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Research paper

Supportive housing and surveillance

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ABSTRACT

Urban centres in the US, Britain and Canada have responded to identified visible 'social problems' such addiction, mental health and homelessness by providing some supportive housing for the urban poor and marginalized. While some critics have questioned what supportive housing specifically entails in terms of the built environment, what remains under explored, though a growing area of concern, is the relationship between surveillance and supportive housing for urban residents identified as having addiction and mental health problems – a gap addressed in this paper. Drawing upon qualitative ethnographic observational data we examine some of the measures of control and coercion that are encroaching into social housing primarily established for poor and marginalized people with addiction and mental health problems in the urban centre of Vancouver, Canada. We witnessed three modes of regulation and control, that vary widely, among the residencies observed: physical surveillance technologies; site-specific modes of coercion; police presence and staff surveillance, which all together impact the everyday lives of residents living in low-income and supportive housing. We argue that supportive housing has the potential to provide its intended commitment – safe and secure affordable housing. However, owing to an (over)emphasis on 'security', the supportive housing we observed were also sites of social control.

Introduction

In an era when national security state has grown exponentially, surveillance systems have emerged on a global scale under the pretext of safety and security, while measures of control and coercion have consequently become to some extent normalized. Measures of regulation and control also intersect with urban spaces where addiction, mental health and homelessness have increasingly been identified as social problems in western nations. In these neoliberal times, urban centres in the US, Britain and Canada have responded to these identified visible 'social problems' by providing some supportive housing for the urban poor and marginalized (Johnsen, Cloke, & May, 2005; Knight et al., 2014). Such urban housing environments have received increasing international attention as spaces that can benefit health as well as produce harm (e.g. Bullen, 2015; Flannagan, 2015; Knight et al., 2014; Nethercote, 2015; Powell & Flint, 2009). For example, harm reduction as a key component of social housing has been advocated to reduce risk and promote social inclusion (Pauly, Reist, Belle-Isle, & Schactman, 2013). However, some critics have questioned what supportive housing specifically entails in terms of the built environment (Evans, 2003; Kaplan, 2003; Knight et al., 2014; Parr, 2000). What remains under explored in this line of investigation, though a growing area of concern, is the relationship between surveillance and supportive housing for urban residents identified as having addiction and mental health problems – a gap addressed in this analysis.

More specifically, this paper draws upon qualitative ethnographic observational data to examine some of the measures of control and coercion that are encroaching into social housing primarily established for poor and marginalized people with addiction and mental health problems in the urban centre of Vancouver, Canada. Regulation and control, in this case, are shaped by an interrelational nexus of policy directives and institutional partnerships between law enforcement, health services, and housing (and welfare) authorities. Such partnerships are emblematic of what Foucault (1977) has outlined as the emergence of an expanding disciplinary society whereby surveillance (as a mode of

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investigation and knowledge accumulation) and social control (through the enforcement of norms) operate as diffuse mechanisms of power that serve to legitimate authoritative action. Erikson and Haggerty (1997, p. 3) further contend that modern police in nation-states "pervade contemporary social life" and are also knowledge producers of at risk populations.

Wacquant (2009, p. xxi), discussing what he refers to as the hegemonic neoliberalist security framework that has emerged in Europe and the U.S., outlines three main interlinked strategies to regulate the poor who are viewed as "undesirable, offensive, or threatening" – *socialization, medicalization and penalization*. These three modalities are a means of controlling the behaviour of those who do not conform to the neoliberal norm, such as those populations identified as poor, addicted, or mentally ill. *Socialization* reasserts the role of the state as responsible for dealing with the 'stain' of urban dislocation by such means as subsidizing or building housing rather than advancing structural economic change (Wacquant, 2009, xxi). *Medicalization* (re)defines homelessness as an individual pathology linked to addiction and mental health remedied through medical interventions. While the third strategy, *penalization*, effectively repositions the poor, homeless and precariously housed as criminal (abdicating their rights) through a combination of municipal ordinances (such as the outlawing of the establishment of harm reduction services or of sleeping in public (Bennett, 2012; Bernstein & Bennett, 2012; Chesnay, Bellot, & Sylvestre, 2013; Pivot Legal Society, 2013)). The effect of these modalities is a diversion of attention from the socio-economic roots of poverty (and drug prohibition), and its related social problems and an emphasis on individual delinquency and treatment – which in combination serve "as a conduit to criminalization at the bottom of the class structure" (Wacquant, 2009, xxii). Such strategies of intervention are evidenced in urban spaces where the visibility of addiction, mental health and homelessness has been reduced with an increase of 'spaces of care' such as the provision of emergency shelters, some supportive housing, and other means of 're-institutionalization and circulation' compatible with the comfort, containment and control of potentially disruptive populations (Conradson, 2003; DeVerteuil, 2003; DeVerteuil, May, & von Mahs, 2009; Johnsen et al., 2005). Indeed, such dynamics, including the pairing of medical and enforcement-based approaches, have increasingly been in play in Vancouver, Canada, which is home to a large population of urban poor individuals contending with mental health and addictions (Boyd & Kerr, 2015; Boyd, Boyd & Kerr, 2015).

