

# **'Forced to become a community': Encampment residents' perspectives on systemic failures, precarity, and constrained choice**

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## 'Forced to Become a Community': Encampment Residents' Perspectives on Systemic Failures, Precarity, and Constrained Choice

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### Abstract

Homelessness is a serious public health concern with devastating consequences for health and wellbeing of homeless people. Visible signs of homelessness often appear in the form of encampments or tent cities. Such sites often raise controversies about public health and safety without attention to the structural, systemic and individual factors that contribute to their existence, including deficits in basic determinants of health and a failure to protect human rights to housing. The purpose of this paper is to explore the conditions that contribute to homeless encampments and ongoing issues of precarity, and right to housing from the perspective of residents of one encampment. The data set was comprised of 47 affidavits taken from 33 people from one tent city in Victoria, British Columbia (BC) in anticipation of legal action to remove residents and their belongings in 2016. We used Braun and Clarke's (2006) approach to thematic analysis to identify, analyze and report patterns within the data. Residents spoke to systemic failures within the homeless sector itself as a factor in decisions to live in an encampment. Participants highlighted the challenges of 'being chained to a backpack' with nowhere to go and the impact of bylaws and policing on their health and well being. They acknowledged that while living in an encampment is a last resort it is often a better option than the streets or shelters with the benefits of a community, albeit a forced one with ongoing precarity. Public health responses to encampments should focus on centring human rights to adequate housing including self-determination and access to determinants of health. Such responses are aligned with public health commitments to health equity and social justice and require public health infrastructure.

### Keywords

Homelessness; encampments; tent cities; public health; human rights

## Introduction

In the United States (US), over 580,000 people experience homelessness on a single night in 2020 (Henry et al., 2021). In Canada, there are 235,000 people with 35,000 on a given night (Gaetz et al., 2016). Homelessness is a serious public health issue in which individuals experience poor

health, lack of access to health services, and deficits in key social determinants of health such as housing, food, and income as well as high levels of stigma and discrimination and lack of self-determination (Buccieri et al., 2020; Fowler et al., 2019; Frankish et al., 2005, 2009; Hwang et al.,

2011; Ontario Agency for Health Protection and Promotion (Public Health Ontario) & Berenbaum, 2019; Riley et al., 2012; Sleet & Francescutti, 2021; Tsai et al., 2017). As the National Healthcare for the Homeless Council (National Health Care for the Homeless Council, 2019) observes “being without a home is a dangerous health condition” and “no amount of healthcare can substitute for stable housing” (p. 2).

Homeless people often face multiple and intersecting sources of systemic stigma and discrimination based on economic status, gender, ethnicity age, substance use, mental health and other issues impacting health, and access to housing and services (Frankish et al., 2005; Pauly, 2014). In the absence of safe and affordable housing, some people create shelter outdoors in homeless encampments (Cohen et al., 2019). Encampments existed pre COVID but public health measures put in place to slow the spread of COVID-19 reduced shelter spaces and increased visible homelessness in encampments with increasing risks and harms for people experiencing homelessness and nowhere to shelter (Allegrante & Sleet, 2021; Perri et al., 2020).

Encampments are met with varied community responses from community sweeps and displacement with or without supports to tacit acceptance and/ or in a few cases sanctioning (Cohen et al., 2019). Public controversies surrounding visible encampments are often closely intertwined with discussions of public health and public safety including lack of sanitation and increasing crime as reasons for displacement (Lorinc, 2020; Olson & Pauly, 2021). These discussions take place in a political and policy landscape that displaces and/or criminalizes people for acts of living such as eating, sleeping, and performing bodily functions in public amidst lack of access to basic public health infrastructure and safe, acceptable, and affordable housing for living (Rankin, 2019, 2020). In fact, government officials often cite lack of public health infrastructure as a reason for eviction and displacement of encampments (Speer, 2016).

Rankin (2019, 2020) found that a person experiencing homelessness is no more likely to commit a crime than a housed person, with the exception of laws that specifically punish people

for performing “necessary, life-sustaining activities in public” (p. 99), making it difficult to survive as a homeless person without breaking the law (Langeegger & Koester, 2017). Russell (2020) found that the majority of charges laid in geographic areas surrounding encampments were non-violent drug offences and that nearly a third of encampments in Portland, Oregon had a crime concentration less than that of the rest of the city. Further, narratives that displace and criminalize people experiencing homelessness employ neo-liberal arguments that criminalize and blame individuals for their choices while ignoring the systemic and structural issues that produce homelessness in the first place. For those who are visibly homeless, the stigma is especially intense contributing to negative attitudes and violence towards homeless people (Harter et al., 2005), obscuring structural and systemic causes and limiting public health responses rooted in the social determinants of health and rights to housing.

