfort and intrusion, these

questions were asked at the beginning of the interview so that reflective, future-oriented questions about the ways respondents give back, in addition to their future goals, followed and were the focus for the second half of the interview.

SUMMARY

In this section I have provided an overview of my research objectives and the process I followed to collect and analyze data. By conducting qualitative semi-structured interviews, I was able to gain data from my respondents based on their political values, the emotions which surfaced in interviews, their standpoints and experiences as told through narratives about their lives. The qualitative research method, theoretical framework of feminist political economy and social reproduction, and narrative analysis strategy complements my research objectives of challenging understandings about "contributing". In the next section I will describe the findings from my research.

Chapter 4

Findings

I begin this chapter with descriptions of what "community" means to each participant. Recall that my interest in collecting respondents' stories of being homeless and contributing was complemented by my specific queries about their thoughts, perceptions and meanings of these concepts that arose in their telling of these stories. By commencing this chapter with a focus on my respondents' conceptualization of "community", their unique stories about contributing that are gathered and analyzed throughout my research can be understood in light of their stories about how they had been shaped by their relations with others on and off the streets. I then discuss how my respondent's coped and survived through the social exclusion and extreme marginalization of homelessness. In coping with their life on the streets, respondents were motivated to give back to others because of a sense of responsibility and care, and as part of an exchange with other individuals or organizations, to meet their own survival needs. In the third section, I describe how my respondents engaged in social reproduction, giving back to others in their communities and neighbourhoods through various forms of labour and making use of what networks and resources were available to them to create opportunities. Respondents described how their education, skills, opportunities and relationships they developed or had access to shaped how they gave back. It is evident that the ways respondents give back parallel the labour performed by housed individuals. However, my respondents perform this labour under the context of scarcity, which has been exacerbated by the current climate of neo-liberal restructuring. Finally, my respondents' processes of identity construction are discussed. In keeping with their diverse experiences, there are few points of commonality between their narratives of self as they had different perceptions of how they had changed, and differing

interpretations of what their responsibilities should be.

WHAT IS A "COMMUNITY"?

Jove (45-49 years old; homeless for four years) [12]

      Jove perceived community as a neighbourhood or group of neighbourhoods that are actively involved in the lives of members. Communities have a helping role, as members support each other when needed. Jove affirmed this understanding of community in his own life by explaining to me that he will do whatever he can to help anybody in his community. Jove was a community member of the particular Toronto neighbourhood where he lived and played guitar.

Billy (50-54 years old; homeless for four years)

      An "ideal" version of a community surfaced in my discussion with Billy. To him, community means: "people in general trying to get along. No violence." Harmony and respect were central to Billy's understanding of community. He believed this ideal is impossible in today's society, as he stated that "everybody's fighting and arguing and nobody wants to negotiate a peaceful solution. You know what I mean? Everywhere you look around somebody's getting hurt or something stupid [is] happening. Which is greed, you know, that's not good." Billy was a community member of Regent Park, where he lived and worked as a peer helper.

Adrienne (40-44 years old; homeless for 22+ years)

      Adrienne recognized the importance of community in the lives of members. She understood community as a "bare necessity" and a "life experience", reflecting how important community is not only for survival for members but also as a space to belong. She came to understand community as a site for belonging and support through her life experiences, having

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[12]To learn more about the background descriptions of respondents, readers can refer to Appendix C.

her parents pass away when she was a youth, being sent to foster homes and finally living on the streets. Regent Park was her community, where she attended drop-ins and was a familiar face in the area.

Hannah (43 years old; homeless for four years)

Hannah understood community as a geographical location where membership is comprised of people who live, work or regularly visit. For Hannah, community was characterized by an acceptance of difference, and specifically for her, of her homelessness and social location. She described her community as "…people, like this, in this restaurant, and like the hairdresser, and the ones in the store close to me. The ones who obviously know that I am in [a] kind of difficulty and they still say "hi" to me and they still accept me for that." Her experiences of inclusion and exclusion as someone who was visibly homeless have made acceptance of difference an important factor in her understanding of community. When asked what community she belonged to in her past, Hannah answered that she could make any place she wanted to reside her community. At the time of interview Hannah belonged to the community of Regent Park.

Tina (46 years old; homeless for 24+ years)

Tina understood "community" to be:

> Community is just surroundings, like people in the community, like, what I like to say for example, like where I work prostituting in the area, so I have to be good to community people around there and say "hi" and if I know they live there and they know I'm a prostitute, so I usually say "hi", and all that, you know? Like, being polite to them, so I'm not here to cause trouble, like, basically, I'm just here to make my money, make a living so I don't make a scene or yelling and screaming.

Her understanding of community was the geographical neighborhood where she worked and lived. As is evident in the above explanation, her membership and participation in that

community was not accepted by everyone and she was excluded by some community members. As a transgendered sex worker she occupied a marginal space and was subject to increased police surveillance and harassment from community members when working. Regardless of the discrimination, exclusion and harassment, she understood that she needed to work with her fellow community members, displaying patience and respect for their differences.

Gord (45-49 years old; homeless for 20+ years)

The theme of an ideal community surfaced in my conversation with Gord, which contrasted his perception of the problems he witnessed in contemporary communities. When asked what community means to him, Gord described a utopian, harmonious community, where all people have the means to live peacefully. He described community as:

> …a place where people can live as one together. Without want, without need... and everything provided for freely. I'm thinking about a utopian society. I'm sorry. I'm trying not to think in the realm of today's community, because today's community is fucked up 'cause there's so many issues and ideologies blocking real community growth.

Respect for one another in Gord's utopian community includes a synchronicity with other members, where the problems he witnesses today are avoided as a result of the connection and shared goals between members. Gord identified that he was a member of the downtown Toronto community, where he lived and worked.

Derek (40-44 years old; cycled between homelessness and housing for 12 years)

Inclusion is an important theme in Derek's understanding of "community" and this inclusion is exercised through a respect for difference and support for fellow community members. He explained what community meant to him:

> …basically that everyone gets along, and that everyone has access to the same resources as everybody else does....umm...[respondent thinking], and it doesn't matter which side of the fence you're on. You're supposed to...I know, like, a lot of homeless people take care

of somebody who does have a home or a business or whatever like, make sure they're alright if they're walking down the street and they see them every day. And there are a lot of businesses also that will take care of somebody, like if they know those people are living on the street and they see them every day, like....I remember the Kentucky Fried Chicken guy….used to, they told us to come by every night at 11:30 and they gave us like a big bucket and like it would have chicken, chicken nuggets, the patties. Everything in this one thing. Um, to me, that's kind of, that's community…

Taking care of one another in a community, regardless of social position but based on need, is something that he had witnessed in his time on the streets and which informed his sense of care to provide for others. His current communities of membership are Regent Park and Parkdale, two areas of Toronto where Derek was involved through his community work.

Roberta (40-44 years old; housing insecurity and homelessness for over 15 years)

In response to being asked what community meant to her, Roberta sighed, expressing frustration as she was excluded from communities present in Toronto. In the below quote, she answered what "community" meant to her:

In Toronto it means clique [said assertively]. Right? In other, other (communities), some people just have it better. Like, it, it still happens, but it's not as entrenched for people who are, like, aware of it so they tended not to be overly…they are at least polite about their classism, right? In Toronto they are not even polite about their classism. They're just in your face….But yeah. Community [respondent thinks]…Usually, I like it when a bunch of people are moving in the same direction. Kind of...I don't know. I say that out in British Columbia people are so anarchist that they don't know they are anarchist. Which is really nice. When you go to the interior it's really great because, it's like, a lot of live and let live, right? There's a lot of...they don't judge, right? So, you know, they evaluate is that what, you know, they are so internally guided, they evaluate that that may not be a right fit for them going in that direction, but they don't mind being exposed to it and they don't personalize it or take it on or feel contaminated or feel judged by, you know, sharing a table with somebody who is living a very different lifestyle from them. And it's just so different.

Roberta's "ideal" community would be one that is inclusive, accepting and respectful of the differences between members. Like Gord and Star, she believed members have a sense of purpose for their community and participate in the development of their community towards a

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shared direction. In answering what community she belonged to, Roberta identified with "Single, middle aged, poor, with health and mental health, women. Just the general underclass of women and what happens to us if we're not, you know, attached to something that's evaluated as being valuable in society and in Toronto." Her identification with this marginalized group of women facing health issues is telling of her experiences of social exclusion and stigma. She is evaluated on the basis of her social class, and judged for her homelessness and the absence of valued resources and social roles (e.g., mother, married, worker, healthy) by others not in the same social location and circumstances.

Steve (68 years old; homeless for six years)

Steve considered the families living in the two community homes he resided in as his community. The families ate together, shared housework and spent a few nights per week doing social activities. The support that members provided to each other was central to his understanding of community. This support was demonstrated by the other families who made up his community, and who contributed to help support him financially before his Canada Pension came through. Steve gave examples of how he and his community shared information, caring labour, domestic activities and financial support, contributing to the social reproduction of each other. When asked if he belonged to a community when living on the street, Steve replied:

> Uh, I had no community on the street. There is no, and there still is today. There are small groups but I wouldn't classify them as community. Umm, on the streets today as I said it's far different than back when I was out there. I had no idea what community was all about until I joined one and the same as [name of a drop-in] when I first came there I didn't realize that was a community like it is today. It's a total community.

Steve considered a drop-in, where the staff and attendees eat altogether, say blessings, and wait for each other to be seated, to be a community. For Steve, support and assistance is shared by members, regardless of the form or location of the community, or the experiences of members.

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Star (54 years old; cycled between homeless and housed for five years)

Star's understanding of community encompassed the recognition of difference among members who are unified by their shared objectives for their community. When asked what community meant to her, Star responds, "It's the people with the same goals in mind. Long-term goals, and we do it all differently. And community is the fabric of those differences, the variety of differences. Because I think the one thing we all have in common is that we're different." It is evident from this quote that Star believed in respect for and inclusion of difference in her version of community. When asked what communities she belongs to, Star responded there are many, citing community organizations where she held paid and unpaid positions. She stated:

> I just finished working for Elizabeth Fry. Umm, I've been to jail, that's always…I forgot that one...that was terrible…[*sf]* A lot of failures to appear and then they pick you, you go in because there's a bench warrant out on you. A homeless person doesn't have an alarm clock or a shower. So failures to appear are all over, you know? But, I don't know, I, so the jail community, ha..... but I don't do that anymore now I'm working with people.

Naming an identity and community associated with her incarceration for her drug use and homelessness contrasts with other responses where individuals do not want to affiliate with a stigmatized condition (e.g., poverty, incarceration, addiction). However, Star's identification with these communities can be attributed, in part, to her positive experiences of supporting other people facing the same conditions in her work. Star has gone through a process of accepting these experiences in her life, now working with others who have shared goals and desires to help each other, modeling her understanding of "community".

Pam (41 years old; cycled between homeless and housed for over 20 + years)

For Pam themes of inclusion, respect and harmony were central in her understanding of "community". For her, community meant togetherness, where members are, "respecting one another. Not judging. Just being one, just being a whole." When asked which communities she

belonged to at the time of interview, Pam cited community centers and organizations where she attended and worked. These organizations and centers provide needed health, support, and advocacy for their members. Like Star, her sense of belonging associated with community services reflects the solidarity she developed with these organizations that helped her when she was living on the streets.

Sherena (43 years old; homeless for more than 20+ years)

Sherena's understanding of community had a dual character, where she recognized the importance of community for other people, but she did not have a positive sense of belonging with a particular community. Sherena described what community meant to her:

> …to me, community is a good thing, for other people. Not for me. Do you understand? I like to see it, I like to experience it....but that's about it. I don't want to be involved in it. Reason being, because people try to get into your business, they try to hurt you…They just try to hurt you and uhh... I don't find anything positive comes out of it. So it scares me. Umm, not everyone, I'm not saying all of them are bad, but....like for instance, the place I live in. They want to, the kind of community basis, and I don't really partake in it. It's a small environment, 96 (people) altogether. And everybody is in everybody else's business. So right there for me, that's a no-no. You know what girlfriend, I have enough of my own problems, I don't want anybody else's. And if I can help you, sure, I'll do it in a second. But, I don't, uhh, I don't want to take on everybody's problems, because I can't.

In the above excerpt Sherena acknowledged the importance and potential of community for others, however, she described her experiences of conflict and divisiveness in the communities she had been surrounded by. Sherena was an independent person who separated herself from others in her building, as well as the LGBTQ2S community. This was due to the divisiveness and bigotry that she had seen and experienced and her inability to put time and attention towards the concerns of someone else. The discrimination she experienced as a transgender woman was elaborated later in the interview, identifying as a "partial" member of the LGBTQ2S community.

From the above descriptions, it is evident that my respondents understood "community" in varying ways, reflecting the difference of social location, experiences, and values that had influenced their sense and stories of self, belonging and exclusion. Despite these differences, there were similarities in their discussions of community too. First, nine respondents believed communities are **accepting** of all members. Including diversity in "community" was a theme when respondents referred to ideas of people coming together in a shared direction, equal access to support and benefits of membership, or discussions of unity among community members.

Second, when asked what community meant to them, seven respondents told stories about their social relations with others, being included or excluded as a member of a community. These experiences informed how they understood the role of "community" in their lives. Derek, for example, described having been given food by local businesses when he was homeless. These experiences and social relations shaped their emphasis of communities as a source of **support** to all members.

Third, my respondents found community in different areas of their lives, however, most named a particular **neighbourhood** as the community they belonged to. Eight respondents (Derek, Gord, Steve, Adrienne, Heather, Jove, Billy and Pam) referred to a geographical neighbourhood. Understanding a neighbourhood as "community" reflects the level of engagement and the time spent in these neighbourhoods as individuals who had no secure, private residence to stay in, who were forced to spend most of their time on the streets. Under these conditions they were subject to increased visibility and familiarity in these neighbourhoods, getting to know people working and living in the area and using the services available in the community. These respondents also performed community work in these neighbourhoods and developed a sense of pride, inclusion and belonging from this work.

Fourth, after describing their experiences of exclusion and their subsequent frustration with communities, respondents articulated the potential positive attributes of communities. All respondents recognized the **importance** of communities. My respondents' understanding of "community" centered on the idea of community as supportive, respectful, non-judgmental, accepting and inclusive, recognizing all members access to rights and benefits of being involved in community. Roberta, Gord, Star and Billy described an "ideal" community, characterized by inclusion, support and respect for difference and movement towards collective goals. In doing so, my respondents reflected on their experiences, envisioning the potential for communities to be accepting and diverse sites of support, and recognizing possibilities for inclusive communities.

Marginal Identities, Disruptions to the Life Course and Resulting Exclusion

A major theme of the stories told by my respondents was **marginalization**, how respondents' experiences of it caused or had contributed to their homelessness. This marginalization was the result of exclusion and discrimination directed towards their gender, class, racial and ethnic background, or a particular incident that resulted in their disadvantage. Tina, Sherena and Pam faced heightened discrimination, violence and particular forms of exclusion from accessing housing, policing services, and employment, directed at them for their non-normative gender identities as trans women. This has been found in other research studies reporting increased rates of violence against both homeless and housed transgendered individuals (See studies by Cook-Daniels and Munsun 2010; Mokonogho, Mittal and Quitangon 2010; Sakamoto et al. 2009; Valentine 2007). Their marginalization as trans women resulted in their exclusion from accessing the same opportunities as other citizens, and was a cause of other experiences they had over their life course thus far: homelessness, sex work, trauma, and addiction. In comparison, the heightened levels of homelessness faced by Aboriginal peoples and

racialized Canadians was reflected in the demographic backgrounds of my respondents, three of whom were of Aboriginal heritage, and another two who were racialized Canadians. The history of colonization in Canada and processes of assimilation discussed in Chapter Two was evident in Adrienne's involvement in the foster care system, her disconnection from family and her lower socio-economic status. The results of these forms of exclusion are based on political histories, colonization, systemic racism and transphobia that disproportionately marginalize and exclude people on the basis of gender, class and race in our society.

As discussed in Chapter Three, how respondents became homeless was not asked in the interview schedule. However, during the interviews several respondents told stories about how they came to live on the streets. They described experiencing a disruption in their live**s** that contributed to poverty and subsequent homelessness, repeated challenges growing up without family and social supports, or exclusion from institutions and opportunities as they faced discrimination. Jove and Billy experienced a workplace accident that prevented them from being able to work. Star and Adrienne's parents passed away when they were youths. Roberta and Derek were adopted into families but experienced disconnection and conflict with their adoptive parents that forced them to move out at early ages. Having a low level of education, Steve lost his job in a series of company cutbacks and could not find stable work in his older age. Tina experienced molestation as a child, and along with Sherena and Pam, experienced multiple forms of assault through engagement in sex work.

These life course disruptions resulting from different forms of oppressions and exclusions, and directly resulting from the death of parents, loss of a job, injuries, transphobic and racial discrimination, and histories of colonization and political violence, demonstrate how my respondents were marginalized prior to their experiences of homelessness based on their

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identities, particular life events, and lack of supportive relations. As a result, these individuals were vulnerable to homelessness in ways that conflict with stigma that attributes homelessness to the faults of the individual. Discrimination, inadequate social service supports and neo-liberal changes to the labour market or, in other words, external and social structural forces, interacted to cause exclusion and homelessness for individuals with little means to mitigate the effects of these dynamics.

STORIES OF EXCLUSION AND COPING ON THE STREETS

Day by Day: Surviving Daily Life on the Streets

When describing a typical day on the streets, respondents explained having to ensure that their own **immediate and daily needs were met** before they could commit larger amounts of energy, time or labour to help others. However, carrying out community work and helping others to meet their social reproduction needs can be involved with the process of meeting one's own survival needs. By giving back respondents could gain access to resources (e.g., food, money) or networks/relationships (e.g., referrals from service providers, favourable treatment at a shelter) that would help them, at that time in their lives on the streets, to meet their daily needs and get through the day. When engaging in social reproduction work to meet their personal daily needs, respondents had to strategize, planning their day and prioritizing their needs and concerns first.

The ways that individuals met and sustained their responsibilities can be labeled as "practical daily strategies for survival" (Neysmith et al. 2012:35). Four respondents discussed coping with their lives on the streets by taking it "day by day". This was demonstrated in Tina's opinions about living on the streets: "Ummm...hard, difficulty. Uhhmm, stress, tired... think about the next thing that you got to do, you know, you take a strategy to get you through the day

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or do this...Things that you have to survive on." This outlook was developed by four respondents who faced multiple daily challenges. Recognizing the constraints and limitations on their actions, including lack of resources, respondents chose not to become overwhelmed by all of the challenges they faced. Instead, they planned out their daily living by allocating resources, finding ways to earn money and safe housing or caring for urgent health issues, prioritizing the most important concerns. By having to focus on multiple social reproduction needs, respondents had little time, energy, or resources left to make concrete, long term plans a reality.