We argue that supportive housing has the potential to provide its intended commitment– safe and secure affordable housing. However, owing to an (over)emphasis on 'security', the supportive housing we observed were also sites of social control (interconnected to legal and institutional concerns), rather than ones of social inclusion for people identified as having addiction and mental health problems. The following section begins by outlining our study's parameters and method, accompanied by a description of the setting, which situates the supportive housing sites observed. This is followed by a discussion of two law enforcement collaborative initiatives and institutional partnerships that shape social housing in Vancouver and which serve to frame the observational details of our findings that follow. We witnessed three modes of regulation and control that vary widely, among the residencies observed. The paper concludes with a discussion of some of the implications of our findings.

Methodology

This study draws from qualitative ethnographic observational data gathered between 2013 and 2015 in the Downtown Eastside of Vancouver, Canada of 15 separate low-income and supportive housing sites. These housing sites include emergency shelters, converted single-room occupancy hotels (SROs), and apartment facilities. Eleven of the residencies we visited are listed on the Province of British Columbia's supportive housing registry and the remaining four are privately run. The findings are drawn from a larger, ongoing program of qualitative research that explores the influence of structural and environmental forces on health and access to care among marginalized street-involved populations who use drugs (McNeil & Small, 2014).

Observation is an integral component to many critical studies about people who consume illicit drugs (Becker, 1963; Bourgois, 1995; Rosenbaum, 1981; Saldanha, 2007; Small, Kerr, Charette, Schechter, & Spittal, 2006; Small et al., 2011). It is an interpretive method that contributes to the building of descriptive and exploratory knowledge particularly in relation to social context (Hesse-Biber & Leavy, 2006). Firsthand observation is important as it requires one to get the "seat of your pants dirty in *real* research," a physical presence sometimes neglected in other methods of investigation (Robert Park cited in McKinney, 1966, p. 71). Of observational interest in our study were the neighbourhood, the exterior and interior of housing locations, and the people and activities in and outside of each site. As part of the observation of different housing sites the researchers also engaged in informal and unstructured field conversations with staff, residents, guests and others in the vicinity (such as on-site construction labourers) about the housing environments, including discussions pertaining to site rules, security parameters and police presence. Extensive fieldnotes were taken immediately before and after site visits and sometimes during visits (one researcher transcribing interactions while the other engaged in casual conversation). Upon entering housing sites or initiating informal discussions, a verbal script was used to inform participants regarding the research and to gain oral consent for observational activities and unstructured discussion. Confidentiality was assured and the voluntary nature of participation was stressed. The study was undertaken with ethical approval granted by Providence Healthcare/University of British Columbia Research Ethics Board.

In analyzing the data drawn from the fieldnotes, themes of regulation and control emerged as significant. The data was then coded to differentiate distinctive modes of regulation, specifically physical surveillance technologies (such as video cameras and gated entrances), site-specific modes of coercion (such as resident policies, rules and mandatory programs), and aspects of police presence and surveillance. The coding schedule was then analyzed in relation to the particular setting of the Downtown Eastside (DTES), as the area's particular social location (as a bounded urban space) and discursive framing (as criminal) provide a significant context in the data interpretation.

Setting and background

The problems of addiction, mental health and poverty are often believed to converge in B.C. most dramatically in Vancouver's DTES, Canada's poorest urban neighbourhood, located on unceded Coast Salish territory (Indigenous land that was never officially surrendered) (Boyd & Kerr, 2015; City of Vancouver, 2012, p. 8). While the DTES is home to a diverse population (with a sizeable Aboriginal presence), it is also a socially produced and contested space constructed by neoliberal economic policies, policing, health and housing initiatives, municipal, provincial and federal policies, historical power relations, and race, class and gender inequity (Anderson, 1990; Schatz, 2010). The area is also marked by urban decay, rapid gentrification, and a significant number of single room occupancy hotels (SROs), supportive housing, and many social support services (City of Vancouver, 2012). The neighbourhood includes a large open drug scene where a range of illicit drugs can be easily purchased (Wood & Kerr, 2006), and is often equated by

the media, the Vancouver Police Department and claims-makers as a space riddled with social problems. As such, it is constituted as a criminal and pathological space (Boyd, Boyd, & Kerr, 2015; Culhane, 2003; Liu & Blomley, 2013; Woolford, 2001). This construction informs housing policy and the regulation of marginalized people in the area.