Increasingly, US cities rely on anti-camping, ‘quality of life ordinances,’ ‘move on’ orders or street checks to ‘remove visible poverty from its city streets’ by continually displacing people experiencing homelessness with nowhere to go (Ruan et al., 2018) (p.1). Rankin (2020) highlights that the latter (without ordinances) type of ‘civil enforcement’ evades courts and legislation, and thereby meaningful reporting and accountability. While civil enforcement is more widely used by municipalities than criminal charges. Rankin (2019) notes that both civil and criminal enforcement increases people’s likelihood of remaining homeless, getting sick, self-medicating, becoming incarcerated, or dying. Other researchers have found that the constant presence and threat of policing and displacement in homeless people’s lives contributes to difficulties with sleeping and poor mental health as well as trauma and emotional distress (Cohen et al., 2019; Westbrook & Robinson, 2020).

Homelessness arises from a complex interplay of multiple structural, systemic, and individual factors (Allegrante & Sleet, 2021; Fowler et al., 2019; Gaetz et al., 2013). Structural factors include lack of investments in affordable housing; erosion of social safety nets and inadequate incomes; and multiple forms of discrimination including racism, classism, and sex and gender discrimination (Gaetz et al., 2013).

Systemic factors include the failure of social systems of care and support such as discharges from hospitals, corrections and child welfare, which in turn require a reliance on the homelessness sector (Gaetz et al., 2013). Structural and systemic factors intersect with personal situations to produce a set of conditions in which individuals become unhoused. Homelessness can be understood as a consequence of multiple policy decisions at every level of government (Allegrante & Sleet, 2021)

Displacement and criminalization as responses do little to address the structural and systemic factors that produce homelessness, propel stigma and limit self-determination with potential violation of human rights of homeless persons. In contrast, public health responses, centred in health equity and social justice, emphasize responses that seek to address social conditions such as housing, income and discrimination that impact health and access to basic determinants of health (Community Solutions; Health, 2008; Olson & Pauly, 2021).

Determinants of health, such as housing, food, non-discrimination and self-determination are enshrined as human rights in international treaties and covenants and central to public health promotion and the realization of other human rights (Braveman, 2010; Meier et al., 2018). In 2019, Canada passed the National Housing Strategy Act recognizing international rights by legislating the right to housing and recognizing that housing is inherent to health and well-being (Government of Canada, 2019). Encampment residents are subject to human rights violations given the deficiencies in determinants of health such as water, food, housing, non-discrimination, and self-determination. Further, ongoing homelessness and failure to implement a human right to housing is contributing to precarious living, poor health and premature death for homeless persons (The Centre for Equality Rights in Accommodation & The National Right to Housing Network, 2021).

Precarity can be understood as 'the politically induced condition in which certain populations suffer from failing social and economic networks' thus impacting their ability to live healthy lives and remain free from 'injury, violence, and death' (Butler, 2009). Precarity finds its roots in a deteriorating social safety net, a reality made through the 'power relations and structural

violence' of neoliberal capitalism (Shaw & Byler, 2016) and ongoing colonization. Often, homelessness is mythologized, as being the result of individual choice, or a series of deviant choices (Parsell, 2012). Precarity draws attention to the breakdown of 'social, political, and economic institutions' that force people into a situation of constrained choice, having to choose between staying in unsafe situations, emergency shelters or living outdoors and responded to imposed precarity through sites and techniques like encampments.

There has been limited Canadian research on encampments, and little focus on perspectives of encampment residents regarding structural and systemic factors that impact their decisions to take up residence in an encampment and the role of encampments in their lives. Such understandings are important beginning points for realizing housing as a human right. The purpose of this paper is to explore the structural and systemic conditions that contribute to homeless encampments and ongoing issues of precarity from the perspective of residents of one encampment in Victoria, British Columbia (BC): Super Intent City (SIC). The specific research questions were: 1) what were the benefits and challenges associated with living in SIC compared to the streets and shelters? and 2) what were issues related to accessing shelters and housing? We begin with a description of SIC, followed by describing our methodology, and findings.

### **Super in Tent City (SIC), Victoria, BC**

SIC was an encampment located on the unceded traditional territory of the *sx̱w̱eŋx̱w̱əŋ* (Swengwhung) Family of the Lekwungen People, known commonly as Victoria, British Columbia (BC), Canada. Victoria is the capital city of BC and has been home to several tent cities including Cridge Park (Sargent, 2012) that have challenged current laws and regulations related to camping in public spaces. In 2008, the BC provincial court found that it was a violation of human rights not to allow people to erect shelter to protect themselves. Following this judgement, the City of Victoria introduced 7 to 7 camping restrictions in which shelter can only be erected from 7 pm to 7am and a cycle of daily displacement. In 2015, the provincial courthouse lawn in Victoria, BC

became home to a growing number of tents and informal structures in direct response to an emerging housing crisis in the city and across the province. The approximately 120 residents of what became known as SIC forced regional discussions about the right to adequate and affordable housing and the role of public health in responding to homelessness. The residents came from diverse housing histories and situations, many of which included experiences in shelters and supportive housing.

