

Policy-related Homelessness Discourses in Canada: Implications for Nursing Research, Practice, and Advocacy

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ABSTRACT

Despite Canada's commitment to several international human rights instruments recognizing the right to housing, homelessness remains widespread nationwide. Informed by critical political economy theory and critical discourse studies, we examined relevant literature focusing on homelessness policy-related documents in the Canadian context. The findings demonstrate interrelated homelessness policy discourses: 1) emergency shelters, 2) housing first, 3) social determinants of health, 4) human rights, and 5) political economy approach. We conclude that a critical political economy approach offers the most helpful way of understanding and responding to the homelessness crisis in Canada. Homelessness is a socioeconomic and political problem requiring nurses and health professionals to take sociopolitical actions. As nurses and health justice advocates, we stand in solidarity with labour movements to protect public health. This study can be adopted in local, national, and global settings.

KEYWORDS: Critical Political Economy, Critical Discourse Analysis, Homelessness, Human Rights-Based Approach to Housing, Nursing Practice

Nursing activists, advocates, academics, researchers, policymakers, and the public recognize homelessness in Canada as an urgent social issue with important health implications that need to be urgently addressed. However, despite being a signatory to international treaties and covenants recognizing the human rights to housing, the Canadian governments have not fulfilled this commitment to prevent and reduce homelessness (United Nations [UN], 1999, 2007, 2016). Consequently, homelessness across Canada has persisted.

In various provinces, the nursing profession and nurses are mandated to protect and promote public health. Accordingly, entry-level nursing

competencies require nurses to apply their knowledge of the determinants of health and advocate for healthy public policy and social justice issues at the societal level (e.g., see College of Nurses of Ontario [CNO], 2019; Nova Scotia College of Nursing [NSCN], 2020). In this case, addressing homelessness, which is an extreme form of social injustice, should be a nursing imperative. To do so, however, requires nurses and the nursing profession fully understand how structural factors (Gaetz & Dej, 2017) and systemic policy failures shape homelessness in Canada (Oudshoorn, 2019) such that preventing homelessness requires addressing both drivers (Gaetz, 2020).

Solving the homelessness problem requires identifying its causes and the means of resolving it. Like the case with other contentious social issues, various discourses on homelessness exist which differ in their explanation of its causes and appropriate responses. Since discourses shape understandings of social problems such as homelessness and act as facilitators or barriers to solving them, making these discourses explicit is valuable (Flanagan & Raphael, 2022). By doing so, nurses can examine existing dominant discourses on homelessness to recommend means of addressing the problem.

In this paper we apply a critical political economy perspective with a critical discourse analysis to address the following interrelated questions: (1) Why does homelessness persist in Canada? (2) Who are the people experiencing homelessness in Canada? (3) How do homelessness policy-related documents in Canada frame homelessness? (4) What should be done to address homelessness? and (5) How can nurses advocate for housing justice? Problematizing and responding to homelessness are important because homelessness adversely affects the quality of life of about 2.3 million people in Canada (Echenberg & Munn-Rivard, 2020) and 150 million worldwide (The Shift, 2023).

Our answering of these questions will contribute to scholarly and public debates concerning the issue of homelessness in Canada. We respond to the identified questions by analyzing relevant literature, including but not limited to homelessness policy-related documents, to identify how social relations based on power; existing economic, politico-legal, and cultural structures; ideologies, and discourses shape both the presence and understanding of homelessness. Specifically, we provide five policy-related homelessness discourses in the Canadian context. An important goal is to offer alternative ways of thinking and acting on homelessness beyond emergency services approaches.

Defining Homelessness

For the purposes of this paper, we adopt the Government of Canada's *Reaching Home*:

Canada's Homelessness Strategy (CHS) Directives homelessness definition which itself is drawn from the work by the Canadian Observatory on Homelessness (COH) (see Gaetz et al., 2012, p.1).

Homelessness is situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioral, or physical challenges, and/or racism and discrimination (Government of Canada, Definitions, 2022).

A typology of the homeless population in Canada includes (1) *unsheltered* persons living in spaces unintended for human habitation (e.g., public parks), (2) *emergency sheltered persons* in overnight emergency shelters, (3) *those who are provisionally accommodated* in transitory lodgings (e.g., motels), and (4) *persons at risk of homelessness* who live in precarious housing, usually associated with exorbitant housing costs (COH, 2016; Gaetz et al., 2012).