A number of strategies have been implemented to deal with the visible homelessness, mental health and addiction issues in DTES, such as increased police presence, and more recently, emergency shelters and supportive housing with harm reduction initiatives. For example, in 1991, Downtown Eastside Residents Association (DERA), an organization advocating for social housing, bought a DTES hotel and converted it to social housing for homeless people. Following this action, a number of non-profit housing agencies have emerged to provide housing and services (including harm reduction) for DTES residents experiencing mental health and addiction problems, in conjunction with BC Housing (a provincial agency that runs social housing in the province) and Vancouver Coastal Health (VCH provides a broad range of health services in the area).

Supportive housing was created for low-income residents in Vancouver and intended to provide safe and affordable housing for seniors, people with disabilities, and "at risk populations," primarily people who are homeless or at risk of being homeless and who are struggling with mental health and addiction (BC Housing, 2015b). The housing is subsidized and offers a diverse range of services to tenants. For at risk populations, these supports can include, but are not limited to: 24-h on-site mental health and addiction workers, crises intervention, medical and legal assistance, housekeeping, personal care, skill-training and meal programs. These sites range in their tolerance for ongoing drug and/or alcohol use, from low- to high-barrier (high-barrier has a zero tolerance policy). Supportive housing can take place in social housing projects and in single room occupancy hotels. Though there is variation between older and newer buildings, a typical room in a DTES SRO is approximately 120 square feet with no private bathroom or kitchen. They are notorious for being run-down and bug infested.

Bending to public pressure about rising homelessness and lack of affordable housing, new social housing initiatives were also made possible when the BC government bought ten SRO hotels in Vancouver in 2007 to convert into social housing, primarily located in the downtown core and the DTES (Paulsen, 2007). At that time, the director of DERA warned of the possibility that new tenants of these buildings might be stripped of their rights (Paulsen, 2007). DERA's concern is relevant to our investigation of surveillance and regulation in low-income and supportive housing in the DTES.

Institutional partnerships and initiatives: policing

There are a number of larger policy directives and institutional partnerships presently at play that shape (experiences of) Vancouver's low-income and supportive housing in multiple ways.[1] It is impossible to examine all of the directives in depth; however, it is important to note that while institutional partnerships have framed supportive housing initiatives, new forms of contemporary police involvement are emerging in the homes of 'hard to house' populations in the city. Two of these police involved collaborative initiatives, Partners in Action and the Assertive Community Treatment (ACT) team, are explained in more detail below in order to provide descriptive examples.

Introduced in 2008, Partners in Action is a collaboration between the Vancouver Police Department, the province, and seventeen non-profit operators of government-owned SROs in Vancouver. The VPD stated goal is that "the vulnerable are protected from the criminal element and violence is reduced in the buildings, improving the quality of life for all" (VPD, 2011, p. 16). As part of this initiative, individual police officers are assigned to specific hotels in order to foster better communication. The VPD are provided with details of a building's specific support services and this data is also stored on the VPD information network, E-comm. The rationale put forth by BC Housing for sharing information is "so that officers being deployed to these residences are aware of any potential special needs of residents" (BC Housing, 2015a). In addition, several SRO hotels in the DTES sport Partners in Action stickers meant to deter criminal activities. New police recruits also attend a half-day training in specific buildings. The Vancouver police department is also involved in ACT teams, a separate initiative from Partners in Action.

As originally conceived, Assertive Community Treatment (ACT) teams emerged in the US in the 1970s as a biomedical approach to mental health in the community and partly as a response to deinstitutionalization (Killaspy et al., 2009; Spindel & Nugent, 2001). Team intensions are to provide ongoing services for those requiring high levels of support. ACT has since been adapted in countries such as Australia, the UK, and Canada (Killaspy et al., 2009). What is unique in Vancouver since 2011 is the formal involvement of law enforcement in partnership with Vancouver Coastal Health.

The Vancouver model of ACT has garnered considerable international attention due to its inclusion of law enforcement (Government of Canada, 2015; VCH, 2013). Indeed, Vancouver police officers are embedded in the "assertive" teams, along with other care providers (such as nurses, psychiatrists, social workers, peer advocates, and addiction councillors), and participation for some clients is enforced rather than optional (through "intervention strategies") (CACP & MHCC, 2014, p. 26). This means that some patients may not be able to refuse teams to visit them at their place of residence (see Bellett, 2013; Ng & Van Veen, 2015).