This encampment was located on provincial land and therefore excluded from municipal bylaws prohibiting sheltering between 7am and 7pm. Thus, being under provincial jurisdiction allowing residents to shelter in place. However, while the encampment stood on provincial land for the better part of a year, its status always remained uncertain due to public disapproval and two provincial injunctions petitioning the courts for eviction. SIC residents, like others who are homeless, were living in uncertain and precarious situations regarding access to public health resources, particularly in regard to housing, but also food, water, hygiene, and sanitation.

### **Methodology**

For this paper, we conducted a secondary analysis of legal affidavits using a thematic analysis approach as outlined by Braun and Clarke's (2006) to identify, analyze, and report patterns within the data. The data set was comprised of 47 affidavits taken from 33 people of SIC (30 residents, one part-time resident, two supporters with lived experience of homelessness) between December 2015 to June 2016 in anticipation of legal action to remove residents from the current site. Affidavits were initially gathered and sworn for use in the Supreme Court of British Columbia. Affidavits formed the basis of this secondary analysis. The affidavits were used as a matter of public record with additional approval for their use for the purpose of research analysis from the Counsel for the Defense and legal firm who originally collected them. Public use of affidavits are outlined in the Supreme Court of BC Court Record Access Policy that states "[t]he public may access an affidavit and an exhibit which is attached to an affidavit where that affidavit is

filed with the court unless a statutory provision, common law rule or court order restricts or limits access.' Further ethical approval outlining procedures for maintaining confidentiality and ethical processes for handling data was obtained from the University of Victoria (Certificate number 21-0067).

The thematic analysis began with a full reading of all 47 affidavits by both authors and duplicates removed. One author (Pauly) had been present and attended Super Intent City meetings and acted as an expert witness in both legal actions. The first author (Olson) coded the affidavits for available demographic information (gender, ethnicity, length of time homeless) and removed identifiers from any statements. Documents were re-read and coded by the first author to identify initial codes related to the benefits and challenges of living in an encampment as well as challenges related to obtaining housing. With subsequent readings, inductive coding was employed to identify salient ideas and inductively derived themes were developed by both authors. All data and related documents were kept on a secured shared drive. Data were grouped into categories, mapped thematically in Adobe InDesign, with quotes grouped thematically in a Word Document. At the end of the initial coding process, the concept map was synthesized to clarify main themes and subthemes, after which subsequent quotes were reorganized to reflect themes and select quotes that most accurately represented each theme and subtheme. In reporting the findings, we have included direct quotes identified with a participant number.

### **Results**

We identified four themes that describe issues related to housing and shelters that lead to being in an encampment and the experiences (benefits and challenges) of living in an encampment: 1) systemic failures in the homeless sector; 2) chained to a backpack and running out of places to go; 3) forced to be a community; and 4) precarious stability.

#### **Systemic Failures in the Homeless Sector**

Drawn from a diverse group of up to 120 people, SIC participants cited unique structural,

systemic, and individual circumstantial factors contributing to their experiences of homelessness. For example,

*"Yes, me and my girlfriend applied for a bachelor suite in a market housing, and we were accepted and signed an intent to rent form with the landlord as required by the Ministry of Social Development in order to get the shelter portion released to the landlord. However, the Ministry took over a week to process the intent to rent form and release our shelter portions and over this time the landlord found someone else to rent the suite to." -ST21*

For many homelessness had begun at a young age. Of particular note were systems-level failures such as governmental misconnections, policy gaps, inadequate service delivery and lack of supports which included inaccessibility of mental health services, ageing out of government care, being released from correctional facilities, and lacking appropriate or adequate housing options.

However, primary among the systemic failures cited were that of the homeless sector itself. Residents highlighted systemic failures within the homeless sector such as particular rules and restrictions that made shelter and supportive housing sites functionally inaccessible.

*I make most of my income by bottling, and the best time for me to go bottling is during the night. I often bottle all through the night. In most shelters there is curfew, so if you are out late you cannot get a spot. -ST12*

The following resident cites rules disallowing partners and guests depriving them of important social supports.

