

COME AS YOU ARE: NEGOTIATING NEOLIBERAL GOVERNMENTALITY AT A  
HOMELESS SHELTER FOR WOMEN AND CHILDREN

by

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## **Abstract**

Non-profit social services targeting specific ‘vulnerable’ groups have become increasingly prevalent since the late 1970s. These services have flourished with the growth of neoliberal ideas that stress rolling back government services, using private institutions that operate on profit-driven models, and creating citizens who are self-sufficient, enterprising subjects. These organizations are an important element of Foucault’s ‘governmentality,’ the idea that independent institutions across society act in concert to regulate the population. This thesis questions the extent to which the goals of neoliberal governmentality are able to penetrate a non-profit organization that provides homeless shelters for women and children in the San Francisco Bay Area, and demonstrates how the organization acts as both a part of the system of neoliberal governmentality while simultaneously resisting its logic. This qualitative research project, which involved participant observation at the shelter site and 16 interviews with staff and clients of the organization, focuses on the ways in which shelter staff have become skilled at responding to the demands of neoliberal governmentality while using unique strategies to address client’s needs and create a home-like shelter environment. The organization employs service strategies that resist the construction of the neoliberal subject as consistently enterprising and rational. Harm-reduction and trauma-informed strategies acknowledge the personal and structural barriers to overcoming problems such as substance abuse and domestic violence, and stress that disciplinary institutional spaces often contribute to the stress and trauma that clients feel within the social services system. Staff members have used these official strategies, as well as their own personal understandings of how they would like the shelter to operate, to develop individual styles and challenge many of the rules within the shelter. This personal and compassionate approach stresses accommodation and is driven by a desire to make the shelter feel more like home.

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## **Dedication**

*To the residents and staff with whom I spent my summer.*

## **Introduction**

In the United States, the problem of homelessness increased rapidly in the 1980s (Quigley et al. 2001), and continues to rise as a result of the current housing crisis and economic downturn (Knight 2009). Shelters for the homeless, many of which are run by non-profit organizations, have been the main response (Desjarlais 1997). Since the 1980s, the approach of neoliberal governments has featured a shift in the responsibility for social services from government agencies to non-profit and other organizations (Morgen 2001). The techniques of neoliberal governmentality, Michel Foucault's term for the continuum of institutions that regulate individuals in society, stress the importance of self-sufficient citizens and service organizations run on a profit-based model (Ferguson and Gupta 2002; Foucault 2003b; Kingfisher and Goldsmith 2001; Morgen 2001; Rose 1996). The neoliberal model of governmentality is pervasive and ubiquitous, however, anthropologists have argued that, like all ideologies, its reach is never total and resistance is always present (Kingfisher and Maskovsky 2008; Morgen and Gonzales 2008; Ong 2003). While anthropologists have done important research on the experiences of the homeless (Desjarlais 1997; Hopper 2003; Robertson and Culhane 2005), alternative techniques used by shelters for women and children to help their clients attain self-sufficiency remain less studied (Bridgman 2003). My ethnographic research of Adeline Shelter and Housing Assistance (ASHA), an organization that operates homeless shelters and provides housing services for women and children in the San Francisco Bay Area, builds upon anthropological research that questions the extent to which the principles of neoliberal governmentality can be resisted or reinterpreted. In this thesis, I demonstrate how ASHA works as a part of the system of neoliberal governmentality while simultaneously challenging the logic of this system through its approach to serving clients and through the kind of shelter space it creates.

The provision of social services to homeless single women and women with children, operates within the current neoliberal climate in the United States. Previously, the welfare state provided social insurance and social welfare protections to individuals for the good of the society as a whole (Rose 1996). However, critics of these social services argued that they were too costly, created dependency and operated at the expense of private enterprise (Rose 1996:51). These critics were able to enact major changes beginning in the late 1970s. Under the leadership of Ronald Reagan, Brian Mulroney and Margaret Thatcher, there was a shift to ‘advanced liberal’ or ‘neoliberal’ forms of government in the West. The expensive, dense bureaucracy of the welfare state was ‘rolled’ back, and new techniques of governing were applied.

David Harvey (2005) explains that neoliberalism emphasizes the importance of individual freedoms and asserts that free market principles are the tool for ensuring these freedoms. This viewpoint relies on the belief that the ‘invisible hand’ of the free market will operate rationally to ensure the best possible outcome for each citizen. In neoliberal thought, free markets are viewed as a solution to poverty. Privatization is a key part of this agenda because, according to the proponents of neoliberalism, “privatization and deregulation combined with competition...eliminate bureaucratic red tape, increase efficiency and productivity, improve quality and reduce costs” (Harvey 2005:65).

Despite the emphasis on individual freedoms, neoliberals “tend to favor governance by experts and elites,” and not by representative democracy (Harvey 2005:66). ‘Professionalized’ experts—who share a knowledge base and maintain norms of conduct across institutions—make up an important sector of society (Wies 2008). A neoliberal agenda encourages a civil society—in the form of non-governmental organizations (NGOs) and groups—to take the place of direct democracy. Partly due to this emphasis on civil society, NGOs, each with their own area of expertise, have become widespread. Many of these organizations have origins in the rights

movements of the 1970s and arose just as neoliberal values were being adopted economically and politically. These NGOs have also filled a void as welfare and other government programs were curtailed in order to facilitate the spread of the free market ethic. Because NGOs operate within a neoliberal climate, they must maintain low costs and high efficiency. Unlike state social services that are a part of the democratic process, NGOs define their own agendas and, though accountable to donors, they remain less accountable to the public (Harvey 2005:177).

Devolution and privatization are two major ways in which the state has backed away from social services. In 1996, the Clinton Administration overhauled welfare and created the Personal Responsibility and Work Opportunity Reconciliation Act. This act devolved welfare, meaning that public assistance, originally run by the federal government, was left to the states to manage (Morgen and Maskovsky 2003:316). Alongside devolution, increasing privatization of social services has also been a result of neoliberalism. Morgen explains that this has meant “an increased role for private sector organizations, values, and rationalities in human services” (2001:747). Facilities like homeless shelters were shifted from government hands to the responsibility of private organizations. Simultaneously, social service agencies—federal, state, and private not-for-profit organizations—are expected to conform to a market ideology by reducing costs and maintaining proof of their efficiency and cost-effectiveness. An employee at ASHA illustrates this, saying that to maintain just one federal grant, “every six months we have to do a report about our status...what we’ve accomplished and how we’ve spent our money.”

Neoliberalism does not just encourage changes in the organization of institutions and government, but also relies on a specific notion of the ‘individual.’ In order to maximize their personal freedoms, individuals are expected to be responsible for themselves in all areas of life. The neoliberal subject is rational, self-enterprising and makes choices to maximize his or her success. Harvey explains that “this principle extends into the realms of welfare, education, health



care, and even pensions,” and those individuals who fail to be self-sufficient are blamed for their own lack of success (2005:65). Social services and public assistance are curtailed because the neoliberal subject is not ‘dependent’ and should always be a part of the workforce.

Because of this focus on self-sufficiency, neoliberalism has specific meanings for those who live below the poverty line, especially those who receive welfare benefits. Individuals who receive assistance from welfare programs are labeled as either ‘deserving’ or ‘undeserving.’ Recipients of welfare, who are most often women with dependent children, are viewed in moralistic terms in which their gender and race are intertwined. Many recipients are demonized for being dependent upon government assistance for reasons that are ‘unacceptable’ to the public (Fraser and Gordon 1997). In addition to the stigma of ‘dependency,’ women on welfare have also been accused of fraudulently exploiting the welfare system and living like ‘queens’ on the government’s money (Cruikshank 1999). These labels are gendered and racialized in public discourse, where stereotypes of ‘welfare queens’ are mobilized to justify reductions in social service funding. At ASHA, where clientele are predominately African American and Latina, this pervasive discourse is an obstacle staff confront when advocating on behalf of clients.

### *Neoliberal Governmentality: Institutions, Individuals and Resistance*

Michel Foucault’s concept of ‘governmentality,’ informed by his ideas of disciplinary power and biopower, is an especially strong tool with which to consider the neoliberal project of the last several decades. Governmentality refers to the various administrative institutions that together form a complex of power through their use of corresponding techniques and specialized knowledge and regulate the population by focusing on its well-being and productivity.

Disciplinary power is a kind of power that shapes individuals into useful subjects, especially through the use of institutions. Foucault explains that techniques, such as the use of surveillance, timetables, and norms of behavior are employed to discipline individuals as

productive subjects. Subjects under surveillance are ‘known,’ and become disciplined as they are focused upon by a variety of institutions (Foucault 1977:193). Foucault’s complementary concept to discipline, biopower, also relies upon certain forms of knowledge. Through biopower, populations are targeted by numerous expert ‘regulatory apparatuses’ that create statistical knowledge of a population and intervene in order to maintain health and livelihood (Foucault 2003a:244). Foucault explains that biopower works most effectively by “embedding itself in existing disciplinary techniques” (2003a:242). Institutions that work to create disciplined subjects are informed by and maintain the biopolitical agenda.

Regulating and disciplining the population becomes increasingly effective in this way, as techniques of management are diffused across a variety of institutional spaces. In this process, the state itself becomes a less concrete and singular entity, as governmentality exists on levels both “internal and external to the state” (Foucault 2003b:245). Homeless shelters are ideal vehicles of governmentality. They act as both disciplinary institutions and as collectors of knowledge about a particular sector of the population.