Precarious work, gendered violence and coping with insecurity. To meet their subsistence needs, nine respondents worked **temporary, unregulated or insecure jobs** to earn money. Several respondents participated in surveys, such as my own. Two respondents had dealt drugs, three had been involved in sex work and one had been a call girl. As previously mentioned, many of these unreported (or 'socially marginal') forms of work bring about increased dangers and the potential for violence, addictions, or threats to safety and health. For those excluded from accessing paid labour, participation in insecure work is also challenging because it cannot be practiced in the long term due to the risks involved. These points were described by Tina:

> People say, they discriminate [against] me because I'm a trans women or if I'm prostituting they'll say "or you're a man dressed in woman's clothing" or "you're a fagot", or all this name calling or people throwing cups of coffee, throwing eggs at you.....on the street. It's like, one guy picked me up, takes me to an alleyway in his car, turned around, locked his door, automatically locked and turned around and started raping me. So things like that that you have to think about, you don't know the chances you take. And there's nothing you can do about it. I mean and you can go to the cops and that's another thing how do you know if he's going to come back and kill me. Sometimes I can't take a walk down that street in that corner again because he'll think I'm there working still and if he does come back I don't know if he'll be in a different car or something. Do you know what I mean? Stuff like that so you keep your mouth shut, even if you do get raped.

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A main point of difference between male and female respondents was the forms of paid and unregulated labour practiced by women, especially sex work. All three trans women interviewed were involved in the sex trade industry, suggesting their limited access to, and therefore, exclusion and discrimination from, the formal economy. The above point also speaks to the major gendered difference between respondents: women's heightened experiences and concerns about **sexual violence**. Six female respondents emphasized the insecurity and danger they encountered when homeless from strangers, clients, other residents in the shelter, or the police. This differed from male respondents, two of whom spoke about incidents of physical violence and attack when living on the streets. Male respondents received harassment from security and police officers, however, the threat of violence was not a concern discussed by male respondents either for living on the street or engaging in unregulated labour. The three male respondents who earned money by performing unregulated work did so by playing guitar on the street corner or dealing drugs. As a result of increased violence, female respondents learned techniques to protect themselves. This included learning how to diffuse situations by "talking their way" out of fights, as described by Adrienne:

> ….So they'll just provoke me and I'll just walk away. I don't have time to fight anymore, man, I'm too old to be messing around with ya, and, you know, I can't be bothered to fight anymore. I'd rather talk my way out of it now, then actually swing or cut somebody. That's how I used to do, I used to be a slicer, right? So, and plus my life ban of no weapons helps out too. You know, it saves a lot of people anyways, ha.

The threat of violence not only influenced my respondent's access to resources, services, and shelters to meet their own needs, but also their community work. Roberta discussed not wanting to volunteer in organizations attended by men as she had been traumatized by her experience of sexual assault. Women could not risk living and sleeping alone, like Jove or Gord could, as being visibly alone on the streets left them vulnerable to attacks. Adrienne discussed

how her reputation and past history as a woman who was not afraid to fight back protected her as

others were wary of fighting with her. This finding is consistent with other research where young

women living on the streets reported that having a reputation as someone who is "tough" made

them feel safer (Haldenby, Berman and Forchuk 2007:1239). In comparison, Jove and Billy felt

that being nice to others on the streets was a way to create friendlier, and therefore, safer

relations. Generally, complete autonomy from networks, relationships, or other forms of support

was difficult for women living on the streets. In contrast to men, women more often discussed

coping and survival strategies to mitigate and avoid violent conflict, and to emotionally and

cognitively cope with the effects of trauma. Developing interpersonal skills of negotiation,

showing respect for others, and maintaining a reputation as someone who is "tough" were ways

that respondents prevented and coped with volatile encounters.

Using public services for basic needs. Using **public services and resources** helped

provide for daily social reproduction needs. Most respondents used shelters and transitional

residences for temporary housing stays. Although all of my respondents had stayed in shelters, at

the time of interview only two were residing in them. Seven respondents used local drop-ins for

meals and food. Eight respondents used food banks to collect additional food. Respondents knew

how and when to access these services and centers. Several respondents planned out their day

around what time they had to return to shelters for curfews, when meals were served at drop-ins

or which community centers had public phones they could use to track down social assistance

workers. Planning and strategizing to meet their own, and others', basic needs for the day took

up time and mental thought. Respondents attended drop-ins to use laundry machines, showers or

computer labs, participate in recreational programs, receive health care from doctors, dentists

and nurses, speak to counsellors or access safe use kits, condoms and other supplies. Using local

drop-ins and service agencies helped respondents meet basic daily necessities ranging from food, health care, recreation and support services. However, respondents had to organize their day in relation to accessing public services and the schedules set by these service agencies.

Mental and Emotional Labour: Coping with the Cognitive and Emotional Costs of Extreme Exclusion

Several respondents discussed the emotional toll homelessness had taken in their lives. When asked how they coped with the exclusion, discrimination and stigma they faced, respondents discussed the **mental and emotional techniques** to change their perceptions of the situation. Learning these coping techniques also protected them from internalizing judgment by others in society and the social script of being "bad" neo-liberal citizens who were unable to be "self-regulating" or to carry out the social roles expected of them at their age. Eight respondents felt **judged and de-valued** for their unemployment, homelessness, use of social services, being single and unattached to another person, or for an addiction. One strategy that Hannah, Roberta and Steve used to avoid being affected by stigma and negative social scripts was to "tune out" in order to disregard negative interactions. In doing so, these respondents disassociated and withdrew from others, preferring to be by themselves.

In contrast, Jove preferred to be optimistic. He spoke about his situation of homelessness as temporary. Jove felt he was different as he had "light at the end of the tunnel". Derek also had an optimistic and persistent attitude that enabled him to resist depression and negativity:

> Just thinking it's going to get better and not laying down and quitting. Like, I've always...ummm...like I'm an interview addict. I go to job interviews, I send my resume for everything, you know? It's always...it's crazy I always have a job, it's just difficult. It's so much better when I have a room or a place or an apartment to go to work then it is on the street, but I'm a sucker for punishment. I won't give up the job once I end up on the street. Hopefully this will the last time, I hope, that I am homeless.

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Derek attributed his perseverance, hard work and determination as traits he developed in his

childhood, growing up the adopted son of an abusive family and being outcast by them:

> I think a lot of it has to be the people who adopted me...they were like, I hate them
> [laugh], they were really abusive but like, the one thing that my father taught me to do
> was to get up and go to work, and you have to get up early in the morning and do chores.
> Like, they, they had their real, normal kids afterwards, they're own kids, so I was
> basically the rent-a-kid, I had to do all these chores and stuff that I got. After I got kicked
> out, I still finished high school after I was kicked out, like I was pumping gas at night and
> rented a place and stuff. I think it was something driven in me like I wanted to make sure
> that they thought I was not the piece of shit they thought I was going to be. And I think
> that is where it comes from.

Like Derek, several respondents were determined to find ways to improve their situation,

tapping into values that helped them cope. They explained inheriting these values from their

families, cultural backgrounds or by developing a resilience and strength through the hardships

they experienced. Despite differences of where these values and perspectives derived from, they

helped respondents to persevere. In addition, the values, memories and skills they developed in

their childhood and backgrounds connected them with a sense of themselves and identity that

was not associated with their homelessness. This awareness was evident in Sherena's interview,

as she referred to her values and survival in her childhood as equipping her with the strength and

skills to cope with life on the streets:

> Well, [respondent thinking]. I'm going to tell you a story. I grew up without running water
> or a bathroom my whole life. In a village of twenty people. A fishing village. Can you
> imagine what that's like? Being what I am? Where they shoot you first and they'll ask
> questions after they kill ya? I grew up in the snow about two floors deep. Everyone was
> as cold as hell off the Atlantic Ocean. My father was the most amazing man. He raised
> eight of us by himself, that's like, it takes quite a man to do that. And uhhh, he died a
> couple years ago, he's in a better place. The lord took him in his sleep, thank god. But I
> know what it's like to suffer, and nothing scares me. And when you're raised like that,
> tough like that, nothing scares you. I used to carry gallons of water, five in each arm, five
> or six times a day a half a mile to my house, to wash ourselves, to wash our clothes, we
> had to twist our clothes until the water couldn't come out anymore. Do you know what a
> washboard is? [Interviewer replies yes] Yeah, we'd used to use that. There are no washers,

and then, ha ha, we just hung the honey bucket. We used to call it the honey bucket, where you do one and two, and up on the hill. Ha ha ha. That was the honey bucket, put that in, the honey bucket! So, you know, girl, <u>nothing scares me girl</u>.

Sherena attributed her ability to survive as originating from her background, her social location and the strong values she developed from these experiences. She summed up to me these values: "were just, were survival. So you think this concrete jungle scared me? Not a bit."

Finding strength in religious or spiritual faith was a way for Steve, Jove, Star and Sherena to cope with the difficulties of life on the streets. Steve and Jove, both Christians, felt a strong connection with God and retained this by prayer. They had faith in a purpose for their time on the streets. Sherena did not pray to a God and instead prayed to her deceased father with the hope that the next day would be easier than the last.

Some respondents discussed that having a sense of gratitude for their situation compared to that of others helped them to cope with the challenges they experienced. With her knowledge of the injustices and atrocities that others experienced, Roberta explained how she coped with life on the streets:

> Gratitude that I, I don't have as much of a cross to bear as some of the women that I have witnessed, got. You know, there's some really, really, like, you can always go, there's always something worse going on than the last case story you heard at a shelter, right? They are destinations for people who would do rape. And it's not even classified as rape, because, you know, somebody with really advanced schizophrenia doesn't know they are being taken advantage of. You know? It's really disgusting, really disgusting. You know, the creeps that hang around with a bottle of beer, they take advantage of.....heartbreaking. What people will do for a cigarette, or a joint, or a beer, or twenty bucks. Heartbreaking. And then no accountability, and it's not even classified, like, you know. I'm like....if that were a university student she would be pressing charges. <u>Disgusting.</u>

Facing multiple discourses that depicted the homeless in a negative and stigmatizing way, several respondents developed a positive form of self awareness to prevent themselves from internalizing the negativity they were surrounded by. As a form of social reproduction,

respondents put energy into techniques to construct and affirm a positive, self-loving identity, an optimistic perspective, a sense of faith and gratitude to combat the discrimination, depression, and emotional negativity they experienced for being street involved or transgendered. My respondents performed emotional labour, a concept explored by Hochschild (1983,2008) to describe the requirement and effort to induce or suppress feelings in one's emotional state to feel a certain way and sustain an outward countenance for an expected role or for another person. As was described in Roberta's explanation, these feelings helped them to manage grief, tension or anguish to persevere. Respondents described the ways they carried out emotional labour, which was an on-going process that required consistent effort given the multiple forms of exclusion and marginalization they were subjected to.

"Feeding the bad dog": Riskier Ways of Coping

Altogether, nine respondents used **drugs or alcohol** to deal with the difficulties of life on the streets. Using drugs served practical and emotional purposes. Drugs helped respondents stay awake when they did not have shelter to return to and allowed them to be alert to potential threats when alone on the streets. Using substances also numbed them so they could not feel the cold of the winter or the hunger of not having food to eat. Three respondents described using drugs to cope with the traumas stemming from violent assaults when homeless, engaging in sex work, or when they were younger. Tina explained why she used drugs:

> I've been up for like, fifteen days doing hard crack, ummm…hard drugs, basically, ummm, not eating. Uhmmm, spending my money on drugs and liquor or anything I can get my hands on to get high. Umm, I was always had to be high because that's the nasty thing about doing what I'm doing for sexual money and whatever I do with guys is like, so sick sometimes....just gotta get high because you want to...because I've been raped and abused when I was a kid so most of the time I would be high doing it because I don't want to think of those psychological things that happened to me. So it's a big affect in that

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in my area so I do get high and I don't have to worry about it because I'm high and I don't care, you know, OK, I'm only doing my thing. And then the guys will be like, "OK, you're done, here's your money and go". It's like, OK, I'm high and then when I come down, it's like "Ohhh, now I have to get high again" [sighs]. You know? It's like, a rush, you're gonna get high again, before I go and do another date, you know, because it's so hard. After being abused and raped when you're a kid, and then being abused and raped when you're an adult, it's so hard.

The use of drugs and alcohol was described by some respondents to deal with the effects of depression, marginalization and the reality of extreme exclusion. The effects of this exclusion on one's self-confidence were described by Roberta:

You can chose to feed the good dog or you can chose to feed the bad dog. The bad dog can make much more noise and can silence the good dog because you feel so shitty about yourself. You are more inclined to feed the bad dog, right? Because you evaluate yourself as being nothing so it doesn't matter, right?

Respondents recognized the risks involved in drug use and the limitations of its usefulness to cope. This sentiment was expressed by Pamela, who explained why she used drugs: "Just to forget about it and to escape reality...[*sf]* when I'm finished getting high, reality is twice as hard." By understanding the practical and psychological reasons why individuals use substances it becomes evident that compounded forms of exclusion from health care, counselling, nutrition and adequate shelter can lead to substance use. This demonstrates how exclusion in one domain of life can lead to further exclusions, e.g., exclusion from access to counselling can lead to substance abuse to cope, which can in turn lead to further diminished mental and physical health and well-being.

Demanding Equality: Dealing with Institutional and Structural Exclusions

Respondents made **claims for their rights to housing and social support** from service agencies and the state. However, in the course of negotiating and pursuing their claims, several

respondents experienced exclusion from these institutions and public services. These institutional

exclusions took the form of discrimination, harassment or the non-compliance of public service

workers to recognize claims or carry out their duties for my respondents. In response, my

respondents were persistent, and described how they followed through with their claims because

they felt their rights as citizens should be recognized. Describing a history of unstable housing,

Roberta outlined how she balanced demanding improvement in the shelter system while risking

blacklisting and hostility from service workers. She risked these consequences for reporting on

deprivations from adequate shelter, safety, and conditions necessary for a healthy living:

> So....when I got here and I went to school, uhh, I was also really recovering from a lot of really bad crap that happened to me on the coast. Alright, so, it was, incurred so easy to get in so deep, so fast……[*sf*] And umm...then I got diagnosed with lupus, right? Through doing some of the work around the traumas that happened to me on the coast. Uhhh, I got diagnosed with lupus. And since then finding places to live that are comfortable for me where I am not constantly having anaphylaxis from whatever's in the air, or an asthma attack, or some giant rash or maybe there's, you know....really shitty things happened to me in some of the places that I've stayed so I move around a lot and wind up every six or seven years crashing in a shelter because you're out of money and your out of energy and you're out of solutions. So you...you go there. And there's, I mean, there's such a population there. Right, like? There's everything. Soup to nuts. And...yeah. It's just. It's a horrible, there's no dignity, there's no...I got myself into an awful lot of trouble. My shrink called out a couple of the shelters that I had been living in for some of their safety and hygiene practices...ummm...basically forcing them to renovate uhhh...which basically gets you on a blacklist, right? So basically I've been blacklisted and I've learned to keep my mouth and shut up and put up. And ummm...it's just awful. I mean, and everybody has stories…[*sf*]...I like had some kind of inalienable human rights but they're just trampled and thrown out the window when your living at the shelter. You don't know persona negrata until you've lived like that for an expendable period of time or all the time. And...like, just....the....the food poisonings, the outbreaks, the staph infections, the....like, they're filthy, they're full of bedbugs, they're just...it's disgraceful. It's just really disgraceful.

It is clear from Roberta's narrative that the system of services and shelters available to

her were not conducive to support her social reproductive needs. Her prior health and mental

health issues, in combination with the substandard and unhygienic conditions of the shelter, aggravated these health challenges. By making claims for improvement Roberta and other respondents expended effort to report on inadequate public services. Despite these actions, respondents potentially faced a diminishing quality of support and tense relationships with service workers and shelter environments – the very structures necessary for them to meet daily care needs and basic human rights.

Most respondents described **barriers to care** when accessing services and resources to provide for their mental, emotional and health needs. Steve described the conflict that ensued when he accessed welfare while also receiving his Canada Pension; this conflict forced him on the streets for a second time:

> I went in 1997, the first time I was out for approximately 8 months....then I got into a rooming house, then on welfare. And then about five months later I started getting bites on my arms from bedbugs and I had enough of that. I hit the streets again. I spent the entire winter, this time, living at City Hall. And then in '98, '99, '99 David Miller passed the bylaw that you can't sleep at City Hall…[*sf*]…So he umm formed Streets to Homes and made a sweep through City Hall, they asked me if I wanted housing and I said yes, I wanted good housing. They found out that I was over 59 I qualified for senior housing. Which means that I can get any seniors apartment building in the City of Toronto on a waiting list or no waiting list. Umm, I could be on top of the list for an apartment. One came available, I took it. And then I got back onto welfare again. Lived there for uhhh....probably four months. Then I received a nasty letter from welfare saying that I had a lot in pension. Which meant that, what happened back when I was working I took my pension with me, which means that I'd lock it away until I'm 65...ummm. At, at age 65 I could unlock it. If I unlock it before I'm 65 I would have to pay Revenue Canada half of it. Because when you're on welfare you're not supposed to get anything. Welfare did an audit on me and they found out I had this money. Which, again, caused homelessness. And, I went back on the streets for a very short time, less than a week.

As we see in Roberta and Steve's stories, the system of welfare and housing services can interact in ways that do not benefit the individual, resulting in sanctions. By reporting on poor conditions in the shelter system and refusing to unlock and lose half of his Pension, Roberta and

Steve were subjected to situations of marginalization and homelessness. Other respondents told similar stories of not being able to access welfare services or of welfare rates being insufficient for them to meet the costs of rent. My respondents coped in these situations by making choices regarding what welfare and support services to access that would best benefit them and their most immediate needs. Their decisions were made by assessing the constraints of their situations and social location. For example, Steve decided not to unlock his Pension, which forced him onto the streets. However, Roberta could not abandon the shelter system despite being blacklisted and having aggravated health conditions. The difference for this was gendered. Roberta had experienced sexual and physical violence in the past and would not risk sleeping on the streets in Toronto. Given the problems they encountered with the system of social services, respondents exercised agency by making challenging decisions in constrained circumstances.

Most respondents described **negative encounters with service agents** who were unsympathetic and did not want to serve clients with multiple challenges. At other times, respondents discussed difficulties tracking down service officers. Expending energy to find a public phone to make a call, leave and check messages with their caseworkers could be exhausting and time consuming. Billy coped with the frustrations of overworked and non-communicative caseworkers by learning patience, being emotionally calm, planning his day around contacting his caseworker, and remaining persistent with follow up.

Respondents also described the **inadequacy of the quality and quantity of public services**. Six respondents experienced bedbugs in social housing and shelters. Gord chose to sleep in shelters at the time of interview since his bachelor's apartment in social housing was infested. For years, Roberta and Adrienne had been on the wait list for social housing. The problems in making claims on (inadequate) welfare services suggests that our system of social

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welfare has achieved limited success in the goal of supporting individuals to gain housing or financial stability. In the experiences of my respondents, this means they are challenged in meeting long term social reproduction needs since they were without safe and stable shelter.