*...you can't have guests over. This is not an option for me as I want to live with or at least see my boyfriend and my social network regularly. I would rather sleep outside than not be able to spend time with my boyfriend and social network. They are a main part of my supports in staying healthy, so I need them around. -ST10*

As this participant observes, their social network is a key social support important to staying healthy and that they would choose to sleep outside over not being able to access their social network illustrating the forced choices

available to participants. Additionally, rules barring pets from shelter spaces also meant that shelters were functionally inaccessible for residents with pets who are often a key emotional support. Another participant describes the challenge and impacts of being the same space when there are conflictual relationships.

*"I can't go to [name of shelter] as there are people living there that I have personal issues with and I do not want to live in that shelter because I will end up living in depression. When I get depressed I turn to self-harm. I can't go to some of the shelter mat programs because there are also people there that I can't be around." -ST13*

Shelters are communal spaces and not necessarily safe spaces with shelter rules that delineate curfews, bed checks, wake-up, minimum requirements, and monthly stay limits. These settings and consequent rules can be incompatible with earning income, lifestyles, and access to community supports while restricting stability, safety, and ability to take care of oneself.

Despite often being understood as having good intentions, residents saw shelter staff as entities of enforcement and the human manifestation of the rules, which make shelters inaccessible, unrealistic, and impossible for some due to feelings of surveillance and monitoring:

*[Shelters] remind me of being in jail. When there are people on walkie-talkies telling me what I can and can't do and at what time it is triggering for me and brings me back to the feeling of being in jail...I don't mean any harm to the people that work there but being there felt like I had done something wrong. I felt tense. It felt like the staff were cops even though I know they weren't trying to be. -ST9*

Other residents with experience in shelters saw staff as invasive, inexperienced, and patronizing, bringing up negative past experiences with criminalization, institutionalization, surveillance, and self-worth. The pervasiveness of these rules and their enforcement, as well as being unable to avoid theft made residents feel 'less than' (ST11) in a society where they already experienced stigmatization. The shelter environment was experienced as the opposite to feelings of home:

*A shelter is somebody else's home, with somebody else's rules, and somebody else's politics. If it's a*

*government run shelter, than (sic) there are government rules. A home is something you build for yourself. It's your safe place. A community centre is not my safe space. It will never be mine. It is whoever runs it. A safe place is my place. -ST11*

For SIC residents, experiences with supportive or transitional housing were similarly restrictive to the point of making living in these settings untenable. The process of applying for and acceptance into supportive housing, associated waitlists, and program costs were described as deceptive and confusing. One resident cited surveillance, infantilization, and program structures that restrict tenancy rights as reasons that supportive housing was not an option for them:

*Supportive housing is not supportive. Supportive housing allows you to be evicted with 24 hours' notice. Not being under tenancy laws gives you less protection. You are also subject to having staff monitor you. I am an adult and I do not need to be monitored. Supportive housing should mean treating me like an adult. -ST21*

This resident is highlighting the lack of security of tenure and is referring to program agreements that allow for 24 hours eviction notices without timelines and protection afforded by the residential tenancy act. Rules restricting guests in housing sites proved to be both a barrier to accessing supportive housing, as well as a reason people experienced eviction, and the 'institutional' (ST23) feel prompted by surveillance and no-guest rules were found to be trigger past negative experiences in government institutions. Further, these residents are highlighting a failure in the right to adequate housing including security of tenure. SIC residents outlined a wide range of reasons that shelters, and supportive housing were not realistic or accessible, whether socially, physically, or based on personal safety or disability; in short, systemic inadequacies contributed to their experiences of homelessness and subsequent residency at Super in Tent City. "Arbitrary," impractical, and inflexible rules (ST6) enforced in shelters and supportive or transitional housing sites made these settings unrealistic or functionally inaccessible for SIC residents. Rather than being spaces where individuals fail to abide by the rules, residents

saw these spaces as failing users due to a lack of choice and autonomy through imposed rules and requirements that were out of touch with their daily realities and past experiences. The inaccessibility of shelters and supportive housing further constrained their accommodation choices, thereby creating or recreating precarity and effectively leaving participants with the forced choice of sheltering outside.

### **Chained to a Backpack and Running Out of Places to Go**

Residents spoke to their experiences of living outdoors under bylaws that only allowed for erection of shelter from 7 pm to 7 requiring them to move daily. *The words I hear every day are move along. Time to go. We are running out of places to go (-ST11).* Another participant describes the physical and mental toll of having to move one's belongings on a daily basis to ensure they were not taken by the authorities, a concern stated widely by SIC residents.

*Before I lived in the camp, I had to move my belongings during the day. This was very limiting for me and very difficult. I had to set up after dark and tear down in the morning. I was chained to a backpack for the rest of the day, so it was difficult to get things done -ST11*

The above resident's analogy (or possible reality) of being chained to a backpack encompassed many residents' experiences with enforcement and displacement from police and bylaw officers when staying in other parks that disallowed 24/7 camping. Further, people had difficulty getting sleep and few places to go in the day.