Because Foucault’s concept of power is not centralized, but rather spread throughout institutions that may or may not be directly affiliated with the state, it can be difficult to see where resistance is possible. Foucault explains, however, that “where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (1978:95). For Foucault, resistance operates similarly to power, in a ‘plurality of resistances’ at various points within the institutions through which power operates. Though resistance can operate in a variety of ways on the part of individuals or groups, “mobile and transitory” resistances are more common than large-scale challenges (Foucault 1978:96).

Applying Foucault’s concept of governmentality within a neoliberal climate, Nikolas Rose (1996) explains that neoliberal governmentality has been successful at shaping both

institutions and subjects. Social and public institutions are expected to conform to free market rationality. In addition to the 'marketization' of social and bureaucratic agencies, there is also a proliferation of these various types of institutions. Rose calls these new organizations 'quasi-autonomous non-governmental organizations,' and explains that they often take on regulatory roles that had previously been filled by the state (1996:56). Rather than an explicit concern for the details of how these organizations function, there has grown an increased emphasis on auditing agencies from an economic viewpoint which means that "contracts, targets...performance measures, monitoring and evaluation are used to govern their conduct while according them a certain autonomy" (Rose 1996:57). Social service agencies are held accountable through quantifiable 'performance measures' in the form of "case closures, job placements, and child support collections" (Morgen 2001:756).

In addition to the influx of market ideology and strict accounting systems into the welfare system, privatization occurs when certain tasks are outsourced to "private or non profit agencies or public-private partnerships" (Morgen 2001:747). This method assumes that private agencies will be more efficient and cost-effective in providing services. Non-profit sector assistance must also conform to private market expectations; they must compete for donor support, provide extensive auditing and accounting, and remain cost-effective (Hemment 2004). In addition, as a staff member at ASHA explains, non-profit organizations must be responsive to trends in the types of services that are most reliably funded. For example, ASHA is "really seeing rapid re-housing being a priority...so we've moved away from wanting to keep people in shelters to wanting to get them out of shelters as quickly as possible."

Despite the increasing levels of privatization, governmentality means that public and private, and the civil society and the state, are not separate entities. Rose explains that, "new mechanisms are utilized to link the calculations and actions of a heterogeneous array of

organizations into political objectives, governing them ‘at a distance’ through the instrumentalization of a regulated autonomy” (1996:57). The distinction between public and private, and between civil society and the state has blurred. Instead, these areas of society are intertwined with one another, sharing governing technology, specialized knowledge, and access to the population (Ferguson and Gupta 2002).

Just as neoliberal thought assumes institutions will perform at their best when they operate by free market ideals, individuals are also thought to be at their best as enterprising subjects in a market economy. Individuals who are free, autonomous and responsible are the most valued and they may express their personal freedoms within ‘civil society.’ Those who are not self-disciplined in this manner are seen to be responsible for their own unemployment, homelessness, indebtedness or other suffering.

Welfare recipients and homeless individuals are viewed as responsible for the situation they are in because of their so-called lack of work ethic, ‘dependent personality,’ or other individual ‘failure.’ These kinds of constructions “shift from assessing the conditions of the poor as being a structural crisis to that of seeing these as a community and primarily individual problem” (Vasavi and Kingfisher 2003:14). The extensive work put into raising a child is not valued as real work, and single mothers are expected to enter the workforce as “economic agents” (Kingfisher and Goldsmith 2001:716). Both homeless shelters and the welfare system act as disciplinarians of those who fail to become proper neoliberal subjects.

This thesis, by drawing upon the concept of neoliberal governmentality (Foucault 2003b; Rose 1996; Ferguson and Gupta 2002) builds upon anthropological research that questions how extensive and pervasive the reach of neoliberal governmentality is within organizations that provide social services. Kingfisher and Maskovsky explain that neoliberalism has been a process that has been “fraught with contradiction and partiality” (2008:115). They argue that while

neoliberalism may have ‘totalizing desires,’ it has not achieved this high level of influence, and this is an important area for further research. The “geographic and institutional unevenness” present in neoliberal governmentality means that, despite its hegemonic presence in institutions, there are places of resistance and counter-hegemony (Kingfisher and Maskovsky 2008:118).

Sandra Morgen and Lisa Gonzales (2008) give an example of a form of resistance in their study of welfare recipients’ attitudes about government assistance. Interviewees detailed the convoluted logic behind the government’s ability to force welfare recipients to work while not guaranteeing them a living wage should they be able to find a job. Morgen and Gonzales argue that while many participants had internalized neoliberal ideology to a degree, they were still making statements that questioned its effectiveness. Aihwa Ong also describes resistance to neoliberal governmentality’s disciplinary methods in her book *Buddha Is Hiding* (2003). She explains that while social service agents tried their best to reconfigure the subjectivity of Cambodian refugees into one that fit the American ‘enterprising agent’ model, the process was not totalizing and involved resistance and negotiation (Ong 2003:93). Subject formation is a give and take process, one that involves resistance on the part of the subject. These researchers have shown how within the setting of government services, both staff and clients question and resist the logic of neoliberal governmentality while acting as a part of this system of power.

Anthropologists who have studied homeless shelters have approached these organizations from different perspectives. Robert Desjarlais’ research focused on how the experiences of shelter residents related to power relations, political agency, and forms of state control (1997). He explains that residents respond to the shelter environment, and “fall into routines, pick up habits, and develop certain bodily and subjective stances toward the world” (1997:246). Leslie Robertson and Dara Culhane (2005) interviewed homeless women who lived in the Downtown Eastside of Vancouver, BC. In their work, they sought to allow the women’s stories to speak for

themselves. In contrast, Rae Bridgman's study of a homeless shelter in Toronto focused on the process by which a women's shelter was created (2003). Bridgman focuses on the work done by the organization through participant observation at the women's shelter and interviews with staff.

I will use my research with both staff and residents to illustrate how shelter staff's strategies challenge principles of neoliberal governmentality by attempting to create a new kind of shelter environment. After discussing my ethnographic methods and the shelter space in which I conducted my research, I detail the demands placed on the shelter by the neoliberal agenda in section one. By conforming to and becoming experts at the requirements necessary to obtain and sustain funding in a neoliberal environment, ASHA situates itself within the range of non-profit institutions that carry out services previously provided by the government. The administrative staff respond skillfully to the auditing requirements of donors, whether federal, state, or local funding or private grants. Like a for-profit company, they are creative about seeking out funding that enables them to provide services, despite their recognition of this system's shortcomings.

Next, I discuss the official policies of the shelter that make use of expert knowledge and how each of these policies presents a challenge to the concept of the neoliberal subject and disciplinary modes of subject formation. Staff employ two specific service strategies, harm reduction and trauma-informed services, that are derived from research in social work and psychology. Specialized knowledge of how to serve women—especially those individuals suffering from mental illnesses, substance abuse problems, or domestic violence—legitimizes the shelter's position as an institution worthy of funding. Each strategy the shelter employs demands flexibility on the part of staff and challenges the ideal subject of neoliberal governmentality.

In section three, I show how shelter staff, who work directly with residents, have developed their own personal approaches to their jobs that resist many of the norms of governmentality. The kind of flexibility required by harm reduction and trauma informed

services is also manifest in the varying styles that staff members are able to develop to assist residents in ways that are both comfortable and effective. In their personal strategies, staff often resist the hierarchical, disciplinarian status of their position.

Lastly, I will illustrate how employees have interpreted a reevaluation of shelter rules as a way of creating a more flexible shelter environment that feels more like a home than an institutional space. Questioning of shelter rules challenges the idea that institutions have to be bound by disciplinary modes of power and authority. The resistances to governmentality visible within the shelter demonstrate that it is possible to provide alternative forms of support to individuals and to create a different kind of homeless shelter, even while operating within neoliberal governmentality.

### *Ethnographic Methods and the Shelter*

I conducted participant observation and interviews at the women and children's shelter over a period of two and a half months in the summer of 2009. I chose this shelter after speaking with administrative staff at ASHA about their strategies for helping clients. The staff I spoke with were interested in my research and I was granted the freedom to decide how I would conduct my fieldwork. I spent time as a participant observer during the shelter's busiest hours, from about three-thirty in the afternoon until about nine or ten in the evening. During this time, I had conversations with staff and clients, helped to prepare and serve dinner, attended seminars conducted by case managers for residents, and helped with the children's program. These activities gave me—a young, white, middle-class woman who had never been inside a homeless shelter—the opportunity to become involved in the day-to-day life at the shelter.

In addition to spending time at the shelter, I attended monthly shelter staff meetings and the weekly conference where case managers and administrative staff reviewed the cases of clients at the shelter and their goals for these clients. I interviewed 16 individuals: nine staff

members and seven clients. I interviewed both administrative and lower-level staff, focusing on the experiences of those who work directly in the shelter. The clients I interviewed ranged in age from 23 to 59 years old. One resident I interviewed was white, and the remaining six interviewees were African American. Five of the women I interviewed had children, and, of these five, two had children living with them the shelter. Some questions were asked of all individuals, others were geared towards an individual's specific job or a resident's position as a single woman or a woman with children.

I used a 'non-probability, purposive' sample of participants (Bernard 2006:190). This approach was taken because my goal was to speak with individuals with specific knowledge of the shelter environment, either from a staff or resident perspective. I requested interviews with staff members either in person or by letter. A request for interview participants was posted in the shelter common area, but most interviews were conducted after I approached a resident or asked them if we could turn a more casual conversation into a recorded interview. The name of the organization and the names of all staff members and employees mentioned are pseudonyms, to protect the confidentiality of all research participants.