In dealing with institutions, respondents described **strategizing how best to negotiate around shelter and service policies** that restricted the flexibility of their lives and the range of choices they could make. This was most clearly described by Derek who attempted to balance full time construction work while homeless and residing in shelters:

> Ummm.....it's pretty hectic actually. Cause it's, like I said, most, usually I always have a job. And it's really tough being at work and thinking "where am I going to stay tonight?" when I get off work and trying to tell your boss I gotta leave early because you gotta stand in line to get into a shelter, you know, and then you're like sleeping outside, and if it's wintertime, it's kind of shitty, ha ha. And so, it's... and it's also, like, you don't want your employer to really know that you're living on the street either because there's this stigma, and it's like, "what are you some type of drug addict or alcoholic or dirt bag or whatever, you know?" So it's, it's kind of.... it's kind of like you're living in two different worlds when you're doing that, like, during the day you have to be presentable to go into work but it's hard to get presentable when you have to have a shave in a public washroom somewhere and you haven't got a shelter to stay in, or if uhh you have to be in work at six in the morning and breakfast isn't served till 7:30...you know? So it's kind of, it's really tough living on the street. And if you're at work all day and you don't have access to the drop-ins, so like you, if you want to clean, if you want to get your clothes washed or anything you can't be at a drop in to get it done. And just, if you do have a shelter to come home to, it's, if you've been at work all day you always got to keep your eye on your stuff all the time, so you can't come home and just empty your pockets, you know, on the night stand, and go to sleep and forget about it. You have to do all this preparation before you got to sleep. And a lot of time you don't get to go to sleep until 11, or 11:30, at night, and then you have to be up at 5, or 5:30, to go to work. So, it's pretty hectic to try to keep it together.

As we understand from Derek's experiences, the routine of working in the formal economy conflicts when being subject to shelter policies. Carrying out labour required for one's own social reproduction is constrained while facing barriers of limited time, securing a shelter

bed, following inflexible schedules for meals, stigma and having to exit and return to the shelter at set times. As a system, the conditions and policies of shelter services available for the homeless are problematic and can conflict when individuals seek paid labour in the formal economy. Living in a shelter and being subject to policies and curfews constrains what choices an individual can make and the opportunities to carry out paid and unpaid labour.

In making demands on institutions for assistance in meeting care needs, respondents were subject to discrimination by these same institutions on the basis of their class, gender and experiences on the streets. Star, Roberta, Pamela and Sherena discussed negative encounters with shelter workers who did not like them. They reported discrimination from shelter staff because of their non-normative gendered identities or because they had been vocal about advocating for better living conditions at the shelter. As a way to cope within a system of social services where they risked having their quality of services diminished, respondents discussed the importance of advocating for themselves. This could be done by speaking with management staff who may share valuable knowledge or file complaints, objecting when there was an injustice committed or having an advocate accompany them.

However, advocating for oneself and pursuing complaints proved to not always be a good option as it invited interference from security forces. Seven respondents reported **surveillance from the police**. Tina, as a sex worker, had been harassed by police when performing sex work, and in her youth, had been raped by a police officer while working. Roberta discussed being subjected to surveillance and stopped by police in two separate incidents, as they had mistaken her for another homeless woman. Gord and Derek had been harassed by police officers, with Derek being beaten and thrown into the waters off of Cherry Beach on a winter day, leaving him with near fatal hypothermia. It was evident from their stories and experiences that respondents

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could not rely on public safety and protection services from the police. In contrast, respondents had experienced discrimination and violent assault from police services.

In a political climate where fiscal austerity measures have resulted in the decrease of funding to social welfare supports, Star, Gord, Derek, Roberta and Sherena discussed how cuts to public programs they relied on affected their access to services and made their ability to meet social reproduction needs more difficult. These respondents discussed being given less donations from food banks, fears that funding to harm reduction programs would be cut, and increased wait times for social housing spaces. Star discussed how she was given only one TTC token to attend service programs to cover her transit there, but not her return. Meeting daily subsistence needs was made difficult and hampered by funding cuts that affected respondents' abilities to travel to make appointments, access resource centers or apply for support services, let alone, finding these services provided by third sector and welfare services reduced. This was evident as Sherena described a typical day on the streets. Her actions providing support and care to others intersected with her own social reproduction needs:

> Umm, go out and look for people to uhh.... street kids that uhh, don't know the direction they're going in, and help direct them. Umm, and I usually run into somebody who needs help. I don't know, but they seem to find me. I don't know what it is, I'm approachable I guess. Ummm....usually go with them to a hostel, or you know, to looking for an apartment, or a social agency, or uhh...I direct them home where they belong, ha ha ha [respondent laughs]. Ummm...sometimes I, when I don't run into somebody I usually just uhh... go and do the rounds to the uhhh, food banks and make sure that I have enough to carry me through the month. Uhh what more can I add, uhh, if I can't make it through the month, which I usually don't because of my cheque, I do the walk, every other day. I'm only allowed to go to one food bank once a month so that doesn't really help you. So I have to go all over the city and I have to walk everywhere. And my feet swell because I have a comp(complication) in my liver right? So I can't do a lot of walking. So it's very difficult for me and uhh, I'm lucky to be alive. Umm.... I don't know what more I can add to that. You can only do what you can do, right?

All of my respondents experienced **mental or physical health challenges**. For Sherena, her unnamed health condition that affected her liver was aggravated by having to walk to food banks to collect more food. This situation shows how exclusions are cyclical. Due to the insufficiency of support services, Sherena and other respondents had trouble meeting basic needs, in this case, of adequate food and caring for health conditions. In having an entire day devoted to meeting daily subsistence needs, achieving social or economic mobility is impossible. Instead, inadequate support for intersecting health, housing, employment and other basic needs left respondents facing multiple interrelated challenges in their lives.

Relational Coping: Interpersonal Resources and Giving Back as Mutual Support

After meeting daily care needs, and even despite them not being met necessarily well, respondents were active citizens in their communities. Six respondents told stories where they "gave back" in ways that required commitments or obligations at a period in their lives **after using community resources, networks, or receiving support** that had helped them survive on the streets. Respondents **built caring relationships** with others in their communities that had important benefits for them. By forming diverse relationships respondents were resourceful, and could gain opportunities, access to resources and support. As part of their work to create, sustain and manage relationships, giving back in this way was part of an exchange. This has been documented in other literature, as Lister writes that "drawing on resources is an active process of giving as well as receiving. Reciprocal help can also be in the form of mutual aid –the exchange of practical help between members of social networks." (2004:137).

Engaging in relationship building helped respondents to meet care needs that went beyond daily needs of shelter, security and food. Building, sustaining and managing relationships

was an on-going process for them. The women I interviewed were more likely than men to rely on or receive support from relationships with friends, acquaintances, or support workers, as well as being more likely to give back to individuals involved in these relationships. This was found in other research following the subsistence strategies of low income women and women facing poverty, where "Informal supports and networks were used by women respondents that came with obligations to reciprocate" (Luxton 2006b:243). By managing relationships with others my respondents developed relational strategies that helped them to cope with life on the streets. These relational strategies were inclusive of receiving help from others as well as helping others.

As is evident in past research, developing relationships with service providers and volunteer labour with organizations is one strategy where individuals can gain access to resources, opportunities for work, better and faster care services or important knowledge to help in meeting subsistence needs (See Ilcan and Basok 2004; Martin 2014). My interviews revealed that respondents were **active in the same organizations where they received services** and resources from, indicating a preference and experience in that line of work (e.g., peer work) and aid from that organization. Respondents became involved with these service providers by first attending and receiving services from these organizations, which had helped them during their time on the streets. Developing diverse networks connected them to opportunities to share their expertise to help others, in addition to gaining important resources for themselves. For example, Star participated in a documentary about addiction, and had been referred to other research projects through her networks. She explained the benefits she received from volunteering at organizations, demonstrating the advantages of giving back to others by developing networks:

> Resources, connections, information, networking, that's more valuable than money. Most things are more valuable than money. In my opinion. Because it would take a lot of money to get these things. If I can get these things without spending any money I'm smart, as far as I'm concerned. So yes, I've volunteered, because volunteering gets you

these things. Not to mention it creates a bond, an opening, between two people. Usually I'm volunteering for someone whose in a position of authority, in a position of.... of being able to help me or open doors later or tell me about opportunities. Or tell me about a survey. I don't worry about the money, I don't do anything for money. Money comes with it. Money is just the oil that greased the wheel.

Motivations to give back. The experience of living on the streets and the relationships they developed differently affected my respondents' motivations to give back to their communities. All of my respondents reported an **increase in well being and positive benefits** by giving back to a cause or helping others. In doing so, respondents felt more connected, happier, determined or passionate about working towards a goal, or resourceful by being a part of an exchange that would help with their subsistence needs. Their experiences of exclusion, hardship and marginalization motivated them to use their knowledge and skills to **prevent others** from experiencing the same challenges. My interview with Sherena was particularly memorable as she narrated to me her experiences growing up as a transgendered woman on the east coast and surviving as a sex worker. I interviewed Sherena at a local restaurant. While eating the peel of an orange she informed me that the peel was full of nutrients. In seeing my surprise she responded:

> There you go. A lot of people don't know that. I tell that to street kids, you know? And anything else I can. Try to discourage them from going to do tricks too, you know? I don't want them leading the life I've lead, you know? I've been at deaths door that many times. Look at my stab wound [respondent lifts up her shirt to show her large scar that starts from her lower stomach to neck]. All the way down my face, all the way down. And my eyeball was hanging out. It took ten years of plastic surgery. But umm...but I look good. But umm, I can laugh about it now, but I wasn't laughing back then.
> Reflecting on the experiences in her life and her near fatal stabbing as a sex worker,

Sherena had learned to cope with this incident by practicing a positive form of self-healing and drawing upon the values and the strength she gained from her childhood:

I've met a multitude of people, and uhh... they all seem to come up with one common denominator. Bitterness. And I don't do bitterness. If I had bitterness in me I wouldn't be sitting here. And for me, you take bitterness and change it into something positive. Because if you don't, you're going to be an awfully unhappy person. The person that stabbed me in my face, I forgave them. Do you know what that was like? [interviewer responds no]. It was one of the hardest things I've ever had to do, except for my father's death. I shook their hand in the courtroom, and I let them out on bail. I did that, I want you to think about that. I did that for me to be happy in life, you understand? Because otherwise I would not have been happy. Do you get that now?

Equipped with the knowledge, values and an outlook that changed violence in her life into a lesson for personal growth, Sherena spoke to youth to deter them from entering sex work, and therefore, from following her life course. In doing so Sherena was trying to "change the trauma into good", finding that giving back and counselling others to be more than just coping with exclusion and trauma, but a form of emotional healing.

Reflecting on their lives and experiences, several respondents developed a sense of **responsibility** to help others**.** This was accompanied by a confidence in their abilities as they felt that at this time in their lives they had gained knowledge that helped them survive their years on the streets. Tina, Adrienne, Billy, Pam, Roberta, Steve, and Sherena discussed how they were able to adapt to conditions of living and working on the streets, becoming motivated to share their wisdom to help others in the same situation. However, Tina, Billy and Adrienne also felt that they were too old to continue to live on the streets and had become tired of not having control over their addictions. By committing to an activity, organization or purpose, several respondents developed self-esteem and were able to regain a sense of control in their lives. Giving back was also one way some respondents slowed down their involvement in drug use or sex work. This is demonstrated when Tina discussed her motivations for giving back: "Because of my age, I'm getting older...plus I, I've tried to slow down, I have even slowed down myself.

My sexuality is… I'll still always be an addict..." In the following quote, Tina described why it was important that she give back:

> I don't know. I guess I mean I survived all these years to not have a lot of things happen to me. And I think that a lot of things have not happened to me now, and, it's because I'm good. Umm, I think I'm doing good. Umm, it's like I want you to know, it could save one person's life. If I could save one life, from what I've gone through, and there's a lot of young girls out there, like 16, 17 years old doing sex work right now. T-Girls. And like there's this girl she's 16 who I'm trying to help with that, she's like, she's only 16 years old, prostituting. You know what I mean? The minute you get into a car, the cops will charge you if they find out that your sixteen and buddy will get charged with statutory rape, even if you didn't have sex. Even if you asked to have sex with the guy. It doesn't matter. The guy gets charged, not you. Even if you ask the guy to have sex, he's still going to get charged. Because you're an adult. And she's only 16. And the guys only thirty something years old, forty years old, and then you're going to have sex with a sixteen year old? That's statutory rape.

In this excerpt, Tina explained that she advised other sex workers about their rights and the legality of sex work for youth who have to prostitute to survive. There is a tone of moral responsibility that Tina expressed when speaking about her relations with the younger sex workers. Her desire to "save one person's life" by sharing her knowledge emphasizes her sense of responsibility as an older and more experienced sex worker and her care to prevent others from suffering. Helping her less experienced peers also provided her with a sense of confidence in her abilities and knowledge. This confidence was echoed by several other respondents who, by contributing, found a renewed sense of purpose as they struggled through addiction or negative discourses about their social locations on the streets and their value as citizens.

Giving back after taking came up in discussions as all but one respondent actively used community organizations and centers for health care, food, shelter, advocacy or recreational services to assist in their social reproduction needs. As a result of their use of these services and, generally, for their experiences of drug use or addiction related to their homelessness, six respondents felt they should contribute to their community or a particular service organization.

They emphasized a sense of moral obligation comparable in active citizen discourse in their motivations to give back as they believed that they had "taken" from society without having "contributed". For some, a sense of regret and shame was attached to this motivation as these respondents were stable enough to be able to "give back" at this period in their life. This theme is evident in Billy's response to being asked why he gives back:

> What I put myself through out there, smoking crack on the street, doing stuff on the street, running up and down going to jail. It motivates me to become the way I should have been twenty five years ago. I did have a job at one time, working construction. Good money. Bust my knee though. Bust my knee cap in two. You know the round fellow, split like a peach. I had two operations with a piece of wire and two pins.

Even though Billy suffered a devastating injury as a construction worker, he had a sense of guilt and shame for being homeless and an ensuing addiction. At this time in his life he felt giving back was a way for him to take responsibility and "pay back", becoming who he feels he should have been years ago. He individualized his circumstance and the poverty he faced, his perspective not critical of the circumstance and structural factors causing his homelessness, such as the limited health care, social assistance supports or compensation provided by his workplace after his accident. Adrienne, Jove and Derek also expressed wanting to "give back after taking", reinforcing the notion of responsibility and reciprocity. This theme was narrated by respondents who described how their experiences and relations on the streets shaped their self-awareness as well as a re-articulation of the values that motivated them as helping members of their society.

Many respondents discussed wanting to help others, feeling **stable and confident** in their abilities and knowledge to do so. Other respondents described a sense of responsibility or a moral obligation to contribute to the services they used. Despite varying motivations, giving back to others was a form of coping that had positive benefits for respondents. As an exchange, by giving back respondents' developed a sense of purpose and a confidence in their skills, an

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increase in community participation and access to networks, opportunities and resources. Regardless of what they received in return, all respondents had the **desire and motivation to contribute to the betterment** of their communities and in the lives of others. As demonstrated by their motivations to support others, respondents were active in building and developing healthy communities that are vital in carrying out processes of social reproduction.

SOCIAL REPRODUCTION: STORIES OF CARING FOR OTHERS AND COMMUNITIES

How respondents were able to help others socially reproduce their daily and generational lives varied in the types of labour performed, as well as the impact of the labour on those receiving assistance. The means by which individuals gave back was reflective of their own skills, education, political beliefs, and experiences on the streets. In this study, the physical and mental work conducted by respondents was divided into "formal" or "informal" labour. Formal labour was divided by position of work: part time, peer work and volunteering; while informal labour was divided by the following categories: watching out and caring for others, emotional labour, sharing information and resources. Finally, strategies were carried out by respondents who acted with the intention to create social change. The work performed by respondents, as well as the effects and benefits for others, overlapped the categories mentioned above. This reflects the variety of skills, responsibilities and strengths of my respondents in the work they did, as well as the complexity of their community work.

Formal Labour

Formal labour was performed by individuals who held positions with established organizations or institutions as **paid workers**. Paid work with community organizations was performed by three respondents, all of whom worked one or multiple part time positions, but not

having found a single full time position in the social services to support them. Derek worked as a staff member for a local drop-in. Pam worked three part time positions, one with a sex workers organization, one at a neighbourhood health centre and the third as a peer worker for the CHO. Steve held one position as a trainer and educator with a Christian organization. Gord, Star, Derek, Sherena and Pam held peer worker positions with the CHO, receiving a small honorarium for their labour. Gord reluctantly admitted that he received an honorarium for his work; his reluctance stemmed from how honorariums are expected to be claimed as income when in receipt of social assistance, resulting in an adjustment of assistance payments. He explained to me that the amount they were paid through these honorariums was too low to provide for basic living standards in Toronto. This is in accordance with other research (see Fuller et al. 2008). The low paying, part time, and unsustainable work involved in the social services has been described elsewhere (see Blau 1989; Luxton 2006; Neysmith et al. 2012) and was apparent as these respondents carried out unregulated work, used community support services and worked other jobs to supplement these positions.

As peer workers, respondents described their activities conducting outreach to the street involved population. Activities ranged from providing public education by facilitating workshops or speaking at events to checking up and taking care of people living on the streets, distributing supplies, information and other resources. Respondents taught safe drug-use techniques, information about disease transmission and safe sex work tips to their peers and the public. Respondents' caring labour and information sharing in this way was crucially important for the street involved population who are faced with immediate needs and life threatening situations. Having a relationship with another person, especially a caregiver, can be necessary for survival.

This fact is communicated through Tina's commitment to a sex worker organization, and her

upcoming peer work position in which she will provide harm reduction services and outreach:

> Yeah, CHO they are going to get me into that program doing that uhh, [names Director of CHO] going to get me into that outreach work. Doing like harm reduction kits and talk to people in a number of groups and women groups that they have on Fridays, or, you know? And come up with other ideas to help other people and help the other communities, so that's my way of putting it into the community for girls who are on the streets or, who don't even have to prostitute. You know, they could be on the streets, living on the streets, give them some, uhh....feedback. Let them know when you're out there, you know, to help, this is what you have to look for, if anything happens, do this. You know? So, I had this idea years ago, when I first got raped, when I was prostituting and this guys license plate, I wrote it in pen on my arm. And then, I pulled my sleeve down, or whatever, so I'm thinking that if I get killed, they get the license plate. Right? Stuff that like, right? Like, the guys not going to think about my arm, and the license plate number. He's just going to kill you then dump you, right? And then drive off like nothing happened. Well, then they discover they found the body and it has the license plate. "Ohhhh, this girl wrote the license plate number of the guy that was trying to kill her, ohhh," …[*sf*]…So, you know, give them ideas that they can use and stuff like that, so I want to get into this program to give back to the community and help other girls as well.

