



Homelessness, bedspace and the case for Housing First in Canada



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ABSTRACT

The act of problem formation is integral to the policymaking process. Moreover, the process by which certain situations, experiences or events are rendered problematic hinges upon the places, spaces and networks through which the issue is made visible and intelligible to policy makers and decision makers. In this paper, we explore these epistemic geographies by unpacking one such example – the Mental Health Commission of Canada's At Home/Chez Soi study – a federally funded, \$110 million field trial of the Housing First (HF) model. HF prioritizes rapid rehousing of the chronically homeless, followed by separate support and treatment services. The model has become widespread in Canada since 2005, based in large part on understandings of its cost-effectiveness. In this article, we utilize At Home/Chez Soi as an illustrative case for examining how 'chronic homelessness' is translated into a discourse of costs and benefits, and given an accounting value, through a series of translations. This problematization advances a particular logic – what we refer to as 'bedspace'.

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1. Introduction

On 9 November, 2015 the local arm of a national initiative to find permanent homes for 20,000 homeless Canadians was launched in Edmonton, Alberta. With a focus on rehousing chronically homeless people – those living without shelter for 12 months or more – this initiative was part of a broader policy commitment to Housing First (HF). The choice of location was also instructive: both the City of Edmonton, and the Province of Alberta, have been deeply invested in HF since 2008–09. Indeed, the Mayor of Edmonton took the opportunity to note that 5000 homeless people in Edmonton had been housed over this time, and to restate the case for HF: "If you are unmoved by any of the moral arguments or ethical arguments for why we should do this, there is a very, very strong business case. We will all save money as taxpayers supporting very expensive justice costs and very expensive health care costs" (CBC, 2015).

In these remarks, the Mayor emphasized the economic logic that has propelled HF to the centre of homelessness policy across North America (Baker and Evans, 2016). He articulated a now familiar "business case", grounded in savings that can accrue to the public sector from rehousing chronically homeless people, which leads to less frequent and less problematic use of public services

(e.g. justice and health care). The Mayor's statement succinctly reiterated what has become a common sense, politically-persuasive argument: governments and "taxpayers" should support HF not only (or even primarily) because it addresses a humanitarian crisis, but because it will "save money".

This framing of HF did not emerge *ex nihilo*, but has specific origins. One of the earliest (and without doubt the best-known) accounts of this argument is Malcolm Gladwell's (2006) "Million-Dollar Murray" article in *The New Yorker*. The influence of Gladwell's article – which continues to be widely cited in academic and political considerations of homelessness – stems in large part from the way it renders a complex policy problem comprehensible in a new light. By telling the story of the late Murray Barr, a homeless veteran in Reno Nevada, Gladwell memorably illustrates three key issues in the field of homelessness policy. First, Murray personified the chronically homeless person: a statistical outlier within the broader homeless population, most of whom experience homelessness on a short-term basis. He was one of the "hard cases," consisting of the "mentally ill or physically disabled... the people sleeping on the sidewalk, aggressively panhandling, lying drunk in doorways," often living without adequate shelter "for years at a time." Second, Murray was heavily reliant on public services (especially paramedics and hospital emergency rooms) and had frequent contacts with law enforcement. Despite the public resources committed, there was no sense in which his homelessness was effectively managed, or his health stabilized, leading one

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informant to conclude: “It cost us one million dollars to not do something about Murray.” Third, by *rehousing* people like Murray – by providing them with apartments and necessary supports – it is possible to ‘end’ their homelessness, and in so doing to mitigate their demands on public services. Critically, once chronic homelessness was conceived of as an economic problem, permanent housing emerged as the solution: “you can house and care for a chronically homeless person for at most fifteen thousand dollars, or about a third of what he or she would cost on the street” (Gladwell, 2006).

This example is instructive for drawing attention to the pivotal role of problem-formation in policy work related to homelessness. Moreover, it illustrates the powerful influence of one particular form of problematization – cost analysis – in the field of homelessness policy. The cost of homelessness, measured in terms of emergency room visits, acute hospitalization and shelter use, etc. is now widely recognized as valuable, policy-relevant evidence (Stanhope and Dunn, 2011). This speaks to the increasing influence of economic models in health and social policy more broadly where cost analysis is now a prominent analytical tool used to generate evidence to inform decision-making. However, little attention has been given to the actual places, spaces and networks through which this specific type of problematization occurs. This is a gap insofar as these geographies are important sites of policy formation with implications for how we think about and respond to homelessness.