The shelter is operated by ASHA, a non-profit organization that oversees other social services, including a domestic violence safe house and various housing resource services. Their administrative headquarters is separate from the shelters and other sites where services are provided, however, ASHA began as a small women's homeless shelter that simply provided beds and meals. Over time, they recognized that women at the shelter had often experienced domestic violence and that they needed to provide a continuum of services to address homelessness, domestic violence, and other issues that women may face.

The shelter's location in the Bay Area means that it is racially and ethnically diverse, though the majority of its residents and staff are African American. The shelter houses women of



all ages, from 18-year-olds to women in their sixties. Residents at the shelter have diverse backgrounds. Some are young mothers who receive government assistance and have had difficulty finding affordable housing; others are older, even retired, and may be in a homeless shelter for the first time due to the loss of a job or housing. Some residents are ‘chronically homeless’ and have been in and out of shelters for some time. Many of the women in the shelter are taking courses at colleges and some are working, however, California’s high unemployment rate has made it difficult for residents to obtain jobs.

Currently, the shelter consists of a kitchen, a dining/common area, a resident kitchenette space, a staff office, a case management office, a large bathroom, and a thirty-bed dormitory area that is divided into ‘singles’ and ‘families’ spaces. At capacity, there are twenty-two adults and between eight and twelve children living in the shelter. Women with boys over the age of ten are not admitted into this particular shelter, unlike at the safe-house, where a family is able to have a room to themselves. At this shelter, there is a play area outside with a play-structure and toys, and a children’s activity program is held on weeknights and on Saturday afternoons.

Women are generally expected to leave the shelter from nine o’clock in the morning until four o’clock in the afternoon. Inclement weather, illness, appointments with a case manager or designated computer use are all reasons why women may stay in the shelter during the day. Breakfast, lunch and dinner are provided, and curfew is set at eight-thirty on weekdays and ten o’clock on weekends. Curfew times can be negotiated based on a client’s work or school schedule. Clients are assigned a daily chore in the shelter. Shelter resources include assistance from case managers, access to donated items, presentations offered by staff or by external agencies, and help in accessing resources. ASHA’s main goal is to find housing for clients.

Staff at ASHA perform a variety of jobs. Those with whom I had the most contact were: the administrative staff, who oversee the operations of the organization as a whole from a

separate location; case managers, who provide support to shelter residents; shelter managers, who maintain the shelter space and; resident advocates (RAs), who work the day, swing, and night shifts in the shelter providing a whole range of support to clients.

The shelter is unique for the lack of entry criteria placed upon new clients. Unlike many shelters for women that focus exclusively on domestic violence, substance abuse, mental illness, or exclude those with substance abuse issues or mental illness, this shelter's policy is to serve any person who identifies as a woman and needs shelter. No questions are asked of women about drug or alcohol dependence or mental illness history.

Despite the diversity of clientele, the organization's strategy in serving clients comes in the form of two main philosophies: trauma-informed services and harm reduction. Providing trauma-informed services means recognizing the types of violence and trauma an individual may have experienced in their past, and maintaining services that address this past trauma and do not re-traumatize a client (Elliot et al. 2005). Harm reduction is a technique by which the risks of certain behaviors, such as the risks of spreading disease through drug use, are minimized rather than requiring that an individual cease the behavior all together (Rotgers 2004). Harm reduction has been a controversial method that has been "officially repressed" (Campbell and Shaw 2008:689). While harm reduction is a strategy usually associated with substance abuse, the shelter extends the strategy to their approach to both mentally ill clientele and domestic violence survivors. In the case of mental illness, this means not requiring that an individual take medication to manage their illness, but rather, listening to the individual and working with them to develop a personal strategy for minimizing the most 'disruptive' elements of their illness. In terms of domestic violence, harm reduction means recognizing that a person may not leave a spouse or partner who is abusive and, in these cases, staff work with clients to develop strategies for minimizing danger and violence within the relationship.

## **Audit Culture**

*“So it really runs the gamut of...a single page form that explains why we could use clothing donations and new school clothes...to a multi-team, multi-day, five binder set of documents that have to be hand-delivered to Sacramento or FedEx-ed to Washington.” – Kathy*

Adeline Shelter and Housing Assistance (ASHA) operates within the network of expert institutions that Nikolas Rose describes as being an integral part of governmentality. As he explains, one of the most important ways in which these expert institutions are regulated is through auditing. This is effective because these “know-hows of enumeration, calculation, monitoring,...manage to be simultaneously modest and omniscient, limited yet apparently limitless in their application to problems” (Rose 1996:54). These various forms of monitoring imposed upon organizations demand cost-efficiency and have the effect of standardizing organizations’ practices. Non-profit organizations receive funding from the government and from private foundations. Administrative staff at ASHA must work to show that they are responsible, efficient users of the funding they receive in both the initial application process and subsequent reporting. The organization is knowledgeable and efficient at carrying out the necessary work to apply for and maintain funding despite their acute awareness of the flaws in this system.

Administrative staff at ASHA are conscious of the rigors of operating within this neoliberal funding system. In addition to providing services to women and children, they have to remain constantly attentive to the funding opportunities available to them and the requirements they must meet to maintain funding assistance. As is evident in the above quote from an employee at ASHA, this work can be tedious and time-consuming. One staff member explains, ASHA’s “funding has developed into a pretty diverse stream where we have some direct federal money; we have federal money that’s administered by the state or by the cities...we have had direct state money, direct city money, foundations’ money, and private donors.” Each funding source places different requirements on the organization. These requirements range from short

reports several times a year to more extensive reporting requirements like providing shelter tours or presentations to donors about the types of clients being served. During the time I spent with the organization, the Federal Emergency Management Agency (FEMA) visited one of ASHA's other shelters and the U.S. Department of Housing and Urban Development (HUD) was going to be conducting an audit of 'sub-recipients' of funding, including ASHA's transitional housing space. In addition, city commissioners visited the shelter and did a walk-through, prompting shelter staff and residents to clean the facility with extra care.

In a neoliberal climate, service providers must operate like private, for profit companies. Instead of competing for customers, they compete for donors and grants, and come to see similar organizations as competitors, rather than as allies. Neoliberal governmentality also works to coordinate and regulate institutions. Institutions conform to standards and offer particular services in order to maintain funding—creating uniformity across independent institutions. As demonstrated in this thesis, individuals working within institutions are disciplined to conform to institutional standards while showing resistance to the ways they are regulated. Administrative staff at ASHA, who juggle the expectations of donors with the needs of the clients they serve, express frustration at elements of the system they operate within.

One issue identified by Kathy is that it can be difficult to match the services provided by an organization with the interests and focus of donors. She explains that there is “a tension of trying to find funders for the work that we do while also trying to understand what the trends are around the work that we do, so we are moving in the right direction. And hopefully the funding will be there as we move.” Experimenting with new kinds of services may steer an organization out of a funding arena they had previously relied upon. In addition, the value placed on certain services may shift, leaving those who provide them without financial support. For example, Kathy explains that Governor Schwarzenegger “line-item vetoed the source of state funding for

domestic violence services in California,” resulting in a \$16 million decrease in funding to organizations that serve victims of domestic violence.

Donors and service providers do not always share the same viewpoints of how to help clients. This can be difficult for staff who work directly with clients and have a closer understanding of a client’s needs. For example, Robin, another ASHA employee, explains that, “perhaps the grant administrator or the person who is our contact with the grant...will have an understanding...but once you get somewhat further removed, so does the relationship to the client.” Organizations applying for funding must find ways of proving to donors that their work is effective and that their services are needed. Robin explains that ASHA works to “portray the client so that funders can see and understand who it is that we work for.”

In contrast with their interest in providing a qualitative, human image of a client, ASHA must display in quantitative form the type of aid given to clients and the success of their services. Kathy explains that while she understands the need for accountability, “we’re also talking about social services that are notoriously hard to measure.” She explains that “just because someone didn’t accomplish or didn’t ‘achieve’ housing doesn’t mean that tons of services weren’t poured into them.” It is difficult to measure the steps made towards clients’ goals that do not include tangible, measurable things like housing or a job. During their stay, some residents may have overcome trauma, finished an educational program, or discovered new resources for themselves or their children. These elements of the shelter stay are difficult to measure in a way that shows donors that ASHA is successful in helping individuals with life skills in a variety of ways.

The kinds of expectations placed on ASHA by donor institutions affect the way the organization relates to and knows its clients. The regulatory auditing required by donors trickles-down to the organizational and case-management level, making ASHA a part of the biopolitical

project of intimately ‘knowing’ and categorizing the population. In order to obtain the necessary information to maintain funding, ASHA must obtain knowledge about the individuals it serves.

When a new client arrives, first on the agenda is the ‘intake’ process. Clients receive an informational packet about shelter policies, daily schedules, an outline of behaviors that will result in a warning, write-up, or dismissal, an outline of what is required for shelter stays past 90 days, and other information about the shelter. Clients must sign a contract that they understand the rules, confidentiality policy, and the program requirements at the shelter. They must also fill out a form with staff with their name, social security number, their ‘homeless history,’ and the ‘type’ of client they are (substance abuse, domestic violence, mental health, family, etc.).