In Tina's narrative the reasons community organizations hire peer workers is clear: their

level of experience, motivations, knowledge and skills mean that they give valuable

contributions by reaching out and caring for those on the streets, in their communities and peer

groups. Tina shared with me one technique she taught to her peers, which she learned after being

raped. This was to write identifying information on an inconspicuous part of her body. Her tip

helps her fellow sex workers and the police by tracing a predator and taking him off the streets.

By sharing the ideas and techniques she learned through her own experiences, she empowered

her peers to focus on their safety while working, and encouraged a caring network among fellow

street workers to share information and their experiences, and watch out for each other.

Derek provided services as a peer worker that had a tremendous value to ensure the

health and safety of others – he tested those living on the streets for transmitted diseases:

> Uhh, when I first started doing peer work like I spent...when I first came to Toronto I spent most of my time at Queen and Bathurst and uhh....so I worked for groups when I

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first started at CHO and it was getting on that bicycle and knapsack with, like, kits, harm reduction kits but also Ensure, razors, soap, toothpaste and we used to go under the Gardiner Expressway and make sure they were ok that were living down there. It didn't matter what kind of weather it was we went out and, these people started, they depend on you. If you say you're going to be there at like 8:00 they will be there waiting for you at 8:00 and uhh.....uhhh...in other ways it's been....[respondent thinks]....I....like I'm qualified to give a 3 minute HIV test, so, like, it's not anonymous, so like people would come in to my office and it's people that I know are not going to go anywhere else, like, the thing is once somebody has a relationship with you and they are going to come see you instead of go see a doctor or anything if they are thinking about getting an HIV test, you know? And it's just, it's a good way to make sure people are ok, like, you know, "That's kind of a nasty scratch you've got on your hand. Why don't you come have one of our doctors look at it?" whereas, you know, they would never go to an emergency and have it looked at because of discrimination. Umm....I've also done...on a team we developed and presented a Hep C workshop for drug users, street involved drug users and that went over really, really well.

Derek additionally described the scope of responsibilities he conducted as a peer worker. Physically, emotionally, and mentally draining, his responsibilities and labour are demanding, as he is expected to check on people who are dependent on him. Caring labour by peer workers is critical in providing health services and referrals to those who are vulnerable. This is seen through Derek's administering of HIV tests and referrals to reliable doctors and nurses, to ensure others received treatment and had access to appropriate health care. The peer workers also encouraged others to make claims to receive treatment and support for their health needs. In sharing knowledge, care, support, and resources for those living on the streets, peer workers positioned themselves as mediators between those facing extreme marginalization and organizations that provided needed services and resources. As is described in his and other peer workers' stories, their labour promoted the inclusion of those who are street involved who have been denied their rights to access health care and support. Such caregiving is vitally important to maintain the social reproduction of peers who are excluded from receiving care and services.

Ten respondents gave back to their communities by **volunteering**, either at the time of interview or in the past, with local organizations and agencies. Billy, Hannah and Star

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volunteered their time to make safe use kits at the CHO. Derek, Billy, Pam, Tina, Gord and Star delivered supplies, such as safe use kits, food and blankets. By volunteering, the efforts of these individuals can be viewed as more beneficial than the immediate acts of preparation and distribution of supplies. Volunteers share a community space where they come together, joined in a shared purpose and the belief of harm reduction, participating in collective forms of labour that created a sense of solidarity and for some, belonging. Providing needed resources to those facing extreme social exclusion also indicates these respondents' belief that all individuals should have access to resources and needed care, echoing a universal social rights model that practices a form of inclusion.

Community organizations are sustained through the volunteer, unpaid, or low-paying labour of individuals, such as those interviewed. Meanwhile, these respondents' survival is also dependent on these organizations. This pattern echoes the findings of other researchers who critiqued the neo-liberal state's downloading of the provision of services to communities and organizations, as well as a way for low income people to provide for themselves through their exchange of labour (see Edin and Lein 1997; Luxton 2006; Neysmith et al. 2012). As we can see from the above quotes, formal labour undertaken with community organizations provided basic social, emotional, healthcare and services to those on the streets in the absence of adequate state support. These organizations and places of formal, communal involvement became avenues for individuals to practice a form of inclusive citizenship and community building, where respondents ensured, advocated and supported others' in their attempts to access and claim basic human rights.

Informal Labour

Informal labour included work that was not organized and channeled through a structure or institution. Instead, it was accomplished through interactions, relationships with family, friends or acquaintances and networks of peers, neighbours or community members. Much of the informal labour was characterized by flexibility in the type of labour performed and the population the care was received by. This was a reflection of the limitations of resources and other priorities, especially the need to care for oneself that then could constrain how respondents gave back.

Focusing on how individuals gave back to their communities, I found most respondents reported that they took care of other people by providing physical care and carrying out emotional labour. Emotional labour included actions (e.g., giving advice) that fostered a sense of support and provided reassurance to others to promote their emotional well being. These informal forms of labour were often the same types of labour performed by peer workers and volunteers working for an organization but were not mediated by an institutional structure. Nearly all respondents took on informal labour in addition to their volunteer and paid work.

Watching out and caring for others. Recognizing the minimal care support and protections for those who are low income and socially excluded, respondents performed **caring labour for others** that was insufficiently provided by the social services. This need for service provision and care was addressed by Roberta when she discussed how she ensured that her friend Bonnie, who has severe schizophrenia, receives adequate care:

> …I'm there for my friend Bonnie, who, the lady with schizophrenia because I really love her core, umm.....[respondent pauses to think]. And yeah, like there's so few people that she connects with, she gets really bullied and I know she's getting stuff happening to her, there's, I'm really concerned. I'm going to speak this week to a nurse about, umm, what goes by there about stuff I think might be happening to Bonnie. She's complaining about

getting bee stings between her legs which....yeah, sounds like....something. Maybe herpes, I don't know. Maybe she got it from somebody in Bellwoods. So, I'm worried. Stuff like that. It's just, it's just. I don't know [said in a worried tone].

In caring and advocating for her friend Roberta filled a care role that should be provided, but is not, by the health care system. Roberta's presence ensured that Bonnie, who was not able to defend or advocate for herself, was taken care of. Roberta, however, was the only respondent who discussed visiting someone as a way to give back. This form of caring labour is found in literature about women's social reproduction and provisioning work, as it is a form of labour that is flexible and, as is seen above, crucial as a form of secondary care to check up and ensure the health of others (see Bezanson 2006; Luxton 2006). As is described by Bezanson, "Access to care is not an equal opportunity game" (2006:109) and those with resources, status, experience and confidence have better results when navigating the health care system. Without Roberta's skill at navigating the health care and social support system, Bonnie may have fared much worse.

Watching out for peers on the streets was another way to give back to one's community or neighbourhood. Tina and Pam discussed looking out for fellow sex workers when working on the streets by sharing important information about violent customers and taking notice of the customers of their peers. In doing so, they ensured one another's safety and created relationships of protection and accountability. Billy, Star and Tina took care of others who were using drugs to prevent them from being assaulted or taken advantage of. This form of protective care was organized on the basis of a shared social location and familiarity with one another, such as groups of sex workers, neighbours, or those who shared a similar routine, as explained by Steve:

It wasn't that much, umm....[respondent thinks]....no, we umm, when I was living at City Hall and since, umm, it was like a small little community where we would look after, watch over each other. Umm, well like I was friendly with the guy that was sleeping next to me. He and I would watch out for one another. It was, it was through guys like him that I found out where we could stash our stuff at night. During the day, you didn't ask me that question. Umm, there was an old construction site over by the courthouse by City Hall

where we would stash all our stuff. Especially if it had been freshly snowed there was old stuff that they had, uhh, I would take snow and just throw it on top of my bag I said, as I said, that bag had been there and we would all do the same thing. We would pick up the corners of this construction site. It was like a barrier all the way around. And then we would just do it that way. And come over late at night we would pick up our bags and drag them to City Hall and put them all down. Weekends we were allowed to sleep a little longer than during the weekdays. Ummm...... but very seldom there were people around City Hall so the Security would let us sleep in but during the week Security would make sure that we were out of there by 8:00 in the morning. Yep, about 8:00. By then we were all gone anyways because we'd get up early enough and be gone, go to the bus station and start the day in the bus station.

Steve described how, altogether, those sleeping outside of City Hall practiced similar daily routines, sharing information, storing belongings and watching out for each other from physical dangers. Steve likened the forms of support between individuals to a "small, little community". Although Steve's story was unique as this group did display a sense of support and aid for each other, several other respondents discussed not being able to trust others on the streets. Half of my respondents struggled with an addiction that, when high, made them vulnerable to theft or assault. Steve's story of physically caring for one another while sleeping on the streets was not discussed by any of the women interviewed, who chose to sleep in shelters or with a male partner to prevent sexual assault.

"Deep down inside they just need someone to talk to": Stories of emotional labour.
Respondents cared for other people by providing appropriate **emotional support** to comfort and assist them, often by engaging in discussions. The labour of providing emotional support was most often identified by female respondents as how they gave back. Tina, in her role as the eldest sex worker in her neighbourhood, shared information that taught younger sex workers, but also comforted and sympathized with them after experiences of assault. Jove initiated discussions with people passing by on the street, which was how I initially came to know him. By singing and playing guitar, he put a smile on other people's faces and started a conversation. In other

stories, providing emotional labour was far more demanding and serious when respondents were faced with crisis situations. In the following Billy tells stories about how he provided crisis support to an acquaintance and strangers he encountered on the streets:

> Yeah, yeah, well if I see someone laying down in the middle of the ground and they're...if you're just taking a seat that's not going to help. You know? Most people just stand there. First thing you gotta do is turn them over on their side. Most people are going to stand there, with the phone in their hand and not dial 911, you know? I used to know this girl and she'd go into a state of seizures. I was in Ontario [restaurant] one day, so I slid, I ran, she started shaking, so I slid and slide like a baseball slide so she wouldn't fall and hit her head, and then caught her and laid her on her side. Now I'm telling you, people didn't call the ambulance, they were walking by standing and looking at me. "Still wondering? I'm <u>gonna punch you in the fucking face man, you better call an ambulance?" and then they move, you know</u>? Like, when you see two guys fighting, I don't really try to get them involved in that, right? I just, sometime I try to intervene, tell them, if I know the two guys. Try to talk to them, laugh at a joke, and get them, kind of relaxed. Tell them see that, "now, why don't we all just have a cigarette and relax on this shit?" you know? I used to do a lot of fighting too, did a lot of kickboxing and shit, you know? I don't want any more fighting too, unless I have to. Saved a guy from cutting his throat in Parkdale one day, I was walking by. Just walked by, sitting there with his beer and crack pipe, rusty blade, everything sitting away. I see him selling rock and water and I go around. "Hey bud, what's up, how you doing?" He looks up at me and he picks up [respondent makes a gesture referring to how the man picked up the blade and held it to his throat]. "No, no, no, you don't want to do that man!" "Yeah, why is that?" "I want a cigarette." I gave him a cigarette. I say "Here's a cigarette, now put the blade down". I tell him "That's no good man. You do that, you're going to do that, what's your mother and your father going to think about?" Then he thought about it, right? He says "What? You're just going to walk off?" I say "no, I'm going to sit down and talk to you. We're good, we'll have a drink, OK?" Smoked a bit, went down to the police station drunk. Usually, he nevertheless forgets that, though, and that's a good thing. You know, you're walking by and somebody cuts his throat and blood comes flying out you would think, "what would happen to me?" I would go crazy, you know? 'Cause everybody, these people on the street are very strong, but they're not really that strong, it's just that outlook they see on us. They see you walking down the street and a guy's homeless and he's all rough and tough, but he's not, you know? Deep down inside they just need someone to talk to.

In this account, Billy describes how he adeptly de-escalated three crisis situations. His ability to resolve emergencies, in addition to including others in providing assistance, is telling of his ability to think and act capably in a high stress situation. Billy also mentioned the apathy that people walking by have for the homeless. He did not receive help from others until he raised his

voice telling those passing by to call 911. To resolve a fight and prevent a suicide attempt, Billy talked with and calmed down those involved. He negotiated with them to prevent further harm, using humour or sharing cigarettes to relieve tension, empathizing with the individuals involved and accompanying them to receive help after diffusing the situation. He performed "tension management" a term described by Luxton (1980:68) to describe the strategies and actions undertaken to diffuse, displace, and avoid tensions, conflicts and threats so as to reproduce labour power. Billy did this by strategizing how to appeal and negotiate with the two men to break up the fight and relieve the tension created as a result of their struggle and disagreement. His ability to mitigate these crises demonstrated his skill, care, and knowledge in situations involving acquaintances and strangers whom he chose to assist. In finishing the telling of these events, Billy indicated to me that there is no difference between the homeless and housed, everyone needs attention, care, and someone to talk to. The emotional labour carried out by respondents is needed on the streets just as it is elsewhere, and the effects of this in providing support, perspective, and a positive influence have dramatic benefits for the emotional and mental well being of others.

However, managing emotions and providing emotional support was a complex task that required a strategy and consideration of how this could be most effective. Roberta, having been homeless and transient for years, had a keen awareness of her marginalization. She wanted to prevent others from internalizing unnecessary negativity and shame when they found themselves without housing. To do this she advocated for others who had less encounters and experience with service providers:

> So this woman, she's, I know her through her work, ummm, and then she lost her job and she found herself living in a shelter and while she was living in a shelter she would drop by WOW and she would be like "wow man, I'm not getting it". Like, until you don't know that you're not supposed to have any dignity you still maintain this illusion of

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having some dignity. But, like "ooohhh I see what's happening". Like, you're staying at, you know, [name of shelter] and she, there's this situation... they will not put a toilet seat on the porcelain. It's just the bare porcelain. And she just thinks it's just some aberration of, you know, some oversight, some little laxness, something. She doesn't get that they're actually are doing it intentionally, right? And I'll kind of help her without, you know, getting her all riled up. Explain how to go about this....how long, how much longer is she going to stay there, does she really want to advocate for the toilet seat? How to do it probably the most effectively? Who to stay away from, who to go to. Here are the phone numbers. Just...that kind of thing cause...hopefully she gets out before she gets the low down and before she really understands that they don't want her to have a toilet seat and that they're doing it on purpose.

In this story, Roberta told how she performed tension management by sparing a fellow shelter resident of unnecessary negativity and emotional distress, protecting her from certain realizations that would upset her. Instead Roberta shared information about how to receive assistance and taught the other individual to advocate for herself in the shelter. Roberta described the shame and indignity that people who find themselves homeless are expected to feel about their situation, and how these feelings are reinforced materially through the deprivation of basic items, such as a toilet seat. By providing emotional support to an acquaintance in the same situation, Roberta fostered a relationship with the other woman on the basis of shared experience and empathy. She extended support to the other person who was in a position of extreme marginalization, being new in the shelter. Through emotional labour and informational exchange, my respondents **taught others how to advocate** for themselves and how to navigate the system of service providers. As we can see, this caring labour had an important mental and emotional impact, providing a sense of social support, as well as teaching others how to make claims to a better standard of living while on the streets.

There are some activities engaged in by respondents that not only have value by sharing information or resources, but also assisted in daily survival strategies, transforming other peoples' perceptions of one another and themselves, and of building inclusion. **Networking** with

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others was a strategy that facilitated giving back, by developing relations with others that

promoted sharing of information, resources, and emotional support, increasing awareness,

solidarity and inclusion. In the following quote Star explained how she gave back by developing

relationships:

> To dispense information, to network. I'm big on the resources. Everything is about resources. I mean I got a ride down here. Before I got out, my neighbour, there were three of them, they all saw me, they were all going to the CNE. My neighbour says to me we should all just catch ourselves today, because one of them asked me a question from the front seat and I was answering it. It was about needing information, they needed information, I can't even remember if it was a what or a who or a when or whatever. And this guy is a drug addict, we should all just attach ourselves to your bag, and come along with you and you know that's what I do. I hook people up, with information, with resources, with other people, with, with, well get them hooked up with themselves. And in touch with who they are that got lost in the muck of being homeless.... <u>In the fog of being an addict, and being a fucking victim</u>. I used to know an Indian, a native lady. I'm sorry I'm old world, to me it was always Indian. A native lady who used to sit on the corner of Bathurst and Queen and say "here comes another victim". That's how she saw everybody in terms of what kind of victim they would be. I'm the opposite of that. I see everybody in terms of what they can do, and what I'm trying to get out of them too. It's not just what I'm trying to get out of them, if they give, they'll open up. To discover about themselves and they'll get so much more back.

In developing and maintaining supportive, informal networks Star ensured the care of others by

sharing food and allowing others to couch surf with her or use substances in the protection of her

home. As is evident from her narrative, these networks were mutually beneficial, supportive

relationships that join people together. Exhibiting responsibility, determination and the use of

knowledge and skills, respondents gave back to others, practicing an ideal, inclusive community.

"It's what and who you know". All of the people I interviewed indicated that they helped

others by **sharing important information.** Sharing information encompassed more than

providing necessary information, it also equipped another person with the skills and resources to

help them advocate for themselves in the long term. Steve, Sherena, Pam, Billy and Tina shared

personal experiences, stories, and knowledge about life on the streets when mentoring and

counselling homeless youth. Working with youth was seen as an important way for them to give back as they felt they could prevent youth from high risk situations. Billy wanted to become a Youth Counsellor. In his spare time he would speak to youth addicts about his own drug use in an attempt to deter them from using hard drugs, especially crack cocaine. As a form of social reproduction, the sharing of information by these respondents helped to ensure the safety and health of the next generation. In keeping with their middle age, several respondents demonstrated their desire to protect others of a younger generation, divulging personal experiences and building relationships with youth to provide support, counselling and wisdom.

In addition to sharing information, six respondents **shared resources** in the form of food, transit tokens, services, money and their residence. Despite respondents' limited access to physical or financial resources, they contributed to a culture of sharing what was available to them with someone else in need. Many were generous in allowing friends and trusting relations to couch surf in their residences at times in their lives when they had housing. One respondent, Adrienne, shared her unique gift of energy healing on others with a physical injury. She referred to herself as a "native healer" and would perform this service by focusing and holding the injured area, and through this process the illness or pain was transferred out of the other person. I witnessed her perform this healing during the interview on her boyfriend, who had a large swelling on his wrist that was visible to all of us. Adrienne performed energy healing, holding the swelling for several minutes in silence. Four and a half minutes later the swelling had noticeably reduced. Adrienne shared her unique gift with others who were hurt, although she explained to me that she would do so at the risk of diminishing her own energy. Overall, the idea of sharing what was available to them, ensuring that others had access to resources and

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information, was a common way for respondents to give back and stemmed from their desire to help others.