*"As a homeless person I typically had a very late schedule. I wouldn't sleep much, would often stay up most of the night and then, if I found somewhere safe to sleep, would get woken up at 7 AM. I didn't have anywhere to go sleep in the day. [Name of drop in] doesn't allow that, so I would take drugs to stay up and frequently stay up for 2-3 days at a time and then crash hard. Typically, I would be very sleep deprived as are most people I know who live on the streets. This had a huge effect on my ability to function and take care of myself." -ST6*

Adding to the physical and mental toll was stigma associated with sheltering outdoors.

*Living in a city park is humiliating. It is not good for my self-worth. Everyone looks at you like you are a piece of crap. I am constantly viewed as a drug user or troublemaker just because I shelter in a park." -ST32*

These participants like others highlight the impacts of sheltering outdoors and constant moves on their health and wellbeing.

When camping on the street or in parks outside of SIC, residents described constant impound of personal belongings, displacement, and criminalization of poverty at the hands of city employees including parks staff, bylaw enforcement, and police. This resident outlines one experience:

*When I camp in City parks, the Authorities take my belongings. They don't take our belongings here at Tent City. The authorities took my ID. This has been very hard for me because getting ID back is a long process. I went through the process of getting my ID back, but the authorities took it – along with all my other belongings – from a park weeks after I got it back. -ST30*

Having identification, medication, and survival gear like sleeping bags, tarps, and tents seized and being unable to retrieve them was described as highly destabilizing in regards to sleep, nutrition, finances, and overall mental health. Under threat of SIC being shut down, as was the concern during several injunctions in summer 2016, this resident expressed anxiety that they would again lack the stability in their lives that was helping with health and well-being:

*If we were forced to move, I guess I'd be back to focusing on packing up and trying to stay dry. I don't have time to make appointments and all that stuff. I would hope that the city doesn't nail us for our sleeping bags. I have six layers of tarp on my tent right now that are quite insulating, but if the city hits us up for all our stuff we'd be freezing. -ST31*

Living in a park, being forced to setup and teardown each day, daily displacement, carrying and keeping possessions safe, was described as humiliating and exhausting with negative impacts on their health and well-being as well as

negatively affecting access to services and employment.

### **Forced to be a Community**

*The residents of Tent City work together and take care of each other. No one person is in charge. When something needs to be done, someone steps up. I don't particularly like Tent City. It shouldn't have to exist. I am here because I have to be here. It is my last option. I am desperate. But I live here, and we were forced to become a community. -ST30-1-1*

For various reasons, residents saw SIC as their only choice or a choice of last resort given the limited options of shelters, supportive housing, or living isolated and alone 'on the street' chained to a backpack. While some SIC residents approached living in a tent city as a choice, they acknowledged it as one ultimately constrained by the precarious situations they are forced to live in due to structural discrimination, poverty, and systemic failures that include shelter and supportive housing inadequacies and enforcement and displacement that perpetuates criminalization and stigmatization. Given the unaffordability of market housing and inaccessibility of shelters and supportive housing, SIC, for many, became the only real option demonstrating an ability to survive despite the precarity in which they are forced to exist.

*Where the street community is, something like tent city is the only solution for some people – it's a no brainer, there is well-trained 24 hours staff on site – we just need the governments to listen to us and support us. We can run the site, we just need help out with things like location, stipends, and other incentives. -ST1*

Highlighting their skills as residents to management an encampment speaks to their resilience in finding a 'housing option'. Other participants highlighted the ability of SIC residents to manage housing if they had the resources. *I think with a core group of people from tent city we could manage transitional housing for half the price of what (name of two organizations) would charge (ST9)*. Participants stressed that it is essential that they be consulted when new housing options are created. The participant below highlights the lack of consultation or

recognition of rights to self-determination when the courts determined that SIC Residents could not be displaced until housing is available.

*No one from the camp was consulted at all about how these new shelter options would be managed and run. Shame on the province for not including us in how our housing would be managed. -ST9*

Another resident described SIC as an accessible place where people are able to get their needs met despite being a choice of last resort and saw this built community as an entity that should be listened to and consulted by organizations and policy makers (ST24). Regardless of situation or solution, whether an outdoor encampment, indoor communal living space like a shelter, or supportive housing, SIC residents highlighted the important imperative of being consulted and right to self-determination as critical to success of any encampment, shelter or housing option. Thus, naming a key principle of their right to housing (Farha & Schwan, 2020).

### **Precarious Stability**

Participants highlighted that a key contributor to a sense of community and safety at SIC was the level of stability felt by residents; a product of being able to avoid constant movement, displacement, enforcement, and theft or seizure of personal belongings by the state experienced when sheltering on the street, outside of the SIC encampment.