Further information about the client is collected in another form that resembles a small-scale census form. The categories within the form include a client’s name, social security number, race, emergency contact, past military service, education and employment status, disability, medical insurance, past living situation, and the various locations around the Bay Area that the client may have lived or attended school. Clients must check a box pertaining to the most important reason they left housing. Options include loss of job, family break-up, loss of public assistance, loss of child-care, mental health, substance abuse, domestic violence, and criminal activity. In addition, clients report the sources of income and the amount of income they receive, and the kind of non-cash benefits they receive from the state or federal government. More specific information about the client’s physical, developmental and mental health is collected, as well as information about a client’s possible history of drug or alcohol use. Questions about domestic violence and pregnancy follow. Finally, shelter staff must determine if the client falls within the specific HUD definition of a ‘homeless’ or ‘chronically homeless’ person.

Using the categories provided to them by agencies like HUD or developed by ASHA to describe clients, staff develop sets of knowledge about each client. This knowledge is then used

when reporting to the various institutions that provide funding to the organization. Statistics about the ‘type’ of client served, housing success rates, and the time and effort put into serving each client by case managers are all important ways that the organization can quantify the services it provides and supply a picture of the population it serves to donors and government agencies. However, as Kathy explains, these social services are hard to measure and do not necessarily provide a full picture of how ASHA is helping their clients. One example is a mentally ill client, Gloria, who was at the shelter until she reached the time limit of her stay. Despite the time and services devoted to this client by case managers and other staff, she left the shelter without housing. Nevertheless, many staff members felt that this particular resident had achieved personal goals, and they were proud of the work they had accomplished together.

Staff explain that simply keeping up with necessary paperwork for each client can be a difficult part of their jobs. Filling out forms is time-consuming and puts a barrier between a staff person and the client they are trying to serve. Miranda explains,

I try not to have paper around. I want our conversation to be very engaging because this is really an opportunity for me to get to know the client and for the client to get to know me...I find that I really can't move forward with them unless they trust that the resources and the suggestions and those sort of things that I offer is going to be really true and genuine to them and that I'm not just treating them like a number.

For Miranda, it is important to maintain a personal connection with the client in order to help them. Checking off boxes and filling out forms while having discussions about personal issues or past experiences alienates her from the client. She explains that the most difficult part of her job is the paperwork she has to do, but that “we’re a funded organization, so we have to be held accountable to a certain amount of information that they need.” Robin explains that she also finds that she spends “way too much time on report writing and paperwork and documentation... but that’s what we need to do.” Both employees recognize that without documenting the clients who come into the facility, they would be unable to maintain their level of funding. Robin

explains that reporting requirements will only become more rigorous under the funding available through the stimulus package provided by the Obama Administration<sup>1</sup>.

Staff are not the only participants of this system who become frustrated with the demands of documenting clients' personal history, financial status, and other information. One client, Brenda, explained to me that, "because I don't really fit in a real slot, so to say, I find myself calling shelters, you know, and lots of them are domestic violence shelters, so I have to lie—say 'yeah, I'm a victim of domestic abuse.'" Trying to fit one's self into the categories offered by HUD and other institutions can be difficult, especially for individuals like Brenda who have no history of domestic violence, substance abuse, or mental illness. Alternately, those with mental illness or substance abuse can be turned away from certain shelters. Just as ASHA has to show that they fit within a certain category of service providers in order to obtain funding, individuals looking for shelter have to determine what 'category' to identify with in order to find a bed.

By becoming efficient and skilled at operating within the auditing requirements necessary to remain afloat as an institution in a neoliberal environment, ASHA is able to obtain the funding necessary to continue their services. They devote staff to grant application projects and work to keep track of information about clients and the types of clients in their shelters. At the same time as they complete all of this work efficiently and often successfully, they see the drawbacks, frustrations, and gaps in this kind of system. The distance between donor organizations and the women ASHA serves, the imposed categories and systems of measurement that may not make sense in practice, and the vast amount of paperwork necessary can all be barriers to obtaining funding and providing services. However, by working within the system in this way, they maintain the funding they need to carry out service strategies they see fit to employ.

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<sup>1</sup> The American Recovery and Reinvestment Act of 2009 was signed into law on February 13, 2009. The act provides \$275 billion dollars in contracts, grants, and loans that require strict accountability that can be tracked by the public on the website [www.recovery.gov](http://www.recovery.gov).



## **Service Strategies as Expert Knowledge**

*“We’re letting people come in and we’re learning how to wrap our services around them more. And I don’t think there’s any other nonprofit organization that’s there yet.” - Miranda*

Expertise is an important part of governmentality, as described by Michel Foucault (2003a) and Nikolas Rose (1996). Expert knowledge is used to guide and shape populations, whether they are schoolchildren or prison inmates. Expertise grants legitimacy to organizations that provide services to individuals, especially individuals who have been identified as ‘at-risk.’ At ASHA, harm reduction and trauma-informed services are the official techniques used when serving individuals, especially those with a history of substance abuse, domestic violence, or mental illness. The foundation to both of these strategies is a ‘serve anybody’ approach to accepting clientele. The shelter is unique in adopting these strategies. Few other shelters accept all ‘types’ of clients. Harm reduction is more common; however, many shelters in the area still use a 12-step or ‘abstinence’ approach. Trauma-informed services are a recent service strategy, and ASHA prides itself for trying new methods. Though these strategies are forms of expert knowledge, each also presents a challenge to neoliberal governmentality. Serving all clients leads the shelter to resist placing clients in the kinds of categories created and maintained by governmentality. Harm reduction, though borrowing from the neoliberal ideas of individual choice and personal responsibility, recognizes the kinds of barriers and structural disadvantages that can make abstinence from drugs or alcohol or leaving an abusive partner difficult and offers second chances and room for error. A trauma-informed approach challenges the value of disciplinary institutions and even asserts that these types of institutions can be re-traumatizing to clients. These expert strategies are familiar to administrative staff, however, staff who work directly in the shelter are less familiar with their specifics. While they may be unaware of the academic research or principles behind a strategy, shelter staff articulate how they employ each strategy and the importance of these strategies for helping residents.

### Serve Anyone

The shelter has a firm policy of admitting individuals regardless of their personal history. Kathy, an administrative staff member I spoke with, explains that “we serve anybody that identifies themselves as a woman and asks for services.” She sees this as an important aspect of the shelter, one that sets them apart from other service providers in the area. This strategy often means that the ‘types’ of individuals in the shelter are diverse. This contrasts with shelters that are more likely to specify entry-criteria. Kathy explains that service providers often “find themselves selecting clients...who are good victims,” but that “since we serve everybody, some of our clients may not be...the most popular kind of person.” This can be a challenge for the shelter, both for the case managers who are working with clients to find housing or jobs and for the resident advocates, whose job it is to maintain the shelter environment around the clock.

Though the shelter must categorize each client in order to remain accountable to the state, ASHA does not focus on these categories. Labels are not as important as a client’s behavior to Kathy, who explains that in the case of a transsexual client who spent time in one of the organization’s shelters, it was not the status of the client that caused disruption within the shelter, but the behavior of the individual as a former sex worker and substance abuser. Despite the disruption in the shelter and some adjustments required on the part of staff, the organization was committed to working with this client, and, as Kathy reiterates, the shelter takes “a pretty solid stand that we serve anybody who comes and have generally been able to make that work.”

Other staff members, those working in the shelter directly with clients, are aware of the policy to not exclude any individual who calls and asks for shelter. One staff person, Gina, explains that one thing that is different about the shelter is that “we’ll take anybody.” She detailed how other shelters may have different demands for their clients: “you have to be clean...you have to be going to church...whereas, us, we don’t have any stipulations on coming

here, the only thing is you have to be a woman.” Another employee, Suzanne explains that while many shelters are just for mental illness, homelessness or domestic violence, “we are all of those, we take all clients, just come as you are.” Miranda, a case manager, references the kinds of ‘labeling’ practices that Kathy tries to avoid, explaining that “there are organizations that...categorize the clients that they take, whereas we don’t. We take anyone.”

Taking in women with a variety of problems can be difficult for the staff who work with them day-to-day. As Gina explains, “it makes it a little more difficult for us as employees to deal with these [issues], especially people with mental health issues.” However, she stresses that it is important to take in these clients because, “they have enough shelters that do have all those requirements...there has to be somewhere that will take you.” One RA, Amy, describes the frustration of working with one particular resident with a mental illness, but explains that “you know that no other place is going to accept her because of the way she is.”

In cases where staff members are not sure how to approach a client with a specific mental illness or other issue, the organization provides an opportunity to discuss the issue and develop a plan. Another RA, Tamara, explains that when they have a new client whom staff find difficult to approach, “they’ll make a specific meeting just for that purpose, and we’ll see what we can learn and how to deal with and how to accommodate people that need special services.” Despite the difficulty of certain clients, Gina explains that she meets “wonderful ladies” who may not have been provided a space in other shelters due to their personal history or current problems. Kathy explains that she believes that having a diverse group of people in the shelter can “breed tolerance” and minimize “the kind of rivalries that happen when coalitions are easy to form.”

### Harm Reduction

Harm reduction usually refers to a practice by which the risks of substance abuse are reduced, but not eliminated, through the use of needle exchange, safe-use sites, and other

services (Rotgers 2004). At ASHA, harm reduction is extended to a variety of situations, including substance abuse, domestic violence, and mental illness. Robin explains that “while we don’t allow substance use on the premises, we recognize that there may be clients who choose to use during their stay with us, and they may return to us under the influence.” She explains that it is important that these individuals remain as minimally disruptive to the shelter community as possible. Staff in the shelter will most likely ask the individual to take a shower and go to bed or find a space where they can be on their own. “We work with each client...to help them minimize their risk of losing their shelter space because of their substance use,” Robin explains.