Transformative Strategies

After analyzing respondents' stories about how and why they gave back, a theme emerged that described the purposeful social and political effects of their informal and formal labour to help their communities. My respondents carried out these strategies with the goal to create broader social change. Neysmith, Reitsma-Street, Collins and Porter (2012) introduced the concept of "transformative strategies" in their study of women's provisioning relationships and responsibilities with their communities. Transformative strategies are inclusive of methods to recreate identity, resist stereotypes and stigmas, engage with responsibilities and envision a future for themselves and in relationships with others (Neysmith et al. 2012:36-7). These strategies have the effect of changing the broader social and political landscapes surrounding individuals and extend beyond daily survival and provisioning activities (Neysmith et al. 2012:37). My respondents displayed transformative strategies in acting with, and at times against, the structural and relational boundaries and norms of their communities and their social relations.

This section strays from above categories of formal and informal labour, as transformative strategies are inclusive of both forms of labour. Transformative strategies performed by respondents included initiating dialogue to **create awareness and generate collective knowledge** about issues and subjects that were meaningful to respondents. Gord, Derek and Star shared knowledge about safe drug use practices in their everyday interactions with people on the streets. As peer workers, respondents' adopted a harm reduction and safe sex work approach that reflected their political and personal convictions towards drug use and sex

work, and promoted political change. They conducted public education to groups of business professionals, school youth, and the general public about sex work, homelessness, disease transmission, and harm reduction. A general lack of knowledge and stereotyping about homelessness and harm reduction contributes to the stigmatization of the street involved population. This can reduce public interest to support needed resources and services for the street involved, which can aid in the reproduction of conditions of daily living on the streets. By engaging in public education, respondents challenged stereotypes and ignorance, including the association of harm reduction approaches with enabling drug use, as well as apathetic attitudes directed towards the street involved. This work resonated in Derek's approach to public speaking about harm reduction and disease transmission:

> Like, I've done harm reduction presentations and Hep C presentations to really dry groups that know nothing about harm reduction. You know, I get up and do a spiel about harm reduction, like, harm reduction is basically making sure that everyone has the same accessibility to services in the community that everyone else does. And then we hand out these [safe use kits] and you start to see the eyes start rolling as you hand out kits and stuff. And I'm thinking "ohh god" and then I look up and I go "we hand these out because there are three stages to somebody's addiction. There's the pre-contemplative, there's the contemplative and the action. The pre-contemplative is you don't really give a shit, you don't have a problem. The contemplative is "maybe I do have a problem". And the action is you're doing something about it." I said, "and isn't it nice when someone decides to do something about it but they don't have Hepatitis C or HIV because they did it the right way? Because personally I know myself, if I did that, I was clean and sober, that it would be right out of the question for me to be clean and sober if I had one of these diseases." Then you start to see the lights going on in people's heads, you know? And it's like information like this that would help them also, it's, like, people don't get the information, they see the propaganda about it all, you know, so they only see one side of it.

In this quote Derek identified how public and political support for abstinence only services pervades health, community, and social services geared for addicts in Toronto. His point highlighted how this approach does not work for many people struggling with addictions as it fails to address the multiple concerns faced by drug users, including the effects on health, and does not promote the coordinated services and care needed to facilitate decreased drug use.

Furthermore, Derek appealed to the public in a way that mirrored his understanding of "community": emphasizing that *all* people in a community should have equal access to services and care. As is evident in the initial attitudes of the public he speaks to, support for harm reduction is contested in Toronto, and the services these organizations and my respondents provided are some of the few options available for users to increase their health and safety while using, since abstinence has not worked for them. Listening to those living on the streets, the peer workers were responsive to the needs and concerns of users, providing alternative services for them and shaping the social and political environment to promote change.

Other transformative methods performed by several respondents included engaging in political activism and campaigning on issues affecting their communities. Their activism was important for the community, by heightening awareness about relevant issues to the public, in addition to providing a collective sense of support and identity brought together through shared values and political positions. Gord was proud and passionate when describing to me his activism with various community groups on issues related to harm reduction, homelessness and social housing. Sherena, Tina and Pamela challenged public perceptions about transgendered individuals through discussion, and by advocating for better rights and services for trans individuals. During our interview Sherena pointed out that Pam had made significant contributions for trans people on the streets. For years, Pam had protested against discrimination in the shelter system, advocating for trans people to be admitted into shelters corresponding with their self-identified gender. Sherena claimed that as a result of Pam's work throughout the years, several women's shelters changed their policies to admit trans women as residents. However, Tina, Sherena and Pam agreed that there was still more work to be done to ensure the inclusion of trans people and their safety, shelter and access to quality services and care.

These transformative strategies had the effect of changing public understanding. In doing so, respondents were shaping the consciousness and awareness prevalent in their neighbourhoods, communities and society, challenging the stigmas and stereotypes that inhibit inclusive communities. By building and maintaining relations with others and engaging them in meaningful discussions, respondents shared their values centered on supportive communities. Through their actions to transform social understandings, respondents are helping to build an inclusive society where diverse individuals are supported in meeting their social reproductive needs.

HOMELESSNESS AND STORIES OF CHANGING PERCEPTIONS OF SELF

My respondents brought to this study a vast range of knowledge, standpoints and social locations. There was no one way that respondents had been affected by homelessness but all respondents told stories of **learning to adapt and survive** while living on the streets. Respondents learned how to do this by being exposed to new experiences and evaluating their values, motivations and goals in light of these experiences. After reflecting on how they had changed since living on the streets, the majority of respondents expressed a **change in their sense of self**. However, there was variation between my respondents as to whether and how they had changed after and throughout homelessness.

Respondents discussed with me how they had gained **knowledge and strengths** from learning how to survive on the streets after reflecting on how their sense of self had changed after living on the streets. This was commonly referred to as their "education", an insight Tina shared with me when I asked about her level of education. Respondents were proud of their resourcefulness and what they learned throughout their time on the street. Adrienne was proud of her survival skills, and told me that I needed to learn this too:

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R:	I got wiser, a lot wiser. And stronger. And...[Pause] for a grade 9 education I think I am pretty educated. Ha ha.

I:	Yep, there's a strong education you get that is outside of school.

R:	Yeah, street wise, street wise. Well, I try to tell people who are fresh out of school, OK, you have to have the streetwise wisdom as well. Because if you don't you're not going to get anywhere. Right? You ain't. Education is good, that is going to help you through life to get jobs and stuff. But if you don't have the streetwise, the street wisdom, you're not going to be able to relate to the people. And they're just going to say, "Ohh, money, right on, that's it." And feed you pure shit, right? So...that's another thing too you're going to learn.

Adrienne's pride in learning how to survive on the streets is evident in this dialogue. She learned how to take care of herself, negotiating social relations with others that, for her, completed a balanced education between formal schooling and an education from the streets.

Respondents learned skills and attitudes that helped them survive and cope with dangerous encounters on the streets. Surviving through these ordeals was a critical component of their sense of self as **resilient survivors**. Adrienne was proud of her reputation as a woman who fought back against her boyfriends and other attackers. She learned about her own strength and emphasized to me the strength of all women. Roberta referred to herself as a "mouthpiece", defending herself when harassed and targeted by men. Tina, described herself as having street smarts as one of the most experienced sex workers in her neighbourhood.

In response to the intensity of life on the streets and their maturing age, my respondents described how their **values had changed**. After surviving through homelessness my respondents re-evaluated what was important for them and what they had learned through their experiences. Eleven respondents had become motivated to give back to their communities after becoming homeless. Changes to their subjectivity included a **sense of purpose** or a **responsibility** to help others. Understanding themselves as smart, adaptable and determined is a significant finding which challenges stereotypes of the homeless as characterized by deficits, and the neo-liberal

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script of "undeserving", incapable citizens. For example, Gord described his sense of self as one that was connected to the streets, as he identified himself with others who experienced marginalization and stigma. An activist and harm reduction peer worker, his social location shaped his commitment and sense of connection to others. He was comfortable and felt a sense of belonging on the streets, where he had been living since 1991. Gord's sense of belonging contradicted the disaffiliation and self-shaming often credited to the experience of homelessness in current research. Instead, Gord internalized an alternative discourse of belonging, connection and fulfillment. The acceptance of an identity associated with life on the streets and homelessness was shared by Adrienne who, like Gord, had been living on the streets for a longer period of time.

Gord's sense of self, however, was somewhat anomalous. Experiencing **stigma and shame** for living in poverty and being homeless surfaced in conversation with ten of the twelve respondents. Three people who had long term, stable housing and employment prior to living on the streets described a disruption to their self-confidence and self-esteem through that transition. This disruption came from multiple sources. Two respondents acknowledged that due to the conditions of living on the streets and not having access to stable residence, maintaining basic care, including trying to stay clean, healthy and "presentable", was challenging and affected how they thought about themselves. Other respondents felt embarrassed because of their visibility in public as someone who is unemployed and homeless. This, at times, made them feel "less than" other citizens. The following dialogue with Steve suggests this stigma:

> R: It's umm....I don't know. It messed me up. It really does. It's just like...I've done all that. Umm, I'm back as a citizen and not, not just as a hobo or a umm.....I can walk down the street and be very proud. I've been there and done that. And umm, it's it's nice that I have money in my pocket. And I can go to a fancy restaurant for a meal. Ummm....yeah it's just...it's just lifted me up, very high.

I: Did you, because you went from a middle class lifestyle to living on the streets, did it change any of your values about what was important either in yourself or in other people?

R: Um, it has. It has. Umm, one thing back when I'm, back when I was working, I would see somebody sitting down panhandling and I would just walk by them and ignore them as if they don't exist. Today, that's far different. I go and sit with them and I will talk to them. Umm, they are my friends. Um, you know I have a lot of street friends now that I didn't have back then. And I'm not as scared, I'm not, you know, I will just go and see somebody and I will sit right beside them. Not in front of them but beside them and sit and talk with them.

Steve reflects on his sense of pride as having returned from life on the streets to being housed, with financial stability. However, his perspective is telling of the separation between "citizen" and "homeless" through his statement: "I'm back as a citizen and not, not just a hobo". This quote is demonstrative of a sense of shame that was expressed by some respondents who did not necessarily always feel like "contributing" citizens, at least in terms of normative ideas of contributing as paid work. For some respondents, their sense of self was connected to and measured against neo-liberal ideas of the active citizen. When these citizens were not able to emulate neo-liberal ideals of self-regulation, instead experiencing what was seen by them as reflective of their inability to be self-sufficient, e.g., homelessness, welfare users, unemployed or addicted, they felt shame. Reflecting neo-liberal ideals of who is seen as a valued citizen, Steve embraces an "active citizen subjectivity" (Pulkingham, Fuller and Kershaw 2010) as an identity that adopts neo-liberal notions about the roles and responsibilities of citizens. Proud of his contributions through volunteer and paid work at the time of interview, however, disaffiliated and embarrassed during his period of homelessness when he was not involved in community work related to homelessness. At the time of the interview Steve was leading educational tours to the public and working with youth to teach them about homelessness. Steve experienced a shift of perspective and subjectivity in relations with others after moving out of homelessness, being

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able to empathize with those on the streets. Steve's feelings about himself changed from shame to pride in discussing stories of his work and different aspects of his life, all the while adopting expectations of his responsibilities as a citizen.

Six respondents discussed being **expected to conform** to duties and responsibilities of the neo-liberal citizen which were being self-regulating, taking control of their own welfare and contributing through involvement in the formal economy. Although respondents were acutely aware of social and political discourses about their social worth, they also articulated oppositional subjectivities and perceptions of their identity. They found a sense of self that was not tied to neo-liberal norms of active citizenship and they *gained* this after learning, adapting and surviving on the streets. These respondents described having a sense of self-esteem and self that was not attached to material things or social location. They, instead, understood a sense of self that was connected to their life experiences on the margins. However, they faced competing discourses and stigmas associated with their poverty and homelessness, and actively worked to resist the shaming and the effects of these discourses on their subjectivity. In the following explanation, Roberta described how she felt expected to conform to the judgments and position expected of her:

> I'm...OK my personal experience I never really personalized it negatively through my own lens. But, some of the people that I've met have given me their perspective on it that really kind of.....I don't know....like tainted, like I've imputed kind of stuff that wasn't naturally there before. I've always been a bit of a free spirit. Uhh, always been pretty generous. I like to live pretty light, you know. Like having all these, I don't know like... I don't derive self esteem from my address, personally. Although I do understand it is assigned to me and you get better respect if you're not living, you know, downtown east Vancouver when you go to the hospital. Like, it's just not a good address to be sporting when you show up in the emergency room. Right? So I understand that. Um but it didn't really...you don't get it until you really start to impute it as, you know, it's assigned to you. You start to be given a role and you're expected to perform in that role and if you don't perform, or conform to that role that's been assigned to you....you're punished. Like terribly for it, right? So, it's abuse. And it's downward, the downward mobility is so encouraged, right? It's...that's your direction, go! There's no leg up here, there's no way

out. You need to be down, I need to keep you down. Most of the people working in shelters are like two or three paychecks or less from being in the exact same situation and their terrified I think. And that's the only distinction, sometimes I think that's the only distinction that they themselves can make, is by being....making the distinction of your actually have to be.... an outer class to even have....because they're so close to that edge that I kind of...I don't know what the solution is, like. Maybe validate their positions more. Maybe give them a better kind of more lateral thinking on what their role is, you know what I mean. Because right now it's just...everything's a straight jacket. Get in and get tied up, don't everything is. Including what their roles are, right? Truly, it's a sad, sad state and it has to come from a whole society.

Roberta demonstrates that despite being proud of herself, and separating her value from her social location and class, she felt societal shaming. Service workers made a distinction between themselves and her, and she was expected to conform to her social location since she was not submitting to the roles of the "good citizen" and the status quo. Her critique about how society did not value her as a woman who was unemployed, facing extreme health and mental health issues, and living in poverty, is telling of the awareness of the stigma towards people living on the streets, and the work that it takes for individuals to resist absorbing this discrimination. Indeed, Roberta described multiple interpretations and stereotypes that my respondents were subjected to in their daily interactions with service workers, the public, and in political discourses about homelessness. Roberta's quote also demonstrates the complexity and shifting nature of my respondents' subjectivity, having confidence and esteem for their skills and knowledge to survive but also affected by the stigma and shame for being homeless.

"But you're still the same person within, but you're not." Although nine respondents confirmed with me that their sense of self had changed after living on the streets, three were confident that their understanding of self remained the same since becoming homeless. They were the same person and held the same values and personality characteristics (e.g., "a good person") as when they were housed. These individuals described themselves in familial social roles as mothers, fathers, brothers and daughters. Their relationships with family were important

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to them and in how they understood themselves. Two of these respondents, Jove and Hannah,

had been experiencing homelessness for less than four years, before then working and living

with their family. This contrasted with respondents who had lived their entire lives on and off the

streets, who could not make a separation between themselves before and after homelessness.

Although responding that her sense of self had not changed since becoming homeless, Hannah

did feel the challenge to her sense of self because her relationships with others had dramatically

changed:

> I don't, I don't, um...discrimination to me is something that is never really affected me at
> all. I've never really, it just goes right over my head. So I guess what I mean is....I don't
> know because if you're, some people just seem to slide on the street, they don't need to
> separate people but if you come from a background where you're working and you've got
> friends and you're going out, you're going shopping, la la la, you're one of the girls, you
> know and all of a sudden you find yourself drug addicted, homeless and everything like
> that it puts you in a sort of...[respondent thinking]....I don't know, just I guess the starting
> of it, discrimination with your friends, just the way they treat you, the, the, the way they
> act...you know, uh, but you're still the same person within but you're not. Um.

Hannah's experience is telling of how my respondents' subjectivity was in conflict with

how others viewed and treated someone who is "homeless". Respondents who had not grown up

on the streets held on to their values, beliefs, social roles and the enjoyable experiences they

lived before their time on the streets. However, for these respondents their environment, social

relations, self-care and daily survival practices had been dramatic changes in how they lived and

carried out activities necessary for social reproduction. They had to put energy into maintaining a

positive sense of self in light of the overwhelming exclusions of homelessness doing so, in part,

by holding firm to the beliefs, social roles and values that they had prior to their homelessness.

These reflexive identities and subjectivities are significant in light of the stigmatization and

discrimination they were subjected to.

As we can see, respondents had complex understandings of themselves and how their

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sense of self had changed. The challenges they encountered living on the streets put them in direct confrontation with situations that made them question their values, capabilities, and ability to survive. At the same time as dealing with the physical challenges on the streets, they faced a stigmatizing script about their merit as individuals and citizens. For most respondents, their sense of self had changed after living on the streets, being forced to adapt and learn from their experiences and relationships, at times motivating them and fostering a sense of responsibility.

SUMMARY

Despite belonging to different communities, an analysis of respondents' understanding of "community" revealed shared themes of inclusion, support, respect and acceptance. My respondents practiced these values in the various ways that they gave back. Respondents told stories of how they performed formal and informal labour critical to the social reproduction of others while living on the streets. Through their commitment to "give back", respondents participated in developing caring relationships, providing labour that helped themselves and others to survive in the absence of adequate services and supports and in the context of scarce resources. A main finding in their stories is understanding "giving back" as a way to cope and survive through the exclusions and marginalization they experienced. Furthermore, this labour was transformative, encouraging social and political change on issues that affected them and their peers. Respondents discussed that their sense of self had been affected by their time on the streets, through a process of learning how to survive and adapt, re-assessing what was important for them, and comparing their social worth and sense of self with neo-liberal norms of active citizenship. However, three respondents did not feel that homelessness had changed their sense of self. In the next section I re-conceptualize what it means to "contribute", including the diverse forms of labour that citizens shoulder to survive in a neo-liberal state.

Chapter 5

Discussion

I begin this section by returning to the questions of this research, namely, to consider whether my findings permit me to re-conceptualize what it means to "contribute" to society. I first discuss how my respondents' support for others suggests that "contributing" as an active citizen can be expanded beyond a neo-liberal ethic to incorporate various forms of labour important for the survival and well being of others. My respondents gave back in any way possible, which entailed the development of relationships of reciprocity that had positive, mutually beneficial effects. These contributions are then contrasted to neo-liberal understandings of the roles and responsibilities of "active" citizens. The recognition of diverse ways to give back allows for a more accurate re-framing of "contributing" in a neo-liberal political economy: helping to develop symbiotic relationships of support and care that form the base of communities. With this re-conceptualization, it becomes clear how people experiencing homelessness are active, contributing citizens.

The paradox of caregiving and support in a neo-liberal state is discussed in this chapter: my respondents fill a care gap exacerbated by a restructured welfare system and a neo-liberal state that has downloaded responsibility for social reproduction to organizations and individuals. These neo-liberal changes shaped their need to provide for themselves and each other, and their ability to do so. However, the labour performed by my respondents had transformative effects that surpassed providing for the basic needs and survival of others. By challenging negative stigmas and discourses about the social worth of the "homeless" as citizens, resisting the individualization of citizens and creating relationships of care in the midst of a crisis in social reproduction by an increasingly neo-liberal state, respondents' labour was transformative.