*Now that I am staying here, I am better able to plan and keep appointments. I am better able to take care of my health now that I am staying here. I see this in others also. When people are not concerned about survival and finding a place to stay, we are able to work on our lives. -ST10*

This resident attributed improved well-being to a sense of physical, geographical permanence. Similarly, others suggested that being at SIC allowed them to connect with outreach workers in ways they were not able to before (ST10), to comply with parole reporting requirements (ST5), and that being close to the city's core made accessing resources far more attainable, even leading to a reduced need to commit crimes in order to meet survival needs like eating and sleeping. *Tent City keeps people out of jail, as they don't need to commit crimes to find somewhere to sleep*

*and find food (-ST5). When staying in other parks or doorways in the downtown core, daily displacement, loss of belongings at the hands of government employees, and regular contentious interactions with police were associated with destabilized physical and mental health, and impacted ability to work on necessary legal and personal circumstances. SIC allowed residents to better access services and worry less about survival or threats of enforcement and the ability to take care of their own health and well-being.*

SIC created what one resident called 'the closest thing to stable housing that my girlfriend and I ever had' (ST5). Another resident describes,

*At tent city I realized that I need a solid foundation to organize other things from and not be stressed out – from there I can start working on my life and figuring it out. I have found this at tent city. I am noticing that am able to function better and keep better track of day-to-day appointments and to better organize my life in general. Not having to move my belongings every day is a big part of this -ST24*

Physical or geographical stability for SIC residents is what allowed them the time and space to work on emotional and mental stability and for some, safer, more stable substance use.

Although SIC remained in one geographical location for nearly a year, injunctions and community pushback meant ongoing precarity. When the physical stability of SIC was directly threatened through several injunctions, so was the residents' 'physical, mental, spiritual, and emotional health' (PT3). As described above, in spite of the built-in precarity of the geographical location of SIC, residents found ways to bring relative stability to the inherent instability that accompanies homelessness, especially in contrast to sheltering on the street, outside of the SIC encampment context.

### **Limitations**

The data for this paper were drawn from affidavits whose original purpose was to inform the courts about the experiences of residents living in the encampments and the benefits afforded over other potential but often unavailable spaces. Thus, the affidavits had the limitation of not specifically addressing or highlighting challenges associated with living in

encampments as the focus of the affidavits was to speak against an injunction to displace the camp. SIC was unique as an encampment in that it was defined by the residents as a community. Many encampments are informal and may differ in size and structure as well as experiences of the residents with differences in feelings of being a community. This encampment was located in an urban setting near the site of government in the provincial capital compared to other encampments or tent cities in less visible or more rural areas. These affidavits were collected in 2016. However, since that time, ordinances and anti-camping bylaws have continued to be enforced and, in some municipalities increased through investments in bylaw and policing of homeless encampments both pre and post COVID (Hermer, 2021; Hermer & Fonarev, 2020; Manno, 2022).

## Discussion

### Poverty Management Measures as Systemic Production of Homelessness

Systems failures that contribute to homelessness are generally understood to arise from gaps or shortcomings of mainstream services outside of the homelessness sector, such as corrections, health care, or foster care (Gaetz et al., 2013). However, SIC residents, highlight that their experiences within the homelessness sector in shelters and supportive housing are systems failures leaving them with little choice but to shelter outside. While shelters may offer a temporary response for some, they are not a housing solution (Hurtubise et al., 2007) and have been found to constrain expressions of home and experiences of privacy and safety (Speer, 2017). When studying the spatial confinement of anti-homeless laws in Denver, Colorado, Langegger and Koester (Langegger & Koester, 2017) regarded shelters as having the potential to exacerbate homelessness by depriving shelter users 'the autonomy necessary to conjure home-like spaces' (p. 454).

Previous research about SIC interprets 'push and pull' factors that led people to this particular encampment (substance use, mental health, lack of affordable housing), but did not include factors related to supportive housing and shelters (Young et al., 2017). We expand on the previous

research by adding insights from SIC residents about problematic experiences with shelters and supportive housing in terms of rules, evictions, institutionalization, and surveillance that contribute to encampments. Thus, the homeless sector itself is a site of systemic failures that compound homelessness and ongoing precarity. Simply put, SIC residents identified shelters as another factor forcing them to shelter outside. These findings provide insights for the homelessness sector in terms of rules (e.g., curfews, pets, couples) and the importance of attending to cultures of institutionalization and surveillance that contribute to decisions to stay outside.