The same kind of policy is extended to those with mental illnesses. These clients are not asked to remain on medications during their time at the shelter, as some other facilities require, but, as Robin explains in the case of a particular client, staff are “working with her to try to get her to contain some of her behaviors when possible.” Robin explains that this client has decided to remain off medication, and that the shelter will respect her right to make this choice.

Harm reduction, as Kathy explains, involves the idea that “the person is responsible for their own decisions and for the results of their decisions.” This concept of personal responsibility and choice fits in with the neoliberal conception of the subject as responsible for themselves and their decisions. The difference between harm reduction and neoliberalism is that the harm reduction philosophy does not make the assumption that individuals will be consistently self-sufficient and always make decisions that maximize their own success. Instead, harm reduction acknowledges that people make mistakes, do things that are harmful to themselves, and that it can be very difficult to cease behaviors or fight addiction. It also acknowledges that these behaviors are not solely individual ‘problems,’ but are related to larger inequalities and structural violence. The philosophy maintains that it is important to try to minimize the amount of harm done when someone uses drugs, returns to an abusive partner, or chooses not to stay on

medications. Harm reduction, while relying on the idea of choice, recognizes that people do not always operate as enterprising, disciplined subjects at all times.

Staff and residents at ASHA acknowledge that life is messier and people's decisions are more complicated than neoliberal concept of the subject would suggest. Gina explains that clients are told that if they use substances, these substances must be used away from the shelter. When residents return, they must go to bed or remain on their own because, "their mind is not as it would be if they were not under the influence." The shelter's goal is for individuals to learn to contain disruptive behavior that may occur as a result of substance abuse or mental illness and to "give them some options of some ways to reduce the amount of abuse that they're doing." Harm reduction, therefore, acts as a disciplinary measure within the shelter for certain individuals.

Staff who work in the shelter are less familiar with the principles of harm reduction than they are with the implementation of such a strategy. While some are unaware of what the term means, they detail how they put it to use. Tasha, an RA, explains, "they can't use the drugs, they can't drink alcohol here... what we ask them to do is, if they do it, do it out on the streets, just come home, shower, and go to bed." Tamara explains that if a client arrives at the shelter after using drugs or alcohol, she asks them to go to bed. If that does not work, she tries to have them move to "their own little corner or their own little spot." This strategy makes sense to her, in terms of the clients she has gotten to know. She explains that while the shelter does not allow intoxication, if the women were not allowed to come back intoxicated "people would be put out more than [they would remain]. They need a home, they need shelter." Suzanne, who is more familiar with harm reduction, has her own language to describe how she thinks about it. She says that "we don't judge them, we just want to help them... like, 'how can we help you? what do you want? what do you want to do?' are mainly the words that we give them." Suzanne sees harm

reduction as a process by which a service provider does not judge a person's decisions or actions and focuses instead on helping an individual in the ways they would like to be helped.

Harm reduction depends upon self-disciplined shelter clients who do not disturb other residents. However, the way in which these situations are dealt with on a day-to-day basis demonstrates that staff are more flexible than the practice may imply and that self-discipline is not always expected or demanded. Shelter residents and staff often participate in helping or calming those with substance abuse problems or mental illness. This was exemplified in the case of a client who returned to the shelter intoxicated and was promptly helped by other residents in taking a shower, cleaning up her clothes, and going to bed.

Alternately, shelter staff and residents often allow for and tolerate disruption. One client whose presence was often 'disruptive' of the shelter environment was Gloria, a mentally ill resident who had been off medication for some time. Gloria's mental illness led her to speak and yell loudly about things that bothered her or issues that were on her mind. Her moods shifted quickly, and while she had not been officially diagnosed, ASHA staff members with backgrounds in psychology felt that she most likely was schizophrenic. Gloria was 'challenging' in the words of most staff members at the shelter. Instead of demanding that she contain her behavior at all times, her behavior became a constant part of life at the shelter. Shelter staff and residents learned how to respond to Gloria, how to make her feel more comfortable, and developed techniques for communicating with her. Despite the frustrations caused by her behavior, most other residents did not expect Gloria to remain quiet and out of their way. Instead, they would listen to her and include her in conversations. The shelter policy toward Gloria was to accommodate, rather than to curb her behavior. Even children in the shelter learned how to approach her. This accommodation meant that a client like Gloria, who had not 'lasted' long at other facilities, was able to stay at ASHA for almost six months.

### Trauma-Informed Services

One of the reasons why shelter staff are so accommodating to residents like Gloria is because of their commitment to trauma-informed services. Trauma-informed services means recognizing the previous trauma an individual may have endured and making efforts to create an environment that does not re-traumatize a client. Many clients come to the shelter with incidents of trauma in their past. Traumatic experiences may have occurred in a clients' childhood, during a period of homelessness, or within institutions of governmentality like the foster care system, correctional facilities, psychiatric facilities, or other homeless shelters. Guidelines for providing services that are trauma-informed suggest that service providers create safe environments for clients where knowledge of rules and other policies are clearly understood by clients (Elliott et al. 2005). Elliot et al. also suggest that service providers be attentive to clients' cultural backgrounds and involve them in the process of creating and maintaining programs. These guidelines stress the importance of an environment where a client has the choice to decline participation in any activity and to shape or change the process by which they are being helped.

One staff member at ASHA, Robin, explains that "we try to think about the fact that our clients have all been exposed to a lot of trauma during their lives, and we want to create a different experience for them." At staff meetings, employees discuss the importance of allowing clients to decide what information they divulge to the shelter and the reasons why the shelter staff may ask for certain information about a client's past. Staff stress that clients be fully aware of the kinds of behavior that can lead to a 'write-up' or expulsion. Kathy explains that she would like to make sure that clients are never anxious about when they will be leaving the shelter. Thirty, sixty and ninety-day markers are used to look at each client's progress towards a job, housing, or other goals. Funding requirements stipulate that a client cannot stay longer than 180 days at the shelter, but most clients tend to stay in the shelter for about three months. Kathy

explains that at these 30-day markers, she wants to make sure clients understand that they will not be put out on the street, should they be asked to leave. Staff often call other shelters and will not ask someone to leave until another place to stay has been found.

Trauma-informed services means sharing knowledge with clients, rather than enforcing a hierarchy between staff and residents. Foucault stresses that knowledge is a key feature of governmentality (2003b). Ensuring that clients know how to maneuver within the system, have input in the way the shelter is run, and have control over their experiences are important ways in which the disparity of knowledge between residents and staff is subverted. One shelter resident, Sharon, articulates how she felt staying at a different type of shelter before moving to ASHA:

One time I came in late and the lady didn't know that I was working and so she stopped me at the door...so I couldn't come in...It's cold outside and then she got this close to my face and [said] 'why are you late? You know you're not supposed to be late. You need consequences.' I'm like, what the heck... I said 'no, I don't need consequences, I need knowledge. So let me know how the system works instead of you just stopping me.

Making sure that clients understand the structure and policies of the shelter is important. It shares power with them, rather than maintaining a hierarchy between staff and residents. Sharing information and knowledge does not just pertain to the relationship between staff and clients, but between clients as well. Shelter residents are quick to share information with one another, especially about shelter rules. In one case, residents interrupted a woman who was on the phone giving directions to the shelter. They reminded her that if she gave out the shelter address, she would break confidentiality, which is cause for an immediate exit.

Rather than relying on a disciplinary mode of approaching clients that seeks to regulate their behavior, trauma-informed services means accommodating residents and recognizing that they have all had very different experiences. An important way that staff articulate the philosophy behind trauma-informed services is with the phrase 'meet them where they are.'

Kathy explains that the term most likely comes from social work terminology and refers to a way



of “embracing the client as they approach you and finding out what they want to do.” Meeting a client where they are can mean approaching a client who is depressed on the same ‘level’ as their attitude in order to avoid overwhelming them. It also means understanding that clients are all unique and do not necessarily want to be treated or helped in the same way. Clients’ experiences often lead to behavior that may, at first, be hard to understand. Richard Bebout gives an example of a situation in which a resident may have certain sleep patterns—such as sleeping in the common area or during the day—as a way to cope with a traumatic event in their past (2001:48). These kinds of behaviors may be unacceptable at other shelters. Sharon explains that the shelter she previously stayed in was unwilling to be accommodating to clients: “they’re not sensitive enough to see that they don’t need to act that [way] towards everybody and they’re not sensitive enough to pay attention, to listen to everybody that comes through to gauge whether they should act like that or not.”

Shelter staff members may not utilize the terminology of trauma-informed services as articulated by academic sources and ASHA’s administrative staff, however, their approaches toward clients show that they are attuned to clients’ previous traumatic experience. Shifting to a trauma-informed approach means, in Miranda’s words, “find[ing] ways to see everyone as being individuals...and [that] their concerns, their issues, and the things that brought them here are not the same.” Gina explains that the shelter is attempting to extend the length of time clients are allowed to stay, because sometimes “three months is not enough time, especially for someone who is coming out of a traumatic experience...sometimes you need to just get over what you’ve been through.” Gina emphasizes that some clients may need to use part of their time in the shelter to move past the traumatic events prior to their arrival, and she is open to allowing clients that recuperative time before they begin work on housing plans or a job search.

Tamara points out a different effect of past trauma on clients, saying that when clients see behavior in the shelter that reminds them of a traumatic experience “they expect something bad to happen because they may have had something happen, and you can see the nervousness there.” For Tamara, it is important to be aware of this and to be attentive to client’s reactions, or to the signs that they may be feeling uncomfortable or scared. Kimberley, a new resident advocate, explains that one of the things she thinks is unique about the shelter staff’s approach is that “they look at what they need emotionally.” Tamara and Gina have made an awareness of trauma an everyday part of their jobs.