In Vancouver, similar to other Canadian cities, police officers are traditionally dispatched to calls for service involving people with mental health problems when there are crisis situations or through emergency intervention teams wherein which officers may apprehend people under the provincial Mental Health Act (Sec. 28). Vancouver's ACT team initiatives are significant in that they involve a new and different aspect of intervention (and coercion) in the following two ways. (1) The police are an integral team member with significant powers of enforcement, when there is not per se a crisis situation. As Ng and Van Veen (2015, p. 3) point out, "if a client on extended leave[2] is found to be not taking their medication or perhaps violating a policy under their housing agreement, the police presence allows for the possibility of enforcement to happen." (2) The VPD are significant institutionally-based knowledge producers that participate in an institutional nexus by helping to define the nature of mental health and addiction in ways that correspond with their institutional priorities, such as advancing biomedical/criminal frameworks that often counter cultural and structural understandings of mental

[1] Institutional players include, for example: federal initiatives, the Province's housing authority (BC Housing); the Ministry of social development and social innovation (welfare); the Vancouver Police Department (VPD); the City of Vancouver; and the regional health authority (Vancouver Coastal Health). Local institutional alliances have served in the creation of numerous policies that shape housing in Vancouver. Some of note include: Partners in Action (VPD and BC Housing), The Mayor's Task Force on Mental Health and Addictions (A collaboration with multiple partners originally instigated by the City of Vancouver, the VPD and VCH), and Aggressive Community Teams (ACT) (VPD and VCH). These alliances are further informed by reports and initiatives such as: the Housing First-Pathways to Housing Model, Chez Soi (Mental Health Commission of Canada (see Goering et al., 2014)), several Policing Reports by the VPD on mental health and addiction between 2008 and 2014 (see Thompson, 2010; VPD, 2009, 2013; Wilson-Bates, 2008), the Controlled Substances and Drugs Act, and harm reduction initiatives by Vancouver Coastal Health.

[2] Extended leave in BC refers to discharge from hospital when one is still under certification requiring compliance to medication.

health and addiction (Boyd & Kerr, 2015). For example, the more recent unitary conceptual framing of mental health and addiction by the VPD and other institutional players further serves to expand the carceral net of social control by linking mental health and addiction to discourses of dangerousness, the need for increased policing and surveillance, and the failure of deinstitutionalization (Boyd & Kerr, 2015). However, not all people with mental health problems use illegal drugs, nor do all illicit drug users have mental health problems (see Boyd et al., 2015; Rush & Nadeau, 2011).

Even before police participation was formalized, Spindel and Nugent (2001) warned more than a decade ago that the degree of acceptance of assertive community treatment by health practitioners is troubling because it operates as a means of social control and "may be little more than a means of transporting the social control and biomedical functions of the hospital or the institution to the community." Today, the VPD are informing policy and also reshaping institutional arrangements and practices through which people with mental health and addiction are regulated in and outside of low-income housing in Vancouver. Indeed, our observational findings illuminate policing and surveillance practices in housing for poor people with mental health and addiction problems.

Findings: surveillance, coercion, and policing (presence)

Three modes of regulation and control were evident in our analysis of the observations and fieldnotes of supportive housing sites in the DTES. These included physical surveillance technologies, site-specific modes of coercion, and police presence. The sites observed were by no means uniform. Some sites were markedly constrictive and/or repressive, while other sites were much more lax in their approach to regulation and control. Similarly, some sites offered more supportive services than others. There existed, however, a general sentiment among many residents and staff that the researchers spoke with during the study period that various modes of regulation and surveillance within and outside of their homes have been increasing over time.

Surveillance technologies and security measures

Valverde's (2006) discussion of early conceptions of crime prevention and surveillance through urban design in public housing spaces is applicable to the housing sites the researchers observed in Vancouver. Alongside of the reconfiguration of a particular space to better serve the surveillance of marginalized people, Valverde notes that informal surveillance "takes crime prevention out of the specialized domain of police and private security and embeds it into the daily routines of everyone who lives or works in a particular place – people who are not paid to 'do security', but who are somehow persuaded to add security to their existing obligations" (2006, p. 144; see also Carr, Cowan, & Hunter, 2007). In the DTES, police, private security and some staff work hand and hand in their surveillance and regulation of marginalized people housed there; however police remain primary knowledge brokers and actors.