Supportive housing, while offering more security, privacy, and potential permanence, was experienced by SIC residents in much the same way as shelter spaces. SIC residents made clear that supportive housing, as a solution to homelessness, is effective only insofar as it considers the individual needs and desires of the residents. Rules and restrictions contribute to negative feelings and past traumas related to institutionalization. Failing meaningful and ongoing consultation and self-determination, supportive housing risks being another systemic factor perpetuating precarity and homelessness. Further, program agreements and 24-hour evictions contribute to lack of security and safety of residents. Supportive housing should adopt a human rights approach to ensure security of tenure and tenancy rights rather than program agreements which lack security of tenure and violate the right to housing.

Daily criminalization of homelessness through the enforcement of bylaws made sheltering outside exhausting and unsafe, leading SIC residents to view an encampment as a more viable option due to its ability to most effectively and equitably respond to the physical, mental, and emotional needs of residents. The use of anti-camping ordinances as part of a system of 'poverty management' measures meant to 'concentrate and conceal' people experiencing homelessness are 'designed to purify urban space' (Langegger & Koester, 2017). SIC residents experienced these poverty management techniques as systems that contribute to ongoing destabilization by violating human rights and denying access to public health resources and key determinants of health. Poverty management

techniques such as laws that criminalize homelessness and poverty are costly without contributing to goals of ending homelessness and even work against such goals by increasing distrust and other harms (Cohen et al., 2019; Rankin, 2019).

For both Canada and the US, homelessness needs to be further understood in the context of colonialism and displacement of Indigenous people. The 'exclusion of Indigenous people' and high prevalence of Indigenous homelessness in a contemporary context is rooted in a historical and ongoing displacement and 'destabilization of culture which depended on the ethnic cleansing, linguicide, domicide of Indigenous peoples (Thistle, 2017)(p. 14). Colonial foundations underpin contemporary laws of displacement that continue to exist for people experiencing homelessness across the continent. It is through this lens of forced precarity, and constrained choice rooted in colonization and neoliberal capitalism that encampments, shelters, and supportive housing can be understood and the need for Indigenous self-determination and rights.

### **Constrained Choice**

In their study on the relationship between choice and homelessness, Parsell and Parsell (Parsell & Parsell, 2012) state that the idea of constrained choice is incompatible with the ideals of neoliberal capitalism, which instead considers homelessness as a direct choice of an autonomous individual, or the result of a series of deviant choices. Several authors have described the choice to take up residence in an encampment as an 'environmental' one—a decision based on negative experiences within treatment, healthcare, and/or shelter settings (Cohen et al., 2019; Larsen et al., 2004). The many barriers faced by people in encampments have led to a 'general consensus [among encampment residents] that services have not helped residents to meet their needs' (Cusack et al., 2021; Ruan et al., 2018; Young et al., 2017). Encampments have been identified as preferable alternatives to more institutional settings like shelters or transitional housing, in particular because of the 'material and moral benefits of camps over shelters' (Herring, 2014) such as autonomy, community,

and security (Cusack et al., 2021; Junejo et al., 2016; Loftus-Farren, 2011; Young et al., 2017).

Herring (Herring, 2014) determined that encampments would not simply 'disappear if more [shelter] beds were made available' (p. 306), but that encampments exist because of the 'moral and material benefits' found therein and denied in shelters. The experiences of SIC residents expand upon Herring's assertion suggesting that the reason participants sheltered at SIC was not simply a direct choice influenced by the amenities and benefits of an encampment, but that it was a constrained choice. A constrained choice due to an unaffordable rental housing market, the realities of sheltering outside, and the restrictions and deficiencies of shelters and supportive housing, making encampments the only remaining accessible option. The idea of being a 'forced community' (ST30-1-1) demonstrates how some SIC residents did not choose to take up residence in that space for moral and material benefits, but rather were placed in a situation of constrained choice and relied on a built sense of community to respond to the precarity in the midst of structural and systemic failures. Community and safety have been found by other researchers to be the major benefits of life in an encampment (Cusack et al., 2021; Junejo et al., 2016; Loftus-Farren, 2011; Young et al., 2017). Here we point to the importance of recognizing encampment residents as rights holders whose right to housing is being violated, the solution being to recognize these rights in responses to homelessness including rights to self-determination and participation in designing housing solutions and homelessness services (Farha & Schwan, 2020).

### **Precarity, Public Health, and Human Rights**

Encampments are manifestations of government and public health deficiencies: their 'failure to successfully implement the right to adequate housing' (Farha & Schwan, 2020)( p.2), failure to design responses to homelessness and encampments that meaningfully centre the voices of people experiencing homelessness, and provide other imperative public health provisions like food, water, social supports, and self-determination. Encampments are a result of structural and systemic failures and are a self-determined response to the subsequent

precarity—in the absence of adequate housing, SIC emerged as one of the only viable options for residents and allowed for a level of stability unachievable elsewhere.