Each of these official strategies maintained by the shelter have their place within the realm of social work philosophies that give legitimacy and expert authority to the organization. However, each of these strategies challenges aspects of neoliberal governmentality. By serving all clients and not focusing on the identity categories so integral to neoliberal governmentality, ASHA opens the shelter to individuals that may otherwise have nowhere to go. The shelter also challenges the idea of the consistently-disciplined neoliberal subject by adopting a harm reduction strategy that leaves room for mistakes and acknowledges that it is unreasonable to expect people to maintain ‘perfect’ behavior at all times, especially because of the kind of structural violence many of the women face. Lastly, the shelter’s use of trauma-informed services challenges the efficacy of disciplinary institutions and relies on sharing knowledge and power with clients. Staff who work directly in the shelter, especially resident advocates, have their own ways of interpreting and implementing each of these strategies. Rather than speaking about them from an academic perspective, they tend to focus on both empathetic and practical reasons for maintaining these service strategies. Each of these strategies has in common an emphasis that staff be flexible and as accommodating as possible when responding to and helping clients.

## **Flexibility at Work: Personal Approaches of Staff**

*“You each kind of develop your style, what works for you.” - Gina*

The two forms of expert knowledge put into place in the shelter—harm reduction and trauma-informed services—stress flexibility and accommodation. Neither philosophy is interpreted by staff as mandating a clear plan of action for events that occur in the shelter. Staff mirror the flexibility apparent in these strategies in the creation of their own unique approaches towards clients that make them feel most comfortable and effective in their job. ASHA does not focus on hiring ‘professionalized’ staff members who have specific training. This lack of professionalization challenges the neoliberal strategy of ‘expert’ guidance within institutions. As a result, the varied, personal work styles that staff develop resist the creation of a disciplinary institutional space that is so characteristic of Foucault’s concept of governmentality.

Requirements placed on staff in the shelter are relatively flexible. Robin, an administrative employee, explains that she expects resident advocates to “be compassionate and respectful and to be looking out for the safety of our clients in the facility and our staff, and then, from there, whatever kind of energy they have left...to be supportive and helping clients cope in the community.” Recognizing the challenges of being a resident advocate, Robin leaves many of the decisions to staff about how they will approach clients. She explains that resident advocates come to ASHA “with an interest in doing the job...They may have had some kind of academic exposure to human services, they may have done some kind of work in a group home...or, maybe not.” Unlike other organizations that focus on hiring staff with particular educational or training backgrounds that give them legitimacy and grants them status or expertise, professionalization is not the focus of ASHA (Wies 2008). Many of the staff I spoke with worked in retail or customer service before coming to work at ASHA. Their educational backgrounds vary: some have only a high school diploma, many have taken college courses, and others have a B.A. Kathy explains that “one of my strongest case managers has a high school

diploma...I just let somebody go who had an MSW [Master's in Social Work] because they weren't doing the job we needed to have done. So it's very clear that education is not...the key." Education, while valued by ASHA, is not the primary way they evaluate those they hire.

Instead, an employee's ability to work within the particular environment, no matter their employment background, is what is important. Like other social service jobs, the stress of the job leads to a high turnover rate, though many RAs stay in the job for at least a few years. Kathy says that employees' success "has to do with the person...their ability to interact with other people, their ability to do this work, and, to some degree, their learning style." There is not an extensive training period in the shelter, and staff learn how to do their jobs simply by doing them. Kathy says that "that's kind of the way that I learn and probably teach best...by immersion and kind of trying and then learning from that and then making improvements...so I think that that's part of the culture of the agency as well." Resident advocates complete training on three shifts—twenty-four hours total—before they take on a shift of their own. At that point, it is up to them to develop their own personal ways of working in the shelter.

Shelter employees each have their own way of approaching their job and the residents they work with. Gina explains that, "you each kind of develop your style, what works for you." She stresses that because each client and staff member is different, the dynamics between individuals at the shelter are constantly shifting. Employee approaches to their jobs often involve them resisting the characteristics of institutional spaces that they find uncomfortable. Staff voice their discontent with boundaries that distance and create hierarchy between staff and client and they resist the authoritarian persona that is associated with their jobs. These kinds of concerns lead staff to develop distinct approaches to their work that allow them to feel comfortable with and remain effective in their jobs.

Gina explains that her personal style with clients is to “treat them like they’re my family.” She recognizes that this does not necessarily fit with the instructions that shelter staff receive about maintaining boundaries between themselves and residents. She says that this way of approaching residents, “because of the boundaries, is not always the best thing and the best way to go...but I can’t really help it, that’s just the way that I am.” More to the point, Gina says, “it works for me.” She explains that it makes her job easier to be herself with clients, and makes it more enjoyable for her to be at work. She explains that, “you really have to get to know your clients and figure out ways that you can be of help to them.” Gina believes that her personal experience helps her do her job in the shelter, explaining, “I am also a single parent...I was homeless when I was growing up...trying to stay afloat, you know mentally and physically...[there are] so many areas where I can really relate to these women.” Gina stresses that she is glad to have left her previous job in order to work in the shelter because she sees this kind of work as her ‘calling’—it is what she is best at and what she is supposed to be doing.

Another employee, Tamara, says that she can relate to the women in the shelter, having been homeless as a young child and having experienced domestic violence. She says that “you can’t get experience in a book...you can learn all you want but being there...that’s first hand experience because you have that *feeling*...all those things come into play so you can understand how people feel.” Tamara’s approach stresses her discomfort with being an authority figure in the shelter. She explains that she is “just somebody that works here, and just trying to provide a setting for you all to live comfortably.” She explains that, for her, the idea of being a ‘warden’ or an ‘authority’ figure troubles her. She asks, “who am I to be an authority over somebody who’s my peer...who’s a woman?” Tamara says that, like Gina, she tends to cross boundaries that are promoted by the organization. She explains that, in her interactions with clients, she says “something that is not allowed...I call people sweetheart...I say ‘hon’ a lot.” Tamara explains

that it is hard to maintain the boundaries that are a part of her job description. She says that she is “expected to have a professional relationship...and boundaries,” but that “it doesn’t always work out that way.” Giving a hug here and there, a pat on the shoulder, or using a term of endearment comes naturally to Tamara. She explains that “we’re all people” and describes how when interacting with clients, she wants to give them all the support she can. Because of this interpersonal connection, it is difficult for Tamara to watch women she has gotten to know be upset and frustrated or be “broken” by the things they face. At the same time, seeing women she has worked with get a key to an apartment or find a job is a rewarding experience that makes her job that much more worthwhile.

Suzanne has a different approach to her job, one that comes from her background in customer service. She explains that her way of interacting with clients is modeled after a ‘customer service’ approach, like in a fast-food restaurant. She says that “your job is to make that customer happy, cause if you didn’t make that customer happy, you’d be out of a job.” Suzanne details how it is important for shelter employees to use customer service etiquette, using phrases like “how may I help you?” and “did you need anything?” to describe what she means. She wants to make sure that residents are happy, saying, “I just make sure they’re smiling...If they don’t smile I’m going to work hard on making them smile...that’s my goal.”

Kimberly explains that she focuses on being calm in the shelter. She also distances herself from the authority she has in the shelter, saying “I’m not like, the boss...[I don’t] tell them ‘oh, you have to do this or that.’” She explains that another approach she uses in the shelter is “always making sure that I’m not just staff...but a person that could be there to listen.” She says “I approach them patiently...I listen a lot to them.” She explains that she worries about clients when they leave, sometimes, and that she enjoys the connection she has with the women at the shelter and that she learns from them.

Miranda, who is a case manager, explains that for her, it is important for her clients to feel that they are loved, no matter who they are and what situation they have come from. She says that “whether it’s a hug or whether it’s a word of encouragement” she wants to make sure that clients are aware that she cares about them. She says that she

just want[s] them to be happy. Whatever that means to them. Because happy could be just becoming sober or getting into a treatment program. Happy could be reunification with a child, happy could be getting housing. So, for me, it’s really what makes the client happy based on all the services that we’re able to offer them.

For Miranda, case management means having a conversation with each client to find out where they are, what they want, and how they want to go about getting there. She says that “I don’t really want my clients to see this as a ‘session,’ I just want them to see it as ‘girl talk,’ because you tend to get more out of people with ‘girl talk.’”

Not every staff member’s approach varies from or challenges the norms of conduct for shelter employees. Some, especially those who have just graduated with a degree in social work or a similar background, stress the importance of maintaining boundaries. Notably, these staff persons often mention how difficult it can be to create and maintain boundaries. Amy explains that, “you want to play the supportive role but, at the same time, remind them that you’re staff.” These staff members have a different way of approaching their jobs in the shelter that is based more on a strict adherence to their training and what they may have been taught at school.

During every shift in the shelter, one can see these various staff approaches in play. The atmosphere in the shelter feels different depending on which resident advocate is on duty and which other staff members may be there. Shelter staff, even those who strive to maintain strict boundaries, have a way of approaching their jobs that stresses empathy and personal connection with clients. The lack of professionalization of shelter jobs means that there is less conformity. Staff strategies to their jobs are unique and personal. However, they have similarities in their approaches as well. They resist hierarchy in the shelter by reaching out to clients beyond the

boundaries that are encouraged by the organization and by social work norms in general. Their focus is on challenging the kind of disciplinary, authoritarian position that is so common within institutions. While personal approaches may diverge from the official strategies of the shelter from an administrative and social work perspective, they are by no means incongruent. Staff have a way of doing their jobs in a personal style that mirrors some of the broader philosophies of the organization as a whole. Harm reduction and trauma are manifest in a personal, relational way as staff members try to get to know and respond to each shelter client in appropriate ways. At other times, staff are able to formulate an approach to clients that is wholly their own. They see these personal styles as more compatible with their own personality and ways of interacting with others, and, ultimately, the most honest and effective way of approaching their work in the shelter.