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Through their praxis, respondents modeled their understanding of inclusive communities characterized by support to all members and respect for equal rights, and practiced new forms of "citizenship" beyond neo-liberal understandings. The chapter finishes by suggesting recommendations to improve the system of social supports for people experiencing homelessness.

"CONTRIBUTING" WHEN HOMELESS VERSUS THE ACTIVE NEO-LIBERAL CITIZEN: MEETING SOCIAL REPRODUCTION NEEDS "ANY WAY POSSIBLE"

Three major findings can be discerned from the presentation of respondents' narratives in Chapter Four. First, respondents found unique ways to give back, exercising agency to realize their goals. They were resourceful and made use of what personal, social and cultural capital they had access to. Furthermore, my respondents emphasized to me that "contributing" should be *recognized* and *valued* in all the different ways in which they supported and cared for one another. This idea was expressed in Star's recognition of everyday forms of informal labour that were shaped through her experiences on the streets: "...what I do is volunteer every day, every single day. Every day. From helping somebody cross the street with their baggage…*[SF]*…It's part of who I am. I've incorporated that serving personality to the realities of the world as it was shown to me from being homeless."

Second, the majority of respondents conducted outreach, shared information, or provided counselling and other forms of emotional support. These forms of labour have been provided to Canadian citizens through a system of social and health care services and community service agencies, as they are critical to maintain the health and well being of the population. This realization was of greater consequence when considering the third finding: that my respondents' care and labour demonstrated how services that are essential to provide for the health, well being

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and survival of others were being provided at the street level by unpaid or underpaid workers. At the same time, these workers were being excluded from accessing and practicing social rights of housing and health care, and were subject to a lowered standard of living as citizens.

Respondents' opportunities to contribute were shaped by the neo-liberal climate. As discussed in Chapter Two, the effects of neo-liberal policies, including the restructuring and withdrawal of responsibility for welfare services, individualized problems of meeting social reproduction needs, shaping citizens, households and communities to be responsible to meet their own needs. Fudge and Cossman (2002:21) refer to this process of *individualization* characterizing the reconstitution of a variety of social issues to be viewed in highly individualized terms, both with respect to solutions and causes for these social issues. Individualization of social issues coincides with welfare state restructuring, influencing the process of *reprivatization*, where formerly public goods and services become located in private spheres of family, charity and/or the market (Fudge and Cossman 2002:20).

The effects of a poor labour economy, reduced and inadequate welfare and social support services, and survival on the streets forced respondents to cope with the marginalization and exclusion they faced, and they did this, in part, by giving back. These effects were described in my respondents' stories as they narrated challenges in accessing health and welfare services and supports for daily needs, such as transit and food. By giving back, respondents were able to meet some of their social reproduction needs by creating and managing relationships with other people. All of my respondents acknowledged that giving back helped them to survive and cope with homelessness, by gaining emotional support, information, resources, monetary gain, opportunities, skills, a sense of control and increased social networks. Similar research on the unpaid labour and volunteerism by individuals of lower income levels has found that workers

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can have access to resources, opportunities and care through their labour with an organization or informal relationships with neighbours or peers (see Fuller et al. 2008; Ilcan and Basok 2004; Luxton 2006b). Divisions between contributing and taking care of oneself collapsed as respondents strategically and resourcefully accessed money, food, networks, and a psychological sense of well being by giving back. My respondents' reasons for giving back were often in line with Fuller et al.'s understanding of care work "as a medium of exchange underpinned by relations of reciprocity within poor communities" (2008:7). Respondents were motivated by personal values, and at times, a sense of empathy and responsibility, and usually, their vulnerable social status in a neo-liberal state where social issues have become individualized and formerly public services reprivatized.

How respondents gave back was also shaped by the neo-liberal climate as they were constrained by their social exclusion and social location, limited from accessing resources and capital that would help them meet social reproduction needs. The sum total of available resources of time and money that an individual can independently control impacts the standard of living experienced by them (Addis 2003:189). Recall that the welfare state plays a key role to allow citizens to achieve a certain standard of living. It reallocates money and time between citizens based on needs, doing so, for example, by providing public services or cash transfers (Addis 2003:189). Because of their unpaid participation in the labour market and a restructured welfare state that individualized social reproduction needs, respondents had limited time, resources and energy to devote to caring for others after meeting their own survival needs on the streets. Therefore, they had a lowered standard of living and limited resources.

"Giving back" was performed by respondents in diverse ways by their taking into account the options and resources available to them at that time in their lives. Specifically, they

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gave back through volunteer or peer work with an organization, building relationships, sharing information and resources, providing emotional care and watching over others. These struggles to achieve basic daily needs suggest the changing role of the state from redistributing resources among citizens to meet a quality standard of living, to shaping subsistence practices for citizens to become "self-sufficient". Respondents' stories about their challenges and efforts to provide for themselves revealed that meeting a certain standard of living was an <u>individual</u> responsibility. As this research has shown, meeting a quality standard of living was not achieved, as all respondents struggled with exclusions from the labour market and housing services, receiving health care for chronic conditions, and more. By giving back using the resources and opportunities available given the constraints of social location, most daily needs of respondents, and those they helped, were met as they cared for their social reproduction in the neo-liberal state.

Based on the diversity of ways respondents gave back to their neighbours, community members, strangers or peers, a single motivation or act would fail to characterize how they contributed. Nonetheless, the range of labour conducted by respondents had the broader effect of creating and sustaining relationships of support and care. With this understanding we need to re-conceptualize what "contributing" is in a neo-liberal climate. A re-conceptualized vision of "contributing" would recognize any form of labour that promotes the well-being and supports the social reproduction of all individuals involved in relationships of care. The diverse motivations, standpoints and work performed by my respondents demonstrated that contributing was a process directed by a set of values and beliefs: the need to care for oneself, a desire to help others, a belief in reciprocity, or adherence to the principle of equal rights. These factors and values guided a process aimed to improve wellness and interconnectedness, inclusion and mutual support between people.

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The type of work, motivations, and involvement performed by my respondents to give back and develop supportive relationships did not conform to neo-liberal imaginings of citizenship. For them, giving back was inclusive of helping an elderly person cross the street, passing along information, or sharing resources. This participation by citizens to "contribute" to one's society and community was starkly different from neo-liberal perspectives on "contributing" seen as engagement in the formal economy. Instead of "contributing" through paid work to achieve neo-liberal values of self-reliance and self-regulation as individual citizens, the labour performed by my respondents was done to help themselves and others, having the effect of creating inclusive, caring communities.

Recall that neo-liberal discourse advances that citizens have responsibilities and obligations to be self-sufficient and self-regulating by contributing through labour market participation when accessing services and making claims on the state, reflecting an individualized version of citizenship. Active citizen discourse further stresses the participation and contributions of citizens, prioritized, but not exclusive to, the labour market. On the one hand, an active citizen discourse had been adopted by respondents who referred to themselves as "wanting to give back after taking" or "returning as citizens". On the other hand, despite multiple and, at times, competing motivations of responsibility, survival and altruism, how they contributed, as well as their practice of helping anyone who needed help, differed from neo-liberal understandings of the responsibilities of citizens to the state. Their recognition and practice of inclusive communities demonstrated their envisioning of a form of collective support premised on equal rights that all citizens are entitled to. My respondents respect and practice this form of community and collective responsibility between each other, in contrast to an individualized version of neo-liberal citizenship. In light of this, I argue that a re-conceptualized

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understanding of "contributing" is needed in order to recognize that all people, including people without homes, are citizens engaging in forms of inclusive community.

A Fuzzy Paradox: Excluding the "Undeserving"

The neo-liberal state has cut back support to individuals, families and communities to stress their individual responsibility for their own well-being (Bezanson 2006). This responsibilization is carried out as citizens are expected to conform to neo-liberal and neo-conservative ideals of self-regulating citizens who are not "welfare dependent". As a result, families and communities have had to increase their work, and responsibilities, due to welfare state restructuring and devolution. However, the increased responsibilities and work undertaken by people living on the streets are overlooked even though they are faced with the need to cope with the effects of neo-liberal welfare state restructuring. Homeless people provide supports to others – necessitated by neo-liberal cutbacks. And yet they are part of the very group deemed "undeserving" of support. Instead of being recognized as contributing citizens (or members of society) and treated equally, people who are homeless are socially excluded and are reduced in their ability to access rights of housing and health because of their unemployment in the formal economy. This is because in the current climate of neo-liberal and Third Way[13] principles in Canada, responsibilities of citizens are individualized and prioritized over their rights in a version of market citizenship (Gazso 2009:48). In a neo-liberal perspective, people experiencing

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[13] In Third Way politics the role of government is to create a social investment state (see Giddens 1998). A social investment state promotes investment in human capital and life-long learning in order to adapt to insecurities of a capitalist labour market. These social policies should be productive as an investment, enhancing people's capacity to participate in the labour market and targeting those most at risk of exclusion to facilitate social cohesion (Gazso 2009:48; Jensen and Saint-Martin 2003:86-7). Third Way principles share with neo-liberal values the mantra of individual responsibility and obligation.

homelessness have not been "responsible" for meeting their own needs, which could be met if they work in the formal economy, achieving self-regulation, financial stability and independence. In neo-liberal and social discourse, their lowered social and class location is attributed to their "deficits" as people. This discourse has contributed to the stigmatization and stereotyping of people experiencing homelessness. In contrast to these stereotypes, the labour performed by my respondents demonstrated how people living in poverty and homelessness are responding to the crisis in social reproduction by caring for themselves, and others, in ways that demonstrated their resourcefulness and independence. My respondents felt the weight of welfare restructuring and the increasing responsibility to provide for themselves and their communities. They described the day-to-day survival strategies, the ongoing health, subsistence, and safety challenges, and their limited change of socio-economic status. As a result, individuals were forced to lower their expectations in standards of living, as they witnessed a diminished quality of services provided to them. This was told in stories of bedbugs in shelters, years listed on social housing waitlists, discrimination from overworked service workers and poor service care at local hospitals. By strategizing to ensure their daily survival and to support others, respondents were resilient, responding to the challenges in their lives. The work performed by my respondents demonstrated how their labour is comparable to paid work in skill, knowledge, and commitment. Additionally, their values, character, resilience and determination demonstrated their strengths as individuals - and not their deficits.

However, the paradox remains that people who are homeless are subject to social discourses as "undeserving" and not "contributing". It is evident that the types of caring and labour provided by respondents are undervalued by a neo-liberal state and society that views "contributing" as paid employment. Martin (2014) argues that community work is undervalued

as this work lacks a profit motive in a capitalist system that endorses revenue and productivity. Furthermore, the neo-liberal state, through a process called familialization, reconstitutes formerly public goods and services, including care work for family members, to the domain of the family to be responsible for, where they are assumed to "naturally" belong (Fudge and Cossman 2002:21;Vosko 2006:148). For individuals who cannot rely on family relationships, such as my respondents, managing and taking care for oneself is difficult to meet given limitations of time and resources. This study provided examples of the minimal financial and material compensation respondents received in return for their labour, in addition to the unmet social service provisions to support their daily and long term needs. The negation of alternative forms of "contributing" aside from paid work ignores the context and social location of people's lives. For my respondents, the challenges of structural restrictions, health issues and discrimination meant that finding and keeping paid work was not a possibility when facing immediate social reproduction needs that consumed their day. Their contributions go unrecognized and undercompensated (or unpaid) as they do not conform to neo-liberal notions of "contributing" and labour that validates paid work in the labour market. Until these forms of caring labour are politically recognized as citizenship activities and compensated, the exclusion and marginalization of individuals carrying out necessary social reproduction labour will continue.

The increasing amount of unpaid labour taken up by citizens reflects the withdrawal of the neo-liberal state's involvement in providing for social reproduction. In capitalism, the state's primary responsibility is to ensure a stable economy and labour market, separating the process of social reproduction from the capitalist system of production through the labour force (Vosko 2006:147). As a result, the state's role is to mediate crisis tendencies in social reproduction (Picchio 1992; Vosko 2006:147). However, the provision for social welfare has been outsourced

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to nonprofit organizations (Martin 2010:131). This work is then shifted onto citizens to sustain and care for the workforce by providing their labour to organizations as volunteers and unpaid workers. My respondents contributed to the quality of life of other people through a range of actions and social benefits: by administering HIV tests that help others become aware of their health needs, distributing safe use kits and resources, or performing tension management to minimize conflicts. How my respondents contribute and care for others is no different from the ways that housed citizens are coping with the increased stress of neo-liberal restructuring. However, the context of scarcity under which this labour is performed by my respondents is a primary difference in addition to the fact that this work and caring labour was a necessity for them to survive through the marginalization of homelessness.

Without the vital ways that respondents give back by performing labour with one another and for organizations, the nature of the current neo-liberal state would be further undermined as social welfare provisions are increasingly dependent on the unpaid work of citizens. Regardless of the critical importance of my respondents' labour to care for others, neo-liberal discourses of "responsible" and "contributing" citizens mask the increasing labour shifted onto citizens and the deepening inequalities in meeting social reproduction needs and accessing support for these needs. These social inequalities exist under a system of tiered citizenship exacerbated under neo-liberalism, as those experiencing homelessness and social exclusion cannot access the same services and rights to housing and health care as other citizens. By failing to oppose neo-liberal discourses of who is an active, "contributing" citizen, these inequalities go unchallenged.

Blaming the Individual: Ignoring Historical Sociopolitical Relationships in Canada

Neo-liberal perspectives that understand the causes of homelessness as resulting from the faults of the individual and which individualize solutions for homelessness not only ignores

structural and social exclusions that are exacerbated by neo-liberal policies, but also the colonial history of the Canadian state. The ongoing effects resulting from colonial and neo-colonial policies and institutions (Bird et al. 2010:7; Leach 2010:12; McCall et al. 2009; Patrick 2014:10-1; Ruttan et al. 2008) that have resulted in historical dispossession of Aboriginal lands (Leach 2010:12), intergenerational trauma (Bird et al. 2010:7; Menzies 2009; Ruttan et al. 2008), structural and systemic racism (Bird et al. 2010:8; McCall et al. 2009; Ruttan et al. 2008), Aboriginal policy (Bird et al. 2010:7; Menzies 2009; Patrick 2014:10-1), inequitable and limited access to quality health, housing and education opportunities (Bird et al. 2010:7-8; McCall et al. 2009), in combination with the current neo-liberal political climate, have contributed to disproportionate socio-economic indicators among Aboriginal peoples, including increased rates of homelessness. Researcher Menzies (2009) argues that social policies have resulted in the disruption of family, social and community ties which have had traumatic effects on the ability for individuals to achieve spiritual, physical, emotional and mental well being. This trauma becomes intergenerational when experienced by more than one individual in a family. In his research with Aboriginal men in Toronto, Menzies (2009:12) found that their experiences with homelessness appeared to be linked to historical social policies through the intergenerational trauma experienced by generations of their family and communities. These men were separated or alienated from support systems of family, community and nation, and, once homeless, they did not receive adequate support (Menzies 2009:18). Separation from support systems of family and nation was evident in Adrienne's life history, through her experience of migration to Toronto from her home community, the death of her parents at an early age, her involvement in foster care and resulting experiences of homelessness. However, Adrienne was proud of her heritage as a Haudenosaunee woman, as she narrated to me stories about performing "native healing", and

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her dedicated path of helping others through this gift and knowledge as a street-smart survivor.

Regardless of shared historical and contemporary circumstances of many Aboriginal people,

trajectories leading into and out of homelessness can be a complex combination of factors

(Patrick 2014:11). These multiple factors, as previously discussed, have led to homelessness for

Jove and Billy, who also identified being of First Nations heritage. Although Canada's colonial

relationship with First Nations, Inuit and Metis communities has had traumatic and devastating

effects, how these effects have impacted the lives of individuals should not be based solely upon

generalizations or findings from research that obscure their unique experiences. However, by

expanding our perspective to understand the historical, political and structural relationships of

power in Canada, it becomes evident how an individualized view of the responsibilities of the

individual does not take into account the historical injustice committed against certain social

groups and identities. When understanding deprivation, marginalization and social issues such as

addiction or homelessness that are disproportionately experienced among segments of the

population, we need to broaden our perspective beyond the immediate life course of the

individual to take into account the structural, social and political histories and relationships. This

requires challenging the dominant neo-liberal discourse that ignores the complex historical and

political relationships in Canada.

DEVELOPING INCLUSIVE COMMUNITY WHILE THE STATE DEVOLVES
RESPONSIBILITY

As was evident from the examples of my respondents to provide care for others,

community organizations and citizens are not able to absorb the challenges brought about by a

restructured welfare state and the devolution of services. Citizens turn to community

organizations and depend on informal networks of support, while community organizations are

reliant on the unpaid (or underpaid) labour of volunteers or peer workers. Some of the ways my respondents gave back reflected how the social services necessary for supporting the health and well being of the public were inadequate. This was demonstrated through Roberta's care work visiting and advocating for her friend Bonnie with severe schizophrenia, ensuring she received proper medical attention. Sherena also provided services and unpaid care through outreach, having a critical role in counselling and checking up on homeless youth. Although the individuals in my study were responding to the costs of neo-liberal policies and the diminishment and devolution of welfare services, they were not passive agents as the state withdrew from their lives. Instead, they were active in choosing how and whom to support and strategizing ways to cope. While done out of necessity to survive, my respondents were fulfilling their own personal goals and motivations by giving back in ways that promoted inclusive citizenship and relations of support. In this way, the actions and motivations of my respondents did not only suggest the need to re-think what it means to contribute to society, they also emphasized the need to re-consider the meaning of "community" as respondents practiced new, and transformative, forms of community.

Transforming Community

As previously discussed, respondents modeled their understanding of supportive, inclusive and diverse communities by giving back and contributing to anyone who needed assistance. In doing so, their labour resulted in new forms of relationships and practices of caring for others, characterized by reciprocity, social support and inclusion. Their understanding of "community" was not bounded by geography, a particular social identity, or one particular interest. Instead their understanding was based on values of acceptance, equality and inclusion of others. Their understanding of "community" suggests that not only was their practice of

"contributing" in transformation from dominant social and neo-liberal understandings, their practice of citizenship activities that facilitated inclusive, supportive communities was in transformation as well.