Almost every site observed by the researchers had multiple forms of security measures and surveillance technologies such as surveillance cameras. One building manager claimed they had over 70 cameras within the building and revealed three computers set up for workers to track residents' whereabouts. Also common were key fobs that digitally track all movement in the building as well as control access to network services, doors, and information; thus, also regulating where residents can move inside of a building. Most buildings observed had locked entrances that required being buzzed in, usually from an employer working at a front desk, or security guard. In addition, front desk supervisors commonly regulated the public spaces of the buildings, registering visitors in log books, tracking government issued identification from guests and granting or denying entrance to residents, guests, medical staff and police. The physical setup of each building complex also served in many cases to govern the space, impeding privacy through the use of bright lighting, visual angles, gated entrances and glass-paned office rooms where staff could easily observe residents and guests.

Two separate incidents from our fieldnotes illustrate how the physical spaces of some housing sites both enable and configure policing. During one observational session researchers noted that all of the front desk areas of all three supportive housing buildings visited that day had closed-in posts for frontline staff, which included closed-circuit security camera screens and computers. Staff were separated physically from the residents, and this design appeared so authoritarian and institutional-looking that one of the buildings had been recently used as a film set for the interior of a police station. In fact, several of the buildings in the study, because of their setting, design and appearance, had been recently used as film sets for law-and-order television shows, while a former DTES detention centre was in the process of being converted into social housing for low-income and at risk populations (see Tam, 2014). We make a similar observation again five months later in an alternate fieldnote at a different housing site:

> To enter the closed-off, glass windowed staff desk, we went through a door that had an official-looking "sheriff's office" sign etched into the window of the entrance. We inquired as to what the sign was about: "is there, um, a sheriff's office here?" [researcher 1] asked. The nurse at the staff desk laughed, stating that a few weeks ago the building had been used as a film set for a cop movie. She noted that the staff thought the sheriff symbol was cool so they had decided to just leave it up for a while. "Ohhh." [researcher 1] responded, "I was confused when we first walked in. So a police movie was shot here?" The nurse confirmed, replying that the staff had had a lot of fun dressing up as cops. "And what did the residents think of all this?" asked [researcher 2]. "Oh, they were a bit freaked by it at first," the nurse replied, "but then they were given a free meal and a McDonald's gift card and they were happy."

Supportive housing in this setting illuminates unequal power relationships between tenants and staff while serving to normalize housing as a site of policing and also as spectacle. While the housing itself (similar to depictions of the neighbourhood) is represented as a criminal space.

While the physical characteristics of some supportive housing sites resemble institutional police and prison environments, our observational data further suggests that security systems and surveillance in supportive housing are both expanding and also accommodating police interests, as the following account from our fieldnotes indicates:

> The building manager is sitting inside an office of windows and television screens. He tells us that they have cameras on all the doors and stairwells. These cameras have all recently been installed and he elaborates that though there used to be just one, now they are everywhere. He points out a new device which stores the surveillance footage and notes that he doesn't know what happens to it, that it used to be a disc that erased every two weeks, but now it is hooked up to computers somewhere else. I'm not so sure if that is the case, nor is he, but the VPD who once had to request the disc from the manager, no longer do, which indicates the footage is complied and stored elsewhere off site.

The fieldnote continues, indicating police presence and the increase of additional security tracking methods:

> I asked if the VPD needed a warrant for footage for which he replied: "no, they just tell me what day and I would give them

> the disc." He noted that they still come to the building for other stuff 'all the time'. When asked whether the police need a warrant to get in, the building manager rolled his eyes and laughed stating, "no, they just come in. . . sometimes they stand by the window and watch across the street." The building also has new fobs that record where tenants are going in the building, what doors they use and who is letting people in.

Increased security systems within housing environments coincide with increased monitoring of residents in a manner that is strikingly similar to surveillance and security measures in contemporary prisons (Foucault, 1977). In fact, a construction worker commenting on extensive security measures at another supportive housing site described the building as the "Fort Knox of BC Housing."

While critical scholars have pointed to the ways CCTV surveillance can operate as a mechanism of class-based and racialized order maintenance, Glasbeek and van der Meulen (2014) argue that gender also matters when analyzing surveillance. They outline women's contradictory relationship with CCTV cameras in particular, noting that urban video surveillance offers some women a sense of security, for instance, in that violence such as sexual assault might be witnessed. However, they caution that such surveillance also adds to a longer history where women have been subject to a male gaze that both disciplines and polices boundaries of normative femininity. One woman spoken to outside a supportive housing building complex expressed a similar contradictory sentiment (though not exclusively in relation to video surveillance). She described the security apparatus of her building as: "Three doors lock when before the elevator, the fourth is before the shelter down to my room. For me, that feels safe." At the same time, when asked about privacy, she stated: "there's no privacy, [it's hard] with all these cameras everywhere, watching me, seeing me."