## **Flexibility in the Shelter: Rules and Home**

*“We’re kind of doing away, right now, with some of our rules because we’re...realizing that as long as it’s not harming anybody, why not?” – Tasha*

During the summer in which I was conducting my fieldwork, the organization was in the process of reevaluating the rules in place at the shelter. Every shelter rule was up for question, and staff spent time discussing both the benefits and disadvantages of each rule. Rules were being reevaluated because of both the questions and concerns of staff members and due to an increased commitment to trauma-informed services. The degree of flexibility on the part of administrative staff and shelter staff can be seen in their response to the reconfiguring of shelter rules. Breaking down the often-disciplinary rules in the shelter shows a resistance to becoming yet another institution of neoliberal governmentality and a commitment to exploring other ways of operating as a social service provider.

One example of a rule that was changed during my fieldwork is the rule about smoking after bedtime. Previously, residents had not been allowed to go outside to have a cigarette after ‘lights out.’ One employee, Miranda, explains the reasoning behind changing this rule:

We need to consider what’s wrong with letting her go out to have a cigarette if that’s what’s going to calm her down. And, if it’s all about community and environment, wouldn’t the environment be a little more calmer if that particular client can go out and have a cigarette? Will she calm down? Probably. Will she go out and smoke a cigarette and go back to bed? Probably.

Miranda’s reasoning demonstrates how shelter staff instill trust in their residents by considering the most likely course of events, rather than a worst-case scenario. It is possible that someone going outside late at night to smoke a cigarette could be loud, invite an acquaintance into the shelter, or start a fire. However, instead of assuming that a client would behave in such a way, staff assume that clients could be trusted.

Miranda’s discussion of a calm community and environment also refers to the particular philosophy behind questioning rules at the shelter: trauma-informed services. Past rules, as

Kathy explains, were “incredibly rigid, incredibly excessive, and overwhelmingly punitive.”

These regulations involved giving out only two tampons or diapers at a time, not allowing individuals who miss mealtimes to eat at a later time, and allotting specific times for snacks and kitchen use. Kathy, who calls these earlier rules ‘embarrassing,’ explains that, while she and some of her colleagues had felt frustrated by certain rules for quite some time,

the biggest wholesale push around rules has been, probably about two years ago, we got involved with learning about trauma-informed services and really started to understand, not only from what our clients were telling us, but, from the academic world, how rules and punitive environments could be re-traumatizing. And so that was a lens that we could use to explain why we shouldn’t have so many rules.

Trauma-informed services could provide legitimacy to employees’ interest in decreasing shelter rules. Miranda explains that when clients had challenged shelter policies, “it never really meant anything” until their challenges were backed by data from various social science researchers who argued that disciplinary institutions that regulated individuals’ every behavior could be traumatic. Now that the shelter has adopted a trauma-informed approach, administrative staff have an official way to explain and justify loosening the restrictions on women in the shelter.

Attitudes towards shelter rules display the same level of flexibility and accommodation evident in the implementation of harm reduction and trauma-informed services. Kathy’s opinion is that policies like an automatic expulsion on the fourth ‘write-up’ for breaking a rule were “a set-up.” This rule means that should a client be given enough ‘write-ups’ for breaking rules like not cleaning her bed-space, leaving a child unattended, or failing to do her daily chore, the client could be asked to leave. Kathy explains the difficulties of staying in the shelter without breaking a rule every now and then, saying, “I couldn’t live in our shelters and not break a rule. It’s just not possible.”

Kathy stresses that there are certain areas of control in the shelter that make her particularly angry or upset. She says that, “I think probably most staff would tell you that they

don't want me to hear that there's been any kind of controlling-ness around food, because I get pretty hysterical about that." She says that she does not care about when people do their laundry, eat a snack, or take a shower, and believes that it is too restrictive to have such rules. Some of the rules—like laundry times and shower times, are still in place in the shelter. However, there is a push to challenge and assess each rule.

During staff meetings I attended, employees debated the issue of why single women could not watch other women's children, why residents at the shelter need to have a bedtime and made the decision to both allow women to smoke outside after hours and to eliminate a bedtime. Robin explains that she would never "change the rule about smoking or flames in the shelter" and says that any physical violence would also be grounds for having a client removed from the shelter. She says she would be ready to challenge the idea of maintaining a curfew, and that she "hope[s] that [their] trend is to move away from a lot of those controlling factors" and maintain rules only when they have a direct relationship to the safety of residents.

Shelter rules present a paradoxical problem in that, staff members' jobs are often more difficult when too much time is spent enforcing rules. Kathy explains that staff members felt that "we have too many things to do to be worrying about enforcing all these rules." Resident advocates echo this statement, adding that there is a discomfort in enforcing certain shelter rules. Tamara says that sometimes she feels too much like a 'rule-stickler,' and that "there are so many rules, we got to be lax on some of them." Tamara did not like the feeling of repeatedly having to tell a client to do—or not to do—something, especially regarding things that she considers to be "silly" or not worth the effort. Kimberly explains that she likes that she could "actually bend some of the rules" while working in order to be flexible and to accommodate clients when she can. Gina explains that she is always at her best in the shelter when she is less concerned about

rules than the other elements of her job. She says that “I’m not like a drill sergeant,” and that her job is easier when she is flexible about the rules at the shelter.

Gina stresses that overly restrictive rules can make clients feel uncomfortable in the shelter, and can make it difficult for them to stay. She says that some people “just can’t be in this kind of environment.” Tamara explains that she often sees new clients arrive and be quickly overwhelmed by the list of rules they are given. Clients are often unsure of what the rules are and worry about being unable to follow them. Gina and Tamara explain that most often, when clients stay and “get the hang of things” by watching and learning from other clients, they find that the shelter is more flexible and easier to live in than it may first appear.

Gina and Tamara’s attitude about rules mirrors Kathy’s interest in having the shelter remain trauma-informed. They recognize that extensive rules can cause clients to become uncomfortable in the shelter environment. Staff members like Gina and Tamara see first-hand how clients can become anxious or distressed and have made efforts to respond to clients’ feelings. Gina explains that “obviously it’s getting out to our admin office, too,” that pressuring clients with too many rules can make life more difficult for residents of the shelter. Tamara, addressing the rule about smoking outside after bedtime, says, “we can bend to accommodate somebody who’s really stressed out and needs that cigarette.” Eliminating rules to allow people to feel more comfortable in the shelter space is as important to staff as eliminating rules in ways that allows them to be more effective in their own jobs.

Staff members who work closely with clients view the new attitude about shelter rules from an empathetic, personal perspective. They evaluate the rules of the shelter in terms of putting themselves in the shoes of the shelter residents, and they try to understand how they would feel if they had to abide by such rules. Tamara says “put yourself in their shoes and kind of understand...” when referring to how she evaluates the rules in the shelter. She says that even

though the main kitchen is off-limits to residents, she understands why clients might break that rule saying, ‘it is also [a] freedom to them that they can go into the refrigerator as you would your own home.’ Amy explains that she can “kind of understand” why clients might feel frustrated by shelter rules because they may have lived differently before, and do not want to have to change. Melissa, another resident advocate, echoes Amy’s idea, saying that she understands that it can be difficult to have so many people with different lifestyles living under one roof.

Almost all staff members evoke the concept of ‘home’ when discussing the rules at the shelter. Tasha explains: “the way I figure it, is that they’re at home—what do you do at home?” For her, it is important to have the shelter feel like home to the people who live there day to day. Having unnecessarily rigid rules makes it harder for clients to feel like they are in a home-like space. Tamara explains that questioning shelter rules has been a part of her experience working in the shelter day-to-day. She says that she can see why clients would be frustrated about being told not to do something “when it’s just a *normal thing*.” She sees it as important for clients to be able to do the ‘normal things’ that they would do at home. Tamara explains that many of the various activities that have been regulated in the shelter are actually “an everyday thing we have the freedom to do in our own homes.” Kimberly, who was hired after the reevaluation of rules began, explains that she “feel[s] like it’s more like a home here than just a facility: a place where they have to stay and they have to obey the rules.”

Tasha, Tamara and Kimberly all use the ‘home’ analogy when responding to questions about the rules in the shelter. Even Jenni, a resident advocate who thinks that staff need to be stricter about enforcing shelter rules, argues that the shelter needs rules just like people have rules in their own homes. Each of them questions or defends the rules of the shelter by

comparing the shelter to a ‘home’ and most staff argue that too many regulations only widens the gap between ‘home’ and the shelter.

For employees who do not have a background in social work, like Tasha, Gina, Tamara and Kimberly, trauma-informed services or other social work principles are not the way in which they relate to the structure of the shelter. Instead, it is their experience with clients and the enforcement of rules that leads them to think more about why certain rules are in place. They are empathetic as they approach questions about the shelter rules. Instead of separating themselves from clients and allowing their position of authority to distance themselves from the women they work with, they try to narrow that gap. They think about how they would feel, what kinds of things they are free to do at home that are not allowed at the shelter, and what that ultimately means about the space they are creating.