In contrast to ideas of communities where membership is based on exclusive features that members have attained (e.g., housing residence), respondents affirmed that their communities were composed of diverse people. This acceptance of diversity cannot be used to describe the experiences of four respondents who felt excluded from belonging to a "community" when homeless. In being subject to discrimination and exclusion for their gendered or sexual identity, isolation and disconnection from caring networks, or a stigmatizing discourse that fosters a sense of shame, not all of my respondents were able to access the support from an inclusive community to receive care for issues that originated from social and structural exclusions. Instead, the inability to pay rent because of a recent lay off or seeking help for an addiction caused by the need to forget past traumas, among other examples, were labeled as "personal issues" specific to the individual, left to care for on their own. In recognizing the ways that respondents contributed to others, they are imagining and practicing new ways to be citizens outside of neo-liberal imaginings. The work of community building and reciprocal, social support is oppositional to the individualization of social problems under neo-liberal restructuring. Recall that in neo-liberal ideologies, the individual is expected to be responsible for their own marginalization and poverty, placing blame on the individual and ignoring systemic, political and societal factors that cause poverty and exclusion. My respondents' choices and motivations to help and support others were in opposition to this idea. By giving back respondents participated in labour that resisted the individualization of social problems and social reproduction needs by creating caring relationships.

This study found that building relationships with people of different socio-economic backgrounds and involvement with community organizations helped respondents to meet basic needs. Studies on reciprocity and social capital among people or neighbourhoods experiencing deprivation and poverty have reported reduced levels of reciprocal exchanges (Phan, Blumer and Demaiter 2009; Harknett and Hartnett 2011). Reasons for this were attributed to limited personal resources (Offer 2012:795; Phan et al. 2009:909,911), with respondents in some studies not wanting to exhaust their goodwill (Edin and Lein 1997). One study reviewing literature on the subject of reciprocity among families who were low income found that individuals cannot rely on others in their networks for reciprocal support of resources, services, or labour (Offer 2012). In comparison, several of my respondents reported not expecting returns for physical resources they shared with peers on the streets or for others to reciprocate into the relationship at a particular time. They understood the scarcity that affected one another's access to physical resources. This fits with relevant literature reporting that as socio-economic deprivation increases, reciprocal exchanges become unequal as it is difficult to adhere to norms of reciprocity (Harknett and Hartnett 2011:872). Despite the conditions of material scarcity, my respondents were still willing to help and participate in relationships of care with others by providing information, emotional support, and sharing what resources they had access to at that time in their lives. Being able to share what was available to them was practiced in these relationships. Characterized by a limited access to resources that could delay reciprocation of physical resources, how my respondents gave back encompassed more than material contributions. Reciprocating by sharing emotions, energy, information, and resources in these relationships was important for their survival and well being.

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Furthermore, providing care work has been argued to have transformative effects related to collective knowledge and social identity. As Martin argues: "Care work can transform alienating individual experiences into collective understandings of social structures, racial hierarchies, and economic exploitation" (2014:19). Steve, Derek, Gord, Star, Tina, Pam, and Sherena expressed social identities that were based on political commitments to their communities in order to bring about social change. For example, several respondents advocated harm reduction principles, speaking at public events about the importance of supporting harm reduction practices and joining protests and campaigns to promote a Safe Injection Facility (SIF) in Toronto. Despite the growth of research that shows that harm reduction practices decrease HIV and Hepatitis transmission rates, promote drug cessation, and increase treatment options (Kerr and Wood 2013; Urban Health Research Initiative [UHRI] 2013), support for these practices are stifled by conservative values regarding drug use. Carrying out collective actions, such as campaigning for more harm reduction services, shaped their own social identities, as well as social values and public opinions. This had the effect of promoting social change in their communities. Their actions to contribute to society suggested that respondents developed a sense of care, and at times, responsibility for others, recognizing everyone's rights to live and be supported. Through their practice of giving back and the effects of their contributions, we can see that marginal communities are not conforming to neo-liberal imaginings of citizenship. Instead they are transforming the practice of "community", while envisioning new ways to be engaging and caring citizens.

IMPROVING SOCIAL SERVICES AND SOCIAL REPRODUCTION: RESPONDENTS'
RECOMMENDATIONS FOR SOCIAL SUPPORT SERVICES FOR THE HOMELESS

An additional goal of this research was to ask respondents to name services that helped
them to cope on the streets. All of my respondents told stories about needing adequate,
affordable and safe housing. As was evident from their narratives, respondents were vulnerable
to assault, violence, theft, illness and health problems when living on the streets. They
experienced difficulties living in shelters, where curfews and schedules for meals and entry/exits
from the shelter conflicted with the routines of respondents, making them hard to follow. In my
interviews several respondents facing addictions described the support that living in transitional
and supportive housing provided for them. Other respondents could have avoided homelessness
if there was more affordable, clean and safe housing units available.

Overall, there are six major recommendations that can be made on the basis of findings
from this study.

1. Implement a National Housing Strategy to End Homelessness

Implementing a national housing strategy for Canadians is needed given that
homelessness is a prevalent concern across the country. A national strategy should increase the
number of social housing units available, and shift to a long term, permanent focus on housing
individuals instead of relying on emergency relief (shelters and hostels) to address homelessness.
Overall, more housing options was cited as a need by respondents, especially longer term
supportive and transitional housing that would provide stability while they recovered from
addictions or personal health needs. The Government of Canada needs to create a strategy that
increases housing spaces, and which invests in rapid re-housing for individuals currently on the
streets. Housing First is a rights-based model of housing premised on principles of immediate

access to housing with no conditions, consumer choice, a recovery approach, individualized supports that are tailored to meet the needs of individuals, and community and social integration (Goering et al. 2014:10). Housing First is one model that would encourage stability for individuals as they receive support for concurrent and interrelated needs. Recent research on the At Home/Chez Soi project has promising data about the success of a Housing First approach. This research has found that Housing First options have lead to longer periods of stable housing for individuals who are homeless in comparison to other forms of housing (Goering et al. 2014:17). Rent supplements and income supports must also ensure that individuals have adequate money for needs related to health care, food, transit and other basic needs other than rent. One suggested estimate should be that rent supplements ensure that individuals spend no more than 30% of their income on rent (see Gaetz 2013).

Addressing homelessness as a national issue means that responsibility to create change on the subject of homelessness must not be devolved to municipalities and communities, as is characteristic of neo-liberal policy solutions. The federal government must invest in equitable housing programs across provinces and territories. Strategies to create housing solutions need to be developed at federal levels, as well as provincial and municipal levels. In a report about youth homelessness, O'Grady, Buccieri and Gaetz (2011) suggest that the Government of Canada, through the Homelessness Partnering Strategy, require that communities develop strategies to address homelessness and allocate funds to implement these strategies. Seeking housing solutions to homelessness requires that collaboration and shared responsibility be carried out at all levels of decision making.

2. Resist Neo-Liberal Logic

The neo-liberal ideals of the responsible citizen have influenced homelessness policy and service practice, and two observations have been discussed in research. The first is the increasing emphasis placed on people who are homeless or low income to comply with work plans, sobriety requirements, and other behavioral expectations and agreements in order to access homelessness and housing services (Whiteford 2010:195). The second concern is for service agencies to provide homeless individuals with activities that are meant to "empower" them, build self-esteem, develop useful skills and establish social networks (Whiteford 2010:195). These trends have been critiqued by sociologists as actions meant to correct "behavioural problems" of the individual. Furthermore, these activities encourage recipients to adjust their lives to fit with neo-liberal visions of the "self-regulating" active citizen. This is most evidently seen in ideologies about addictions, where debates about the ethics of harm reduction prevent the adoption of safe use practices and policies in many shelters, hostels and other social services in Toronto.

The influence of neo-liberalism is also visible in the disproportionate investment placed in emergency services for the homeless and the increasing responsibility for charities to provide services. Resisting neo-liberal logic would, in contrast, include strategies that increase investment in services that prevent people from becoming homeless, as well as housing and supports to follow up with individuals transitioning out of homelessness. Successfully preventing homelessness requires a coordinated and strategic systems approach from government sources and the homelessness sector (Gaetz 2014). Culhane, Metraux and Byrne (2011) suggest the development of a community based network of services that includes traditional shelter and transitional housing as part of a larger and more stabilization-focused network to prevent homelessness. Prevention may take different forms, including poverty reduction strategies,

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campaigns and intervention programs, identifying and addressing problems at early stages to prevent homelessness, and treating conditions in the lives of people who have moved out of homelessness to prevent a reoccurrence (See Culhane et al. 2011; Gaetz 2014). Providing housing, accommodation and supports in the form of rent supplements, counselling, health care, education, among others, are required in order to meet the needs of those who have transitioned out of homelessness. In order to successfully address homelessness, we need to shift our focus from heavy investment into emergency services, to long term and permanent solutions (Gaetz et al. 2013:32). However, there needs to be proportionate investment in prevention, emergency response and follow up with individuals moving out of homelessness to respond to high levels of people who are at-risk of homelessness as part of prevention strategies. This requires that our current neo-liberal model that emphasizes investment and charitable responsibility for short term, temporary emergency solutions be adjusted to address the reality of homelessness in Canada.

Suggestions to improve the range of services provided for the public needs to support case management plans by service agencies that are specific for individual clients and their self-identified goals and needs, instead of solutions promoting employment and abstinence. In this line of thought, neo-liberal policy solutions to address social exclusion by creating economic opportunities through employment will have a limited impact. Instead, addressing a range of complementary social policies and supports, including access to housing, childcare, health care, education, the availability of secure, long-term permanent employment, etc. (Mackinnon 2008:1) is necessary. This requires that our governments, social support services, and communities adopt a new approach to work together to address homelessness. This new approach would include increased collaboration and communication between levels and sectors of government,

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community agencies, case workers and clients, and investment into practices and programs that have demonstrated successful results through research.

Respondents discussed having multiple needs unmet when living on the streets and after being recently housed. In addition to housing, case management needs to be provided to support individuals transitioning from homelessness. Case management practices should be person-centered, based on building support around the self-identified needs of clients, a direction advised in interviews with service providers by the Calgary Homeless Foundation (2011:22). Contextual case management practices can recognize the complex, interrelated needs of individuals experiencing homelessness. The approach balances basic needs with treatment and support for broader personal and structural issues, such as trauma, substance abuse or poverty (see Cheng and Kelly 2008:401; Calgary Homeless Foundation 2011:23). Using a model of case management that takes into account the particular social location and varied experiences of clients, as well as an integrated approach by social service organizations and government caseworkers, is one step to provide more attuned case management tailored to individual needs and experiences.

3. Improve and Increase Rates of Federal and Provincial Income Programs (Employment Insurance, Ontario Disability Support Program, Ontario Works, Workers' Compensation)

The need for increased income supports for respondents, and the individuals they supported on the streets, was mentioned in several interviews. Increases to income program payments listed above would help these individuals meet the costs of rent, nutritious food, transit, and would be helpful in providing security while they cared for health needs. Rates for individuals on disability supports, such as ODSP, need to be increased, as was described in Sherena's narrative about not being able to have enough food. Shartel, Cowan, Khandor and

German (2006:27-8) found that Ontario Works (OW) benefits were too low for Toronto

respondents to keep their housing, with respondents becoming homeless once they found

employment. These rates need to be increased to reflect the real cost of living in their

communities, to allow recipients to maintain housing, eat well and have enough money for other

expenses (Shartel et al. 2006:6). In light of this, researchers suggest that current OW rates be

raised by 40% (Shartel et al. 2006:9-10). Furthermore, these programs need to be evaluated at the

federal level, as relocation to other areas of the country may be necessary for individuals with

disabilities if they require family aid or supports. Making income programs accessible to citizens

is one means to prevent homelessness and ensure that individuals are financially stable as they

transition out of homelessness.

4. Diversifying and Increasing Service Programs for Addicts

For seven respondents harm reduction programs had important results in changing drug

use practices and access to health care for themselves and the clients they worked with. Recent

research has evaluated the benefits of Insite, Vancouver's SIF in promoting increased health care

and drug cessation (see Marshall et al. 2011, UHRI 2013). However, progressive support for

harm reduction services is still delayed in Toronto. In July of 2013 the provincial government of

Ontario dismissed a proposal by the City of Toronto's Board of Health to open a supervised

injection facility (Dale 2013). The Ontario Ministry of Health should reconsider growing

evidence on the benefits of SIF's, and support the opening of a SIF in Toronto, one measure to

promote inclusion, safety and improved health for drug users. Opening supportive and

transitional residences, shelters and drop-ins modeled on harm reduction principles where

residents and visitors can use drugs in the safety of a supervised site is another need identified by

respondents. Access to on-site addictions counsellors at drop-ins would help support drug users

in various stages of their using, as services need to address access to safe use supplies, supervision and protection while using, and counselling support. Professional assistance through sustained mental health counselling and psychological support may help to develop healthy coping responses and healing from trauma as an alternative to drug use.

5. Support for Increased Trans Positive Services, Spaces and Resources

Providing specialized services for different populations on the streets would improve service provisions. All three of my transgendered respondents spoke about their negative experiences in a shelter. There, they experienced discrimination, abuse, and assault from staff and other residents, as similar studies report that LGBTQ2S homeless youth are subject to higher levels of victimization and violence than their heterosexual peers (Abramovitch 2008:57; Cochran et al. 2002; Wong-Chong 2007:6). A further impediment to heal from mental health challenges is the limited access to and availability of trans-affirmative services, since transphobia pervades all levels of our society and institutions. The shared experiences in sex work, substance use and mental and physical health conditions related to violent assault and homelessness experienced by my three transgendered respondents suggests that multiple changes need to take place in service organizations to respond to the unique experiences of this population. Mandatory training for service workers about transphobia should be an expectation of all hostels and shelters in the city, in addition to the implementation of an anti-transphobia, anti-homophobia policy. In researching LGBTQ2S youth homelessness, Abramovitch (2013:399) suggests that the City of Toronto revise shelter standards for more effective guidelines for mandatory training. Supporting calls for increased shelter spaces, each shelter and residence should have one or more spaces reserved for LGBTQ2S identifying residents. I also argue in favour of a specialized shelter for LGBTQ2S individuals to ensure safe, inclusive residence and services that respond to the needs

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of LGBTQ2S members of the public. These suggestions are aimed towards immediate service provision; however, much broader societal changes to create more inclusive trans positive societies, institutions and communities need to take place.

6. Recognizing Care Work and Providing Compensation

The findings of this research suggest that respondents play a critical role in providing specialized support to other people living on the streets. Peer workers and staff at community organizations had lived experience and were trained to work with the street involved, including sex workers and drug addicts. As a result, street involved clients were more trusting and less hesitant to seek treatment from their peers. Gord, Derek and Star cited that the educational support they received by participating in college programs helped them to work in the social services field as peer workers and counsellors. Investing in their educational backgrounds through sponsored funding helped them find meaningful positions in care work. However, my respondents also described the challenges of doing low paid or unpaid labour and either not being compensated or receiving compensation too low to meet subsistence needs. Peer workers and part time staff at community organizations need to receive compensation suitable for average living standards in the city. Reframing debates and policy so that unpaid caring labour is conceptualized as a citizenship activity can instigate discussions about the importance of providing compensation to all citizens. Policy solutions need to support individuals as they engage in labour involved in their own social reproduction, and this can be done through increasing rates to income supports as individuals pursue their own self-determined goals through support and treatment, education, care work or employment. Additionally, social policy initiatives need to respond to changing dynamics of informal caregiving, including recognizing alternative potential caregivers (e.g., friends, neighbours, etc.), and compensating them for their

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labour (Luxton 2006b:289). Expanding positions for peer workers and service staff at community organizations is another way to promote community inclusion, however, these peer positions must be financially compensated to meet average living standards and allow workers to attain a high quality of living. Recognizing the care work done by respondents, investing in organizations and programs that provide care work, and expanding these programs through increased services and financial payment for peer workers, is another way to ensure that all care givers have access to basic care and are recognized for the valuable work they perform.

7. Re-Evaluating the Role of the State in the Provision of Social Supports

Improvements in support services for people living on the streets needs to be made in the quality, accessibility and amount of services currently offered, through a range of housing, educational opportunities, healthcare and welfare assistance supports. The challenges experienced by my respondents demonstrated how exclusion was multi-dimensional, encompassing social, economic, cultural, residential, and labour market exclusions. Furthermore, social exclusion is a cyclical process, as exclusion from one domain of life can cause subsequent physical, mental and interpersonal challenges to ensue, causing exclusion in another domain. In recognizing this, solutions to address homelessness need to be holistic. Ensuring stable, affordable, and safe housing for Canadians must extend beyond a system of housing to include supports through the provision of a reformed universal health and social welfare net.

As feminist political economists and social reproduction theorists have pointed out, the provision of a universal social welfare net is no longer a benefit of citizenship in a neo-liberal Canada. This is because social reproduction is viewed under neo-liberalism to be a responsibility of the individual and family, and not the state (Braedley 2006:217). The narratives of respondents describe how they are just surviving under the weight of policy changes. As was

found in this research, downloading services involved in the social reproduction of citizens to the third sector and households to care for is insufficient to support citizens in meeting their needs. Therefore, the community sector should not be relied on to be the main caregiver of citizens. My respondents' discussions of exclusion from accessing social welfare services and their continued socio-economic marginalization suggest that the state's role in the provision of social welfare is failing. A new model of social welfare premised on the inclusion and protection of these services for all citizens is needed. This would require a re-positioning of the role of the state as a main provider of supports, as well as a re-framing and return to inclusive models of social citizenship that take into account alternative forms of participation and contribution.

SUMMARY

In this chapter, I have discussed the significance of my findings in order to recognize that all people, including people without homes, are active citizens contributing to the development of supportive communities. This point makes clear how giving back has been mutually beneficial for respondents, and those who received their support, in surviving through social exclusion and marginalization in a neo-liberal state. I have suggested a re-conceptualized understanding of "contributing" to encompass the ways that these actions develop relationships between people based on support and care. By re-conceptualizing "contributing", the work performed by individuals can be recognized as important citizenship activities performed by citizens. In the next section I conclude my research and suggest further avenues for exploration regarding social reproduction and unpaid labour.

Chapter 6

Conclusion

This thesis has highlighted how individuals experiencing homelessness contributed to their communities and societies through unpaid and under-valued labour. Feminist research has often referred to such work as "invisible", and in the context of the household, can be inclusive of "domestic" labour (see Luxton 1980). Respondents did not perform all of these forms of traditional labour given the conditions of homelessness which took away the household, separated them from family, and made renewal and care work in preparation for paid labour challenging, if not nearly impossible. However, they did perform socially reproductive labour, extending the care normally provided in the household or informal spheres with community organizations or in their relations with others.

Using a social reproduction framework to understand the forms of labour described in my respondents' narratives, I found people surviving homelessness gave back in any way possible. How my respondents gave back was shaped by their social location in a neo-liberal climate, personal care needs and abilities, and their motivations and desires. A central finding derived from my research was that giving back is a form of coping, allowing individuals to gain opportunities for resources, support, information, or meaningful benefits through their labour. All respondents described a sense of well being or control, self-esteem and personal satisfaction by helping others, and themselves, meet their social reproduction needs.