In contrast to some of the highly regulated social housing sites observed, fieldnotes from three out of four privately owned SRO's exemplify a less regulated space, as the following fieldnote indicates:

> The first thing we noticed entering [the private SRO] was that the double doors were wide open, people walked freely in and out of the building without having to use keys or fobs. There were no signs of security cameras. Instead, the lobby had an ATM machine. Later we popped by [another privately owned SRO], which similarly had wide open doors and a candy and coffee dispenser machine. Instead of an in-building pharmacy, both SROs have bars where people can hang out, have fun, invite guests and chill with their neighbours.

Privately owned SRO's are not necessarily better homes than supportive housing, in fact many in the DTES are associated with intensive illicit drug use, poor health, violence and the undermining of harm reduction strategies in the area (Evans & Strathdee, 2006; Shannon, Ishida, Lai, & Tyndall, 2006). Research also demonstrates that the harms of substance use are exacerbated by micro-risk environments, including local housing environments (Rhodes, 2002, 2009). However, the lack of surveillance is significant in three of the four private sites we visited. This can be attributed to the fact that these sites do not implement the same polices of care which characterize the supportive housing we observed; where surveillance was found to be an integral aspect of supportive practices.

Site-specific coercion

Another aspect of regulation observed was site-specific coercion. This included resident policies and rules that needed to be abided by, such as limits to length of stay for visitors, visiting hours, visitor age requirements, proof of identification for guests, room cleanliness and daily room checks, the documentation of resident daily activities and conversation with staff members, medical programs (including harm reduction services), (sometimes mandatory) life skills programs, and meal programs. Although these practices are intended to support residents, some also displace rights, such as privacy, that are afforded most non-marginalized tenants in their own homes, and can potentially serve as a form of coercion.

A number of residents expressed frustration with the requirements of having to repeatedly reveal intimate health, occupation and personal history information to different staff members and when being processed through different housing sites, as considerable amount of personal information is extracted during intake surveys, which are required before people are provided supportive housing. One resident who complained about information sharing policies noted that non-health care housing staff had unnecessarily shared his personal health information among each other without his consent – specifically his status as HIV positive in a non-risk situation. This constitutes a potential violation of rights, as the right to privacy and confidentiality, in terms of HIV disclosure, is recognized under Canadian law. Privacy, though, is not absolute; disclosure is expected in situations where there is a clear risk of harm to others (The Canadian HIV/A Legal Network, 2012).

Abiding by specific housing rules proved difficult for some residents. One resident, for instance, maintained that if you did not attend an hour and a half morning session of the mandatory life skills program at a privately run religious supportive housing site she was staying at, "You get thrown out." While some medical care is usually integrated into supportive housing in the DTES, there exist a range of approaches to navigating the fine line between care and coercion within the supportive housing spectrum, as the following fieldnote suggests:

> We said that we had heard that in some buildings you aren't allowed to leave the premises until you've taken your medication and wondered if that happens at [this supportive housing site]. The building manager explained that they were not like those other places, "We do self-administered meds [medications], but if you don't take the meds, we call your support team," which may likely include cops, mental health workers, etc. He identified the building as "medium barrier", as opposed to low and high barriers that are part of the supportive housing ideology/spectrum. He was pleased to show that they give out harm reduction supplies (rigs, water) for drug users.

Fisher, Turnbull, Poland, and Haydon (2004, p. 358) argue that harm reduction services can also be sites of risk management, surveillance, and regulation and "coexist alongside more traditional forms of repression (i.e., such as law enforcement)," and that traditional forms of repression are often masked in these seemingly 'progressive' settings. Critical research indicates that what may be more significant than specific models of care for people struggling with mental health is "the degree to which they [individuals] experience control over their lives and their choices" (Morrow et al., 2010, p. 35). In the DTES, federal drug prohibition and the provincial Mental Health Act both serve to exacerbate tensions between support and impositions of control for people who use illicit drugs and those identified as having mental health problems (Boyd & Kerr, 2015; Boyd et al., 2015).

Policing (presence)

The third mode of regulation observed was the general persistence of police and security guard presence inside of social housing and outside on the streets, as compared to residencies that

were not for low-income tenants and residential sites not located in the DTES. This is not surprising as the VPD has made repeated calls for both increased policing in the area and inter-agency collaboration between the police, operators of city-run SROs, income assistance and health professionals (see VPD, 2009; Wilson-Bates, 2008). In Canada, however, the *Charter of Rights and Freedoms* provides individuals with protection against unreasonable search and seizure, such as entering people's homes without a warrant and the surveillance of homes (Constitution Act 1982, Section 8).