### *Shelter as Home: Staff and Residents*

The analogy of the shelter as a home can be seen every day. It is apparent in both the interactions of residents with staff and the interactions of residents with one another. Staff members and residents mutually reinforce the idea of shelter as home. One of the ways in which staff members create a more home-like atmosphere is through food. Tasha takes meal requests from shelter residents, sets plates aside for residents who have not returned yet, and leaves the onions out of Gloria’s salad. On Sunday mornings, staff cook a hot breakfast for the women. Shelter residents say the food is the healthiest they have ever eaten, others say that it is so good that they have gained weight. When dinner is served, residents have requests about how they would like their food dished up and, most of the time, they are accommodated.

Resident’s feelings about shelter staff vary, and relate to the length of time they have been staying at the shelter. One longer-term resident explains, “I don’t know how they feel about me, but they’re like family to me. They’re like the extended family that I can come stay with.

Stay with and get my nerves together.” Most clients say they respect staff members. Some residents will commend staff on how they handle difficult situations—such as after a mentally ill client threw water on another resident and had to be removed from the shelter by police.

Residents frequently discuss their problems and concerns with staff members. They come over to the office space to talk about their day, a personal conflict, or the housing they might get. Even after leaving the shelter, residents may call to let staff know what their new apartment is like or how their children are doing. Some relationships last longer than others, but the bonds that are created during a resident’s stay are critical to forming a comfortable and secure shelter environment.

Relationships between residents in the shelter are made up of the casual activities done at home, advice and help passed back and forth, and frustrations with one another. Residents do not always get along, and there are frequent conflicts between individuals. However, most residents are friendly with one another and they often provide support to one another in various ways.

In the shelter, residents chat about the governor, the economy, and celebrity gossip while watching television together. Women with more income rent movies for everyone to watch together in the evenings. Most eat dinner together and talk about their day. Children play with one another and get help from or talk to other adult residents at the shelter. Birthday parties are thrown for children in the shelter, and sometimes for residents and staff, bringing everyone together around a cake in the common area.

Residents in the shelter know about one another’s lives and current activities. They share information about their jobs and school. They talk about or show pictures of their children who might live nearby or far away. One resident, Nicole explains that, “You never know how much stuff you have in common with people until you actually talk to them.” Women talk about having children and the colleges or certificate programs their children went to. One resident,

citing Alfred Hitchcock's film, *Lifeboat*, explains that she sees residents as being in a 'lifeboat situation,' where one's true character is tested. She said that they could be indifferent to one another, or be 'embittered' by the situation. She explains that creating relationships at the shelter is important, though, because, "We all need nurturing from each other." She says that shelter residents "contribute support and encouragement to each other."

Shelter residents help one another and create an environment where one receives support not just from staff, but also from other residents. They give each other advice, especially about work and school. During my fieldwork at the shelter, a woman who worked as a tutor was staying in the shelter. It was not uncommon to see her helping residents with homework or offering to proofread an essay in the evenings after dinner. Residents with cars may offer rides to those without. Some residents will occasionally buy something at the nearby grocery store for everyone to share. One evening, a resident who received special food benefits from social services because of her status as a new mother planned dinner with a resident advocate, saying that she would really like to have tacos, and she would contribute the cheese that was necessary.

The women who live in the shelter tend to be particular about the space they live in, and clean and take care of it as they might their own homes. Gloria, whose mental illness usually results in additional friction in the shelter, was often applauded or thanked for all the cleaning that keeps her busy throughout the day. One resident explained her embarrassment when people came to donate things and the picnic table outside was dirty. She said that 'it's like having someone come to your home when it's dirty.'

Of course, living with so many people in such close quarters leads to frustrations and sometimes arguments. A common complaint from residents is about others not doing their chores properly. Sharon explains her frustration with fellow residents not doing their chores:

I started mopping the kitchen because whoever was supposed to do that chore neglected it. Last night, I started mopping the kids' area, because whoever was doing that was



neglecting it...and I suggested that another chore be done and that's cleaning the cabinets and the refrigerator in the kitchen.

Another woman complains that other women tend to use the bathroom right when she is cleaning it, and get water all over the counter. She says, "They see me trying to get the bathroom clean—we all use the bathroom. Wouldn't they want a clean bathroom?"

The shelter has also seen its share of arguments, theft, and other negative behavior. Residents complain about noise, single women become frustrated by the parenting styles of mothers—who are often younger than them. Some residents are bothered far more than others by the behavior of mentally ill clients. New residents say, "It can be clique-ish," and they don't necessarily feel as comfortable yet as others.

By reconsidering shelter rules and maintaining the flexibility for shelter staff to determine personal approaches to their jobs, the shelter has become a facility that is less defined by timetables, tactics geared towards standardizing behavior, and the discomfort that comes with disciplinary strategies. Instead, there is room for the shelter to feel more like home, for staff to find their own way of approaching their jobs and for clients to create relationships with staff and with each other.

## **Conclusion**

As Michel Foucault explains, “Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (1978:95). For Foucault, resistance appears within the institutional spaces in which power flows. He also stresses that resistance occurs in multiple places throughout institutions and are often ‘mobile’ and ‘transitory.’ Kingfisher and Maskovsky (2008) argue that neoliberalism, while being a powerful ideology, has not reached into every facet of human services. This is the case at ASHA, where staff both respond to and resist the system of neoliberal governmentality.

ASHA operates extremely effectively as an institution within neoliberal governmentality. Its administrative staff have developed the kind of efficiency and rationality necessary to maintain the organization’s place. The auditing requirements of neoliberal governmentality are understood and consistently met by staff at ASHA. Despite seeing many flaws in this system, they have become experts at applying for and responding to the reporting requirements of complicated grants that keep the shelter running. By being savvy operators in this realm, they are able to maintain the resources they need to help women in ways that challenge neoliberal strategies for social services.

A ‘plurality of resistances’ is evident within the shelter space. Specialized knowledge in expert disciplines such as social work, psychology, and psychiatry give the organization legitimacy in implementing strategies within the shelter for helping women. These strategies, mainly in the form of harm reduction and trauma-informed services, challenge the idea of the neoliberal subject and the efficacy of disciplinary institutions. Harm reduction, as seen in the shelter, means not expecting rational, disciplined behavior from a resident, but rather being accommodating when possible. Trauma-informed strategies stress that disciplinary institutions with heavily structured environments, like prisons, mental institutions and shelters, often create

or exacerbate trauma felt by residents. Because of this, trauma-informed services seek to share knowledge with residents and allow them to shape their experience in the shelter, or, as many shelter employees might say, ‘help women the way they want to be helped.’

These two philosophies result in a high level of flexibility in the shelter environment. Staff have to be responsive, accommodating, and compassionate in order to carry out both of these strategies. This flexibility is paralleled in the flexibility staff have to create their own work styles. With minimal professionalization of shelter staff, staff members’ approaches to their work vary greatly; most, especially those who have little background in social work, resist certain expectations that fit into the governmentality model of social services. Staff approaches resist the institutional norms that demand they be authoritative disciplinarians who maintain a strict hierarchy between themselves and residents. They choose instead to have a more human, close relationship with their clients.

In the summer of 2009, employee attitudes about the shelter are articulated through challenging and reevaluating shelter rules. Staff are open to the negotiation of these rules, and this restructuring is encouraged by the official knowledge of trauma-informed services. They see the chance to do away with many of the rules as an opportunity to create a shelter that feels more like ‘home.’ By doing so, they resist the idea that the shelter space has to conform to the disciplinary model championed by governmentality.

Neoliberal governmentality is never total, but neither are the resistances that challenge or subvert it. The shelter is, of course, a difficult place for any person to live for any length of time. Some of the stresses of living in a shelter environment are mitigated, however, by the official policies employed by administrative staff in conjunction with the personal, human approaches of staff members. The unique, compassionate ways in which shelter staff carry out their jobs allow the shelter to feel a little more like home.

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## Appendix



The University of British Columbia  
Office of Research Services  
**Behavioural Research Ethics Board**  
Suite 102, 6190 Agronomy Road, Vancouver, B.C. V6T 1Z3

# CERTIFICATE OF APPROVAL - MINIMAL RISK AMENDMENT

<b>PRINCIPAL INVESTIGATOR:</b> Alexia Bloch	<b>DEPARTMENT:</b> UBC/Arts/Anthropology	<b>UBC BREB NUMBER:</b> H09-00814
<b>INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:</b>		
<small>Institution</small>	<small>Site</small>	
N/A Other locations where the research will be conducted: I will be conducting research at the organization's main office and at two of the shelters it maintains.		
<b>CO-INVESTIGATOR(S):</b> Aanika Carroll		
<b>SPONSORING AGENCIES:</b> N/A		
<b>PROJECT TITLE:</b> Strategizing for Self-Sufficiency: An Analysis of a Non-Profit Women's Shelter and Service Provider in the San Francisco Bay Area		

**Expiry Date - Approval of an amendment does not change the expiry date on the current UBC BREB approval of this study. An application for renewal is required on or before: May 14, 2010**

<b>AMENDMENT(S):</b>	<b>AMENDMENT APPROVAL DATE:</b> July 3, 2009	
<small>Document Name</small>	<small>Version</small>	<small>Date</small>
<b>Consent Forms:</b> ConsentClients	4	June 16, 2009
<b>Advertisements:</b> Poster	Version 3	June 16, 2009
<b>Letter of Initial Contact:</b> InitialContactClients	Version 3	June 16, 2009
The amendment(s) and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.		