By examining the ways that people who were experiencing homelessness and social exclusion gave back to others and their communities, it becomes evident that the work that they did was *vital* in sustaining and providing for the care of other citizens in the neo-liberal state. This contrasts stereotypes that view people experiencing homelessness as "undeserving" and not

"contributing" citizens and that their poverty is caused by their individual inadequacy. Instead, their motivation, sense of moral responsibility and determination to give back was telling of their perseverance and capabilities as individuals who had been excluded and stigmatized by communities and larger society. Not only did my respondents' practice of "giving back" provide for daily care needs, their work had a broader, transformative effect that resulted in the development of relationships and communities of care and support. With this recognition, I argue that we need to re-conceptualize what is "contributing" in a neo-liberal state in order to see how all citizens are active citizens in their communities.

LIMITATIONS OF THE STUDY

Since the goal of this research was to interview people who gave back to their communities, I felt it would be appropriate to go to local community organizations and centers to recruit people who may be volunteers or staff. As previously discussed, due to my friendship with one peer worker and his agreement to be in my study, I gained the support of staff at one Community Health Centre. As a result, they referred several of their peer workers and clients to my study through snowball sampling. This means that my research is biased since ten respondents were associated with the CHO working as peer workers, volunteers, or clients. Since this CHO takes a progressive harm reduction approach to health care delivery and works with the street involved who use substances, all of these respondents had experienced, or were currently experiencing, a substance addiction. Therefore, the findings in this study cannot be generalized to other individuals experiencing homelessness. My respondents have disproportionately struggled with an addiction, contributed to others in their society through peer worker positions, and were involved with the Regent Park community of Toronto. Despite the bias inherent from recruitment with this CHO, interviews with these respondents did reveal important experiences

and interconnections of homelessness, addictions and harm reduction. And despite respondents'

shared experience using substances, their means for finding ways to support their habit through

sex work, formal employment or drug dealing, the stage in their lives of active drug use or

treatment, and narratives of how and why they began to use substances or how they became

homeless, were different. Engagement with the issues, experiences and challenges in the lives of

addicts was a relevant discussion and theme that helped to reveal the nature of social exclusion

for substance users.

FUTURE RESEARCH

I learned that by examining coping strategies, caring work and capabilities of individuals

experiencing homelessness, there also needs to be a balanced focus on the resiliency of

communities to nurture and support individuals. Through a dual focus on individuals and their

varying communities, the symbiotic relationship between these two is unmasked and the

necessity of all labour involved in sustaining supportive communities of care in the context of

neo-liberal individualism and devolution is made visible. As was seen from the challenges and

exclusions experienced by respondents, social service organizations were in a conflicting

position in the face of a changing welfare state. These relationships between community

organizations and the street-involved population remain an area for further research. While these

are spaces for collective support that encourage transformational change, they can also be seen to

aggravate the marginalized status of low and unpaid workers. Interviewing directors and staff at

local non-profits to understand how they negotiate their position as they face funding cuts, the

downsizing of staff, and taking on clients as peer workers and volunteers, would help to

complement the findings of my study. This focus would provide another community level

perspective on the restructuring of the welfare state in a neo-liberal climate and how it effects

service provision for citizens.

FINAL THOUGHTS

      This study investigated the following research question: How do individuals experiencing homelessness and social exclusion create opportunities through which they can contribute to their communities?" This research found that individuals experiencing homelessness gave back in any way possible, making use of the skills, knowledge, resources and relationships available to them. These forms of unpaid labour are not different from the ways people who are housed care and support others, however, the conditions of extreme scarcity as experienced through homelessness in a neo-liberal climate necessitated that my respondents give back. Giving back is mutually beneficial and helped respondents to cope with extreme marginalization and the challenges in meeting basic needs when living on the streets. In carrying out my interviews, the realization became apparent that understanding how my respondents gave back to their communities is not complete without recognizing the weight of the social exclusion they faced. Realizing the differences of their standpoints and experiences shed light on how they had been excluded or experienced a profound disruption in their lives, prior to, and in some cases causing, their homelessness.

      Understanding how the exclusion from adequate housing interacts with, and reinforces, other forms of exclusion emphasizes the need to reform the structures and institutions of our state that contribute to exclusionary practices. Examining the multiple dimensions of social exclusion faced by those living on the streets showed how individuals are not only excluded from accessing services, but also from accessing equal social rights in Canada, including the right to housing, safety and protection, and health care. In addition to making recommendations to improve service provision for individuals transitioning out of homelessness, broader

ideological and social changes need to be made in our society. Discussions about the state and citizenship need to be re-framed. Ensuring all citizens are able to access the social rights and welfare supports they are entitled to requires that we re-evaluate our current model of market citizenship in relation to models of social citizenship. These changes should take place at social and institutional levels. In line with other research (see Gazso 2009), this research demonstrates how citizenship, participation and contributions made by citizens can be practiced in ways that are different from policy agendas and neo-liberal understandings of citizens' responsibilities and relationships. Re-framing our relationships as citizens to each other and the state is important for the future. This begins with recognizing all people as contributing citizens and a renewed vision of their inclusion in society.

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Appendix A. Interview Guide

Lived Experiences of Homelessness and Coping Strategies to Combat Stigma

1. Can you describe for me, in detail, what life is like for you living on the streets?
2. What are the challenges you face while living on the street?
3. What types of discrimination have you faced while living on the street?
4. How are your experiences on the street different from others peoples' who live on the street?
5. Has your sense of who you are changed since you began to live on the street?
6. How do you feel about your situation of living on the street?
7. How do you cope with life on the street?
8. What has helped you?
9. What social services and community resources has helped you? [E.g., Welfare, food bank, kitchens, etc.]
10. How have you managed to get through the difficult periods on the street?

Relationships

11. What family/friends are most important to you?
12. Why are these individuals important to you?
13. Who do you hang out with while living on the streets?
14. What do you think of these relationships?
15. What does your day typically look like? [E.g., Who did you meet and talk to yesterday?]
16. How open are you about living on the street?

Contributions Made to Society/Community

13. What does "community" mean to you? [E.g., Does your life on the street involve certain peoples/areas]
14. What community(ies) are you a member of?
15. What community(ies) have you been a member of?
16. What does "giving back" mean to you?
17. How do you give back to your community(ies)?
18. What motivates you to give back in that way? Why is it important for you to give back?
19. Have you ever volunteered at any place you go to? Do you want to?
20. How do you see your role as a member in your community?
21. What makes it difficult for you to give back?
22. What do you look forward to in the future? What do you hope to accomplish?
23. What is your greatest strength?

Recommendations for Others Who are Street-Involved, Shelters, or Social Policy

24. What advice would you give to other peoples in your situation?
25. How would you get other peoples to give back?
26. What suggestions would you give to improve programming for peoples on the street?
[E.g., Training programs, shelters, services, etc.]
27. What would you like to tell others about being homeless?
28. What would you like to see happen with this research?

Appendix B. Demographic Questionnaire

1. Name: _____

2. Gender: _____

3.　　　　Age

40-44	45-49	50-54	55-59	60-64

4.　　　　Marital Status

Single	
Common law/married	
Separated/divorced	
Widowed	

5.　　　　Number of children living with participant:_____　　　Not living with participant:_____

	Number	Ages
Girls/Women		
Boys/Men		

6.　　　　Parental Status (where applicable)

Single parent: _____　　　Shared parenting, with:_____

Custody with children: _____

7.　　　　Year that respondent became homeless: _____

8.　　　　Length of time experiencing homelessness: _____

_____

9.　　　　Entrance/Exit off the street (was respondent cycling?):_____

_____

10.　　　Places of shelter while living on street and length of time there:_____

_____

_____

11.　　　Education

High school (highest grade completed): _____

Post secondary (highest grade completed): _____

12.   Cultural heritage/ethnicity: _____

_____

13.   Current residence: _____
In what sort of housing do you currently reside in? _____

_____

Number of people living in residence:_____

_____

Appendix C. Respondent Demographic Tables

Table 3. Gender of Respondents

Gender	Number of Respondents	% of Respondents
Male	5	42
Female	4	33
MTF Trans	3	25

Table 4. Age of Respondents

Age	Number of Respondents	% of Respondents
40-44	6	50
45-49	3	25
50-54	2	17
55-59		
60-64		
65+	1	8

Table 5. Marital Status of Respondents

Marital Status	Number of Respondents	% of Respondents
Single	9	75
Separated/divorced	2	17
Widowed	1	8

Table 6. Parental Custody Status of Respondents

No. of Children per Respondent	Single Parenting	Lives With Other Parent	Children's Aid/ Custody	Live With Family Members	Children Moved Out
1-2	5				
3-4					
5 +			3	4	5

Table 7. Year that Respondents Became Homeless

Years that Respondents Became Homeless	Number of Respondents	% of Respondents
2008-2011		
2004-2007	4	33
2003-1999	1	8
1995-1998	2	17
1992-1994		
Before 1991	5	42

Table 8. Forms of Homelessness Experienced by Respondents Based on Definitions by Canadian Homelessness Research Network's Typologies of Homelessness

Types of Homelessness Experienced (Past)[14]	Number of Respondents	% of Respondents
Unsheltered	9	75
Emergency Sheltered	11	92
Provisionally Accommodated	7	58
At Risk of Homelessness	3	25

Table 9. Places of Residence While Homeless

Places of Residence while Homeless	Number of Respondents
Shelters	8
Streets/sidewalks/bus shelters/City Hall	3
Outside (Unknown)	1
Parks	1
Bank machines	1
Schools	1
Couch surfing	1
Jail	1
Detox	1
Rooming House	3
Built cabin	1
Abandoned building/school bus	1
Paid Hotel	1
Unknown	1

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[14] These definitions are based on the Canadian Homelessness Research Network's four typologies of homelessness classifying housing and shelter circumstances. These include:

1) "Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation, including: a)people living in public or private spaces without consent or contract, and b) people living in places not intended for permanent human habitation.

2) Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence, and those fleeing a natural disaster or destruction of accommodation due to fires or floods, for example.

3) Provisionally Accommodated, referring to those who accommodation is temporary or lacks security of tenure. This includes people: a) staying in interim or transitional housing; b) living temporarily with others (couch surfing); c) accessing short term, temporary accommodation (motels, for instance); d) living in institutional contexts (hospital, prison) without permanent housing arrangements.

4) At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequencies. We include 'at risk' of homelessness not because we want to count this population, but because understanding risk factors facilitates prevention." (CHRN 2012:1)

Table 10. Education of Respondents

Highest Grade/Level Completed	Number of Respondents	% of Respondents
9	1	8
10	2	17
11	2	17
12	1	8
13		
Some College	2	17
College Completed	3	25
Some University	1	8
University Complete		

Table 11. Location of Birth of Respondents

Location of Birth	Number of Respondents	% of Respondents
Canada	10	83
Migrated	2	
Austria	1	
St. Marten	1	

Table 12. Ethnicity of Respondents

Ethnicity(ies)	Number of Respondents	% of Respondents
White and First Nations	1	8
First Nations	1	8
Black and White	1	8
Black and First Nations	1	8
White	7	58
Black	1	8

Table 13. Current Place of Residence at the Time of Interview

Current Form of Residence	Number of Respondents	% of Respondents
Rental Housing/Apartment	2	17
Shelter	1	8
Parks	1	8
Outside	1	8
Subsidized Housing	4	33
Transitional Housing	1	8
Community/Shared House (Rental)	2	17

Appendix D. Interview Transcription Notation

Notations Used in Interview Transcripts

…	Indicates a pause in the conversation. Often used when the speaker is pausing to think.
<u>Emphasis</u>	Indicates a stress or emphasis in words or comments.
[words]	Indicates the transcriber's comments, not speech made during the interview. Often the transcriber uses [ ] to describe the situation or make comments about impressions related to the interview.
[*sk*]	Indicates sections of the narrative that have been omitted. *Sk* is short form for "skip forward".
(parenthesis)	Refers to words that were cut off in mid-speech or implied in the conversation.

Appendix E. Respondent Profiles

Jove

        I had met and spoken with Jove several times before asking to interview him. He would sing and play his guitar outside of a large supermarket near to a subway entrance. He had become a recognizable face on the street, engaging people walking by in conversation and personally thanking everyone who showed their appreciation of his music. At the time of the interview, Jove was divorced and his five children were living independently outside of Toronto. Years before becoming homeless, Jove had been living in a suburban town outside of Toronto. After a workplace accident, Jove was no longer able to work. As a result of the injury and in trying to claim his compensation from his former employer, Jove filed a lawsuit. After three years, his retirement and savings ran out and Jove lost his apartment, and found himself on the streets. He had been homeless for four years at the time of interview, camping out in a park and earning just enough money for food each day by playing the guitar and singing. At the time of the interview he was still involved in the lawsuit to gain compensation. He was between the ages of 45-49 years.

Billy

        Billy was a peer helper at CHO in Toronto. He would distribute safe drug use kits to clients of the organization. He was originally from Nova Scotia but had been living in Toronto for several years. Billy had a bachelor's apartment in the west end of the city, but at the time of the interview, had not moved in yet. He had been living on the street since 2007, staying at different hostels, detoxes, and on the street. He was in the age category of 50-54 years.

Adrienne

        Adrienne had been referred by the receptionist at CHO to participate in my interviews. She was a client there, and had been living on the streets since she was 18. For the majority of this time she was living directly on the streets, mostly in parks, also sleeping under bridges and other sheltered public spaces, and had a few apartments throughout the years. Her boyfriend, who lived with her on the streets, joined us during the interview. He would chime in to discuss his experiences on the streets, which had been less than a year, explaining that Adrienne was teaching him about resources and services available in Toronto. Adrienne was between the ages of 40-44 years at the time of interview.

Hannah

        I was put in contact with Hannah by the receptionist at CHO where she gave back to her community by assembling safe use kits. Hannah was raised in Montreal. She had become homeless since 2005 or 2006 (she could not remember which year), and was currently living on the streets at the time that I interviewed her. She had three children, one who lived with her

father and the other two in child custody. Hannah was 43 years old at the time of interview.

Tina

Tina was a transgendered client and peer worker at a CHO. Tina had two daughters who were not living with her but whom she had regular contact with. She was originally from Nova Scotia. She had experienced cycles of homelessness since she was a youth, living in shelters from the age of 21 until 2010. She was renting her bachelor's apartment from Housing Connections in the city. She had been doing sex work since she was fourteen as a means to earn money while living on the streets. Tina was 46 years old at the time of interview.

Gord

My interview with Gord was arranged through CHO and a mutual friend who referred him and worked at the same organization. At the time of interview Gord was enrolled in college studying to become a Community Service Worker. He had been on the street since 1991, cycling between living on the streets, hostels, and jails. He had a bachelor's apartment from Toronto Community Housing where he lived for the past few years, however, the three months before the interview he was living on the streets and in shelters due to a bed bug infestation in his apartment which he would not return to. Gord had two daughters, both of whom were not living with him. Gord was in the age category of 45-49 years at the time of interview.

Derek

Derek was referred to me by the Harm Reduction Coordinator at CHO. He worked there as a peer worker, and balanced this work with other volunteer work conducting public education about Hepatitis C and harm reduction, outreach, and working part-time at a drop-in centre. Derek first became homeless in 1999, and since that time he had bounced between homelessness to being housed, cycling from shelters, to street corners and parks, having spent three consecutive years on the streets at the longest period of time. He was originally from St. Vincent, and had immigrated to Canada as a young adult. He had a college education in Construction and Business Management, and had described to me that he was determined and persistent, as demonstrated through his survival on the streets, and his perseverance to hand out resumes and job search while homeless. At the time of interview he was attending a detox and living in transitional housing. Derek was in the age category of 40-44 years.

Star

Star was an articulate and philosophical respondent. A self-identified anarchist, she had been put in contact with me through the Harm Reduction Coordinator at CHO. Star was born in Austria and soon after moving to Canada her father, a diplomat, passed away. At the time of the interview she worked as a peer worker and educated others living on the streets about harm

reduction practices. She had become homeless in 2004 and lived in shelters during that period of five years. She was currently living in a subsidized housing residence for individuals with addictions and had her own apartment in this building. Star had one daughter who lived with her father's family whom she kept in regular contact with. Star was between the ages of 50-54 years at the time of interview.

Pam

Pam is a transgendered peer worker who had been referred to me by the Harm Reduction Coordinator at CHO. Pam first became homeless when she was 21 years old, and had been living on and off of the streets for over 20 years. During this time she stayed in different shelters, however, was living in subsidized housing with her mother and brother and was in treatment for a substance use addiction at the time of interview. She was active with a sex workers rights' organization in the city, and was best friends with Star, and close friends with Tina and Sherena. Pam was in the age category of 40-44 years at the time of interview.

Roberta

Roberta was an articulate, witty, and resourceful respondent who had been referred to me by a worker at a women's drop-in (WOW). She was the adopted daughter of an Anglophone family who moved to the US after leaving Quebec in the 1970's. Roberta had spent many years prior to her move to Toronto living in B.C. While living in B.C. she did not "rent" housing, however, had supportive networks and connections that helped her with housing and shelter. She lived in an abandoned school bus, couch surfed (paying minor rent) and, after conducting research, built a cabin on one network member's properties, paying back taxes. She had attended college for film school; however, due to mental health problems did not complete her program. At the time of interview she was living in a house with a family. Roberta had lupus and severe physical health conditions and trauma that restricted her living conditions, diet, relationships and work environment. Roberta was in the age range of 40-44 years at the time of interview.

Sherena

I had met Sherena once before the interview at a Church-run drop in while in line for food. She was very sociable and engaged me in conversation. Sherena was later referred to me by the Harm Reduction Coordinator at CHO. Sherena was a high energy, articulate, and intelligent respondent. She was transgendered and had been living on and off the streets since she was 17. During this time she was living in shelters, renting apartments and rooms in hotels. She was from the small fishing village of Arichat, Nova Scotia. Sherena had a Bachelor of Arts from McGill University. At the time of interview she was living in an apartment in social housing. Sherena was 43 years old at the time of interview.

Steve

  I had met Steve at the same meal drop-in where I met Sherena. He had approached me as I ate to ask who I was and to talk with me. At the time he had been working with an organization that sponsored Christian youth from the U.S. to volunteer at various drop-ins around the city, teaching them about homelessness and charity. He had been featured in a local Magazine and had gained some publicity for his public education work about homelessness. Steve was 68 years old, older than the age group designated for this research. I decided to include him in interviews because his knowledge about homelessness, which he experienced between the ages of 40-64, is a valuable contribution to this study. His current age and the time that has passed since he lived on the streets only served to add more reflection and perspective on his experiences. Steve became homeless in 1997 after losing his job in a publishing agency. He spent his time in rooming houses and living on the streets outside of City Hall before 1999. During his time on the streets he was provided with a Streets-to-Homes residence through the city's housing services, however, he returned to live on the streets due to a bedbug infestation in that residence. At the time of interview he was living in a community house with two families.