Homelessness experts Gaetz and Dej (2017) argue that homelessness results from interacting individual and relational circumstances, systems failures, and structural factors. *Structural factors* are the economic and social issues shaping individuals' material and social conditions and prospects in life, impacting the broader strata of the population (e.g., neo-colonialism, discrimination, poverty, and housing insecurity). *Systemic failures* refer to inadequate public policy and service provisions contributing to homelessness (e.g., inequitable access to public systems and transition failures). Finally, *individual and relational factors* are personal and family circumstances that put people at risk of homelessness (e.g., trauma, violence, and emergencies) (Gatz & Dej, 2017).

The Political Economy of Homelessness

Thus, while the COH definition indicates no single pathway to homelessness, evidence suggests that understanding power structures and processes—fundamental concepts in critical political economy theory—offers the most useful explanation for explaining homelessness rather than causes focused on individual-household characteristics such as income, education, pre-existing illnesses, and disabilities (Bryant & Raphael, 2020). This is the case because these broader factors cause these individual and household characteristics to lead to homelessness in the absence of a universal commitment to house everyone. If public policy was in place to provide housing for all, then these other characteristics would play much less of a role as a cause of homelessness.

The failure to enact public policies to prevent homelessness makes it necessary to consider some of the factors that prohibit such public policy. This leads to a need to explicitly consider how the dominant power of the wealthy property-owning class—usually called the capitalist ruling class—and neoliberal-oriented governing authorities enact public policy. These public policies inequitably distribute various social determinants of health (SDOH), with one of the most important being housing. We believe that addressing various inequities in Canada, such as housing insecurity and the health inequities that result from it, requires struggling within and against the current form of the economic system, i.e., capitalism that allows such inequities to exist. The goal of these struggles would be a post-capitalist, socialist society that would at least manage, and possibly eliminate such profound inequities (e.g., see Borrás, 2022, 2023). Raphael and Bryant (2023) argue that “a movement towards a post-capitalist socialist society that promotes rather than threatens health is necessary and possible” (p. 6). Amidst multiple crises—housing, health care, employment, and environmental—that threaten human and planetary health, new ways of thinking and acting on how to address social injustices such as widespread homelessness are crucial.

The Extent of Homelessness in Canada

Since homelessness is a public health issue, it is also a nursing issue. Approximately 235,000 persons experience some form of homelessness in Canada annually: 5,000 are unsheltered, 50,000 occupy temporary accommodations, and 180,000 are in emergency shelters (Gaetz et al., 2016; Strobel, 2021). In addition, about 2.3 million people over 15 years old experience *hidden homelessness*, such as temporarily living in cars or couch surfing (Echenberg & Munn-Rivard, 2020). Evidence indicates that some classes and groups are more susceptible to experiencing homelessness. *Class-based homelessness* is a vulnerability resulting from broader societal and economic factors, such as lack of adequate income, i.e., poverty, and unaffordable housing (Gaetz, 2020). Specifically, the Street Health Report 2007 stated that 78% of the survey respondents in Toronto indicated their homelessness results from unemployment, low income, or high housing costs (Cowan et al., 2007). This scenario is also seen at the national level, such that 84.7% of shelter users over 15 years old lived below the Low-Income Measure After-Tax threshold in 2015 (McDermott et al., 2019). Such inequities are consistent with the view that within Canada’s economic system, workers are clearly at higher risk of housing insecurity and homelessness than the wealthy and within this analysis, women and girls, immigrants, seniors, and children are especially disadvantaged (e.g., see Engels, 1845; Marx, 1867); a situation that remains true in Canada today.

Indigeneity, Race and Ethnic-based Homelessness.

Indigenous people, comprising about 5% of the population, are overrepresented among the homeless, making up more than 30% of emergency shelter users. Moreover, compared to Canadian citizens, non-Canadian citizens (i.e., immigrants and permanent residents, refugees and temporary residents with work, student, or visitor visas) are three times more likely to use emergency shelters (Duchesne et al., 2019). Racialized housing insecurity and homelessness

can be linked to a history of (neo) colonialism and racism deeply entangled with capitalism (Borras, 2022, 2023; National Coordinating Center for Determinants of Health [NCCDH], 2018; Palmer, 2023). Such structural, systemic, and institutionalized racism continues to be pervasive in Canada.

Gender-based Homelessness.