Although our observations and informal conversations with supportive housing workers reveal that police appeared to generally ask permission to enter buildings, they also seemed to be granted easy access into the sites' entrance and public areas without requiring a warrant.[3] For instance, when researchers asked one housing staff member about their relationship with the police, the employer casually stated that they had an open door policy with the VPD, that they come in whenever they want and "it's all good." They went on to explain that the police come by to see how things are. If they go up to a woman's room, "sometimes we go with them and knock." This open-door policy seemed consistent with observations described in the following fieldnote:

> On the way to visit one building, the first thing we noticed was a stealth-black cop cruiser out front. We were buzzed into the building by a security guard, whose shirt indicated that he worked for a private security company. There was a very upset woman in the front lobby alone with two cops and no staff person present. The distraught women kept repeating, "I don't want to go." Because staff did not run the front desk at this site, the security guard brought us back into the staff office down the hall. Throughout our conversation with the site manager, the situation in the lobby with the police and the distressed woman escalated. The yelling often made it hard to hear our conversation, and yet the manager's only reaction to the situation was, at one point, to smirk and say to us "it gets kinda crazy around here sometimes."

Several residents also described a persistent police presence. A tenant responding to the Partners in Action status of one residence (indicated by a sticker on the outside of the building) exclaimed,

> "It's another prison now. They feed us coffee and drill TV into our heads. There are cameras everywhere, even in the fuckin' stairs." He explained that rules have become strictly enforced, while others are ignored, "I can't have a buddy stay over night" while police "come in and out of the building like it's theirs- they do that everywhere. It's to intimidate us."

Another tenant cited on-going police surveillance as the reason he disliked his housing. He stated: "I fucking hate this place." When asked to elaborate further he explained, "The police monitor it [his residence] pretty good. They come and take the surveillance CD every week."

One past director of an emergency housing complex described increased police presence, police intrusion and request of client information as a war on the privacy of the poor in the DTES and the lower mainland of Vancouver. She discussed her on-going attempts to limit police presence and to protect the constitutional rights of residents in supportive housing. Her concerns may apply to other housing staff that inadvertently negotiate duties of surveillance as an additional workplace obligation and, though they may oppose these measures, could be held accountable by law enforcement during police excursions into private space.

Discussion

Erikson and Haggerty (1997, p. 41) note that "[t]he surveillance systems people are subject to are a matter of the institutions they participate in. Those populations whose risk histories have constituted them as [seemingly] weak and dependent are subjected to the state's criminal, welfare, and mental health surveillance systems, among other forms of surveillance." While all subjects are made knowable within a surveillance society, perceived as guilty until proven otherwise, marginalized populations have less ability to defend themselves from the negative impacts of such scrutiny (Erikson & Haggerty, 1997; Gilliom, 2001; Lyon, 2003). These perspectives apply to Vancouver residents in low-income and supportive housing. Indeed, we found that residents in our study were subject to a broad range of surveillance systems, which enabled forms of regulation and control.

The VPD institutional partnerships described above enable surveillance and control while reasserting law enforcement as principal knowledge brokers. Rather than the more overtly aggressive forms of control traditionally associated with policing, these newer collaborative initiatives to regulate poor people identified as having addiction and mental health problems indicate a form of governance characterized in part by information accumulation, population surveillance and inter-institutional communication (Erikson & Haggerty, 1997). Discourses of care, safety and community are emphasized in conjunction with more overt law and order mandates. Such partnerships and resultant policies, however, can also have equally coercive effects, albeit less visible ones. These collaborations shape the environment of low-income and supportive housing covered in our fieldwork. The supportive housing sites that we observed were spaces where surveillance and control were also masked within a nexus of care.

Further, the legal challenges to restrictive policies and practices within supportive housing in B.C. have been complicated in that many remain supported by this nexus of institutional partnerships. For example, one provincially owned SRO in the Downtown Eastside was recently challenged in B.C. Supreme Court over their policy of requiring tenant visitors to produce government-issued identification, rather than previously accepted non-government IDs. The Supreme Court ruled that the policy was unreasonably restrictive (Pablo, 2015). Nevertheless, the SRO in question argued that their policy was reinforced by multiple institutions – both "enacted in conjunction with the Vancouver Police Department" and supported by BC Housing (Pablo, 2015), and in compliance with a City of Vancouver bylaw which requires owners of SROs to maintain guest ledgers (Dhillon, 2015). The non-profit further justified their policy by differentiating their tenants as a "unique demographic" of drug users in a "dangerous neighbourhood" (Pablo, 2015). Drawing upon discourses of dangerousness, criminality and risk is particularly effective as they are dependent upon already existent stereotypes that serve to justify heightened policing of the area and the residents that live there (Liu & Blomley, 2013; Woolford, 2001).