While SIC was a result of systemic failures of responses to homelessness and consequent constrained choice, it also emerged as an assertion of human rights in the midst of precarious access to essential determinants of health. The precarious stability offered at SIC was a direct counter to the ongoing precarity of being unhoused and being unable to access the basic public health resources necessary for health. Instead of using public health arguments to dismantle and displace encampments, as was done in *British Columbia v. Adamson BCSC 1245* (2016), public health should align with human rights to housing and rights to self-determination to participate in ensuring safe, appropriate, and affordable housing options and/or ensuring public health infrastructure in the absence of housing. A few researchers have suggested the need for proactive planning to mitigate public health concerns, and the importance of including the perspectives of encampment residents in discussion of public health responses and solutions (Junejo et al., 2016; Wilson, 2020). In fact, the excessive costs of eviction efforts and land remediation could be prevented by providing safe, appropriate and adequate housing in the first place (Wilson, 2020). In the absence of adequate housing, providing encampments with the necessary public health resources such as water, sanitation, food storage, and outreach supports emerges as the more 'humane and cost-effective response' to encampments (Junejo et al., 2016) (p. 24) (Speer, 2016). Without being rooted in a human rights perspective, the public health sector risks joining other poverty management systems such as shelters, police and bylaw enforcement perpetuating not solving homelessness.

Displacement and enforcement tactics through city ordinances and bylaws have been found to have only a short-term effect on visible homelessness, and impacts residents' health and access to health services because of further isolation (Cousineau, 1997). In places where encampments are tolerated or sanctioned, researchers found this approach to be 'complementary, rather than contradictory' to criminalization and displacement of

encampments in 'prime spaces' (Herring, 2014)(p. 296), both as 'socio-spatial contraptions of homeless containment' and as a space preferred by many people experiencing homelessness to other alternatives such as shelters (p. 286). Other responses, such as the Encampment Resolution Pilot used in San Francisco and Philadelphia encampments emerged as alternatives to immediate displacement. In this model, municipalities set a date to remove encampments and offer housing and shelter options (Cusack et al., 2021). However, many encampment residents saw this as a delayed displacement and another way to 'put them out of sight' (p. 5155) because of lack of permanent solutions with integrated care (p. 160).

A public health response to encampments that is rooted in a human rights perspective such as the National Protocol for Homeless Encampments in Canada (National Protocol), first and foremost would acknowledge the human right to housing (Farha & Schwan, 2020). Five years prior to the release of the National Protocol, SIC residents expressed the human rights-based imperative of consulting people experiencing homelessness in decisions made regarding responses to encampments and housing—the second principle of the National Protocol. In the absence of adequate housing as determined by encampment residents, a public health and human rights response that prioritizes meaningful engagement and housing or basic resources for health in the absence of housing is imperative given the precarity experienced by encampment residents. Without meaningful consultation, residents of SIC suggested that shelters and supportive housing options—proposed as alternatives to SIC and solutions to homelessness—will continue to perpetuate situations of precarity and constrained choices.

As outlined elsewhere, we have argued that public health guidance related to encampments could be strengthened through incorporation of a human rights approach and the 8 principles of the National Protocol (Olson & Pauly, 2021). The culture of criminalization and surveillance, as demonstrated in people's experiences in shelters, supportive housing, and public spaces, also threatens to find its way into public health responses to homeless encampments. Effective public health 'requires explicit and concrete

efforts to promote and protect human rights and dignity' (Pan American Health Organization, n.d.). Until public health responses to homelessness and encampments commit to aligning with human rights and centering the voices of people experiencing homelessness, such responses will fail to protect rights to housing and contribute to ongoing homelessness rather than ameliorate it.

### Conclusion

The homeless sector itself is a systemic factor contributing to encampments. When faced with situations in shelters and supportive housing that residents identify as unsafe, being under surveillance or overly restrictive, they experience a constrained choice in that they can choose to live under these conditions or shelter outdoors. In sheltering outdoors, they are subject to civil ordinances that seek to displace homeless people and increase the challenges associated with daily living and survival in which they felt chained to a backpack. Encampments offer a last option in which individuals are forced to create a community with the benefits of increased safety and less precarity allowing them to stabilize. Approaches to homelessness and encampments specifically should incorporate a human rights approach that emphasizes self determination, right to housing and basic determinants of health. Such a response is aligned with public health commitments to promote health equity and social justice through action on the social determinants of health.

### Declaration of Interest Statement

The second author of this paper, acted as an expert witness for Super Intent City in both of the legal cases in 2016. The author visited and participated in community activities such as meetings 255th throughout the duration of the encampment.

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