In this paper, we unpack one important site of problematization – the At Home/Chez Soi study – a federally funded, \$110 million field trial of the HF model. Led by the Mental Health Commission of Canada, it was intended to “provide policy-relevant evidence about whether a complex housing and support intervention works under real life conditions in five Canadian cities” (Goering et al., 2011, 3). In addition to measuring the effectiveness of HF in terms of housing and health outcomes, the At Home/Chez Soi study also endeavored to understand the social costs and benefits of HF. It therefore represents an important site of problematization offering insights into how the complexity of homelessness is rendered visible in terms of economic costs.

The paper begins by introducing a theoretical framework comprised of the concepts of problematization and translation. We then move on to discuss the roots of the HF model, before examining in more detail the way in which the At Home/Chez Soi project can itself be understood as a series of translations. These translations created a space of calculability we call ‘bedspace’, a label we associate with an influential style of political reasoning informing contemporary homelessness policy.

2. Theoretical framework: problematization and the practice of translation

In this paper we draw upon two interrelated concepts, problematization and translation, to theorize the geographies of problem-formation in homelessness-related policy work. These concepts can be used to explore how experimental activities such as At Home/Chez Soi function as sites of problematization that help to reframe homelessness within the realm of health and social policy. Translation refers to the practices that facilitate this problematization, rendering homelessness visible in particular ways, and opening up new fields of intervention in the process.

The first concept, problematization, is associated with the work of Michel Foucault (2007, 2008) and the literatures that have developed in relation to his notion of governmentality. In Foucault’s work, ‘problematization’ occurs when and where a domain of experience loses its familiarity, becomes uncertain, and registers as a practical difficulty or problem vis-à-vis the practice of

government. Empirically speaking, Foucault directed attention to why problems appeared at certain moments and in particular domains. Problematization was at the heart of Foucault’s investigations into madness, punishment, sexuality, and biopolitics. Indeed, he defined biopolitics as “the attempt, starting from the eighteenth century, to rationalize the problems posed to governmental practice by phenomena characteristic of a set of living beings forming a population: health, hygiene, birthrate, life expectancy, race...” (Foucault, 2008, 317). These problems were inseparable from the political framework of liberalism in relation to which they “took on their intensity” and assumed the form of a challenge.

The examples of problematization Foucault studied were concrete, situated practices of reflection that brought a difficult or uncertain situation (e.g. drought, disease pandemics) into a specific domain of governmental thought and intervention (Cadman, 2010). This methodological orientation is useful for making sense of contemporary policy and policymaking. As Huxley (2013, 1528) states:

a critical historicization of a concept, policy or programme attempts to bring to light the convergence of assumptions and taken-for-granted ways of thinking that enable something in the world to be seen as a problem to which there are possible solutions.

We stress the importance of approaching the act of problematization as more than the convergence of ways of cognitively framing a situation. We approach thinking itself as an eventful, material and place-based phenomenon. Ways of thinking that render a difficult situation intelligible are always grounded within, and emerge from, geographically and historically situated sites, spaces and networks (McFarlane, 2011).

A vast array of sites, spaces and networks have engendered multiple and co-existing ways of thinking about the problem of homelessness. Included among them are morally-infused humanitarian perspectives, scientifically-informed, medical perspectives and legally-orientated, social justice perspectives (Gowan, 2010). Cutting across these ways of seeing are technical relations and calculative practices (Baker and Evans, 2016). The act of problematizing homelessness via technical approaches involves “extracting from the messiness of the social world, with all the processes that run through it, a set of relations that can be formulated as a diagram in which problem (a) plus intervention (b) will produce (c), a beneficial result” (Li, 2007, 265). Put another way, these approaches work to “reduc[e] aspects of the human condition to manageable measurable constructs so that alternative explanations or solutions can be compared objectively” (Stanhope and Dunn, 2011, p276). Counting and calculation are key to this process; numbers facilitate political power by conferring legitimacy on authorities, operating as diagnostic instruments, and constructing the very object rendered problematic.

By way of example, homeless counts have a powerful role in both quantifying the problem of homelessness, and measuring the efficacy of interventions that seek to address it. Indeed, they are required to keep homelessness on the political agenda (Collins, 2010). This speaks to one way in which policy problems are made intelligible through numerical representations. Explaining further, Rose (1999, 199) states:

The organization of political life in the form of the modern ‘governmental’ state has been intrinsically linked to the composition of networks of numbers connecting those exercising political power with the persons, processes and problems that they seek to govern. Numbers are integral to the

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