There exists a significant police presence in the DTES, compounded by the rise of private police and security guards servicing the area (see Penderson & Swanson, 2010; Rigakos, 2002; VPD, 2009, p. 22). Heightened police presence is rarely questioned by institutional players shaping supportive housing in BC, as policing is generally assumed to be beneficial in the maintenance of peace and order (see VPD, 2009). Critical research demonstrates, however, that intrusive encounters with police and security can be stressful and potentially harmful to mental health as well as contrary to harm reduction and public health goals (Dixon & Maher, 2005; Drucker, 2013; Geller, Fagan, Tyler, & Link, 2014; Markwick, McNeil, Small, &

[3] In the DTES, law enforcement have resorted to using 'production orders' to gain access to private information about residents in supportive housing. Production orders require a person (other than the person under investigation for a suspected criminal offence) to provide documents the police deem important to their investigation (Government of Canada, 2014), and are much easier to obtain from a judge or justice than a warrant.

Kerr, 2015). In Vancouver, the poor, particularly indigenous people and those identified as having mental health and addiction problems, are also already positioned as criminal (e.g. see Chesnay et al., 2013; Jiwani & Young, 2006; Penderson & Swanson, 2010; Pivot Legal Society, 2013). Rather than enhancing public safety, research on the intensification of police activities in the DTES detail VPD human rights violations that have negatively impacted residents and perpetuated a range of specific health-related harms including HIV risk behaviour (see King, 2014; Markwick et al., 2015; Penderson & Swanson, 2010; Small et al., 2006).

In order to reduce harm, in Vancouver and elsewhere, social housing with harm reduction has also been advanced (Evans & Strathdee, 2006; Pauly et al., 2013; Shannon et al., 2006). This is a significant policy directive as it is attentive to how homelessness and risk environments increase the harms of substance use (Pauly et al., 2013; Rhodes, 2002, 2009). However, our observations of social housing in Vancouver's Downtown Eastside indicate an alignment of spaces of care with Wacquant's (2009) modalities of socialization, medicalization and penalization. For example, this was evident in the emphasis on housing (rather than housing quality), site-specific coercive policies (such as in the administration of medications), and surveillance and police presence, while ultimately failing to address underlying structural factors that perpetuate poverty, unstable housing, and health inequities. How urban poverty, addiction and mental health are constituted shapes the types of social housing made available and the spaces they occupy. If people identified as homeless, addicted, and/or mentally ill are constituted as dangerous, out of control, and suffering from a biological disease or disorder, then housing and regulation will reflect such assumptions even when harm reduction services are available. Such discourses serve to privilege and substantiate the need for housing environments where coercion may be normalized as policy, and surveillance, in some cases, is incorporated as an integral element of housing design and workplace routines. Evident in this study are the historic tensions between social supports and the implementation of coercive control when treating people identified as having addiction and mental health challenges (Boyd et al., 2015; Boyd & Kerr, 2015; Morrow, Dagg, & Manager, 2008; Wild, 2005).

In sum, supportive housing for marginalized people is, in fact, integral to an expanding carceral security state that increasingly relies on surveillance and regulation (Wacquant, 2009). This is evidenced in our study in relation to marginalized people identified as having addiction and mental health problems in the DTES. Though our analysis is partial, interpretive and limited to a specific time and place, our method of data collection, observation, allowed for important elements (in particular, a material and corporeal presence in a physical environment) that might get lost (or remain unseen) in other research methods. Certainly it enabled us to discern (following Foucault, 1977) that ubiquitous compulsory visibility inside and outside of one's home alongside the normalization of on-going enforcement of site-specific rules and inter-institutional policies should be problematized further. Housing the urban poor and at risk populations must not "be divorced from discussions of 'place' – the construction and quality of built environments" (Knight et al., 2014, p. 5). However, we extend this analysis to also problematize the normalization of 'supportive' practices by staff, care workers, and law enforcement that shape institutional settings. While the expansion of adequate and affordable social housing is an important human right, it is significant to note that surveillance tactics may also undermine the original intent of harm reduction initiatives and community care strategies implemented in the DTES' supportive housing nexus. Future research and housing initiatives would benefit from further attention to constitutional rights, collaboration with tenants, tenant and staff resistance to policing and surveillance, and better recognition of the multifaceted tensions between support and coercion. In order to adequately support marginalized people living in supportive and low-income housing it is critical to draw attention to the harms of drug prohibition and law enforcement, the social control of people living with mental illness, the socio-economic roots of poverty, the impact of colonization and the human rights of at risk populations where measures of regulation and control become normalized. In other words, how might housing be differently imagined?

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