Among shelters for families, approximately 90% of users are woman-identified led (Duchesne et al., 2019). On Indigenous reserves, 42% of women live in housing-insecure households (Women's National Housing & Homelessness Network [WNHHN], 2023). Moreover, compared to the non-LGBTQ+ population, LGBTQ+ individuals are twice as likely to experience housing insecurity or homelessness; three times more likely to live in the streets, abandoned buildings, or emergency shelters; two times more likely to couch surf; and two times more likely to experience abuse or violence resulting in homelessness (Prokopenko & Kevins, 2022).

Studies show that the causes of homelessness for women, girls, and gender-diverse groups include, but are not limited, to family violence, intimate partner violence, exclusion, poverty (WNHHN, 2023), and financial insecurity (Prokopenko & Kevins, 2022). In addition, gender-based housing insecurity and homelessness can be linked to sexism that is well-entrenched in patriarchal capitalist societies such as Canada (Borras, 2022, 2023). Therefore, demonstrating the socially differentiated character of homelessness is essential to inform public policy and social actions addressing the structural and systemic causes of housing insecurity, homelessness, and their adverse health outcomes.

In Canada, the adverse health effects of homelessness are well documented. For instance, Street Health Toronto—a non-profit community-based health organization—recorded that homeless people are more likely to experience multiple morbidities and shorter life expectancies (Cowan et al., 2007; see also Hwang et al., 2009, 2011). Recently, Toronto

Public Health reported that in 2022, the median age of death for females was 42 years, and for males, it was 55 years. In contrast, the median age of death for the general population in Toronto is 84 years for females and 79 years for males. This is a wide mortality gap. Pressured by civil society groups, the Toronto City Council officially declared the homelessness issue an emergency in May 2023 (City of Toronto, 2023). Homelessness is a public health crisis.

Homelessness is also a socially differentiated public health crisis because it unequally affects persons in specific social locations: those experiencing poverty, are unemployed or low-income working-class, female-headed single-parent families, (neo) colonized, and racialized persons. Persons experiencing homelessness are more likely to experience stigma and to be further marginalized by being excluded from public policymaking processes involving housing, homelessness, and healthcare (Norman et al., 2015; Pauly, 2014). Therefore, to protect public health, nurses should be engaged in the politics of homelessness and health, especially because “the roots of social exclusion associated with homelessness are located in unequal power relations” (Norman & Pauly, 2013, p. 139).

Thus, from a critical political economy perspective, nurses should be aware of how class and ethno-racial and gendered dimensions of housing insecurity constitute each other and fundamentally influence public policy shaping the housing situation in Canada (Borras, 2022, 2023). In addition, from an *intersectionality perspective*, nurses need to consider multiple crisscrossing forms of oppression (e.g., classism, racism, sexism, ageism, and ableism) that lead to homelessness (Pauly, 2014). Once so informed, engagement in the public policymaking process seems essential.

The data cited in this, and subsequent sections do not support the dominant view that homelessness is fundamentally about individual choice, drug addiction, and laziness. It instead directs attention to the value of a broader structural analysis—the economic, politico-legal, and cultural dimensions of homelessness

and housing insecurity—of the issue (Sylvestre & Bellott, 2014). The common denominator of various types of homelessness is the lack of economic resources associated with a lack of power and influence. In essence, homelessness is fundamentally a class-based phenomenon that is intertwined with ethno-racial and gender dynamics. Thus, policymakers need to account for the interacting axes of class, race, and gender that contribute to the differentiated impact of homelessness to better address the problem through policymaking.

Theoretical Framework

The critical political economy approach to health considers how a social phenomenon such as homelessness is shaped by interrelated economic, politico-legal, and cultural structures (Marx, 1867; Muntaner & Navarro, 2004). This analytical framework interrogates the contradictions between ideas and material factors, human agency and societal structures, and class and other identity-based relations (Armstrong et al., 2001; Navarro & Muntaner, 2004). The framework explains class differences, sexism, and racism as resulting from the structures and processes associated with political and economic systems (Borras, 2022, 2023; Krieger et al., 1993). It pays close attention to how power, wealth, and influence are distributed among classes and groups within societies and how differences in distribution influence public policy in general and housing policy and health in particular (Bryant, 2016; Coburn, 2010; Raphael, 2015).

A critical political economy lens also concentrates on the power and influence of organized labour, financial capital, and the state dynamics that mediate these relationships within our economic system of capitalism and the political system of parliamentary democracy. It pays special attention to the role that the neoliberal resurgence in governance plays in these processes to shape people's lives (Navarro, 2007a, b). It shows how the relative balance of power among contending classes and other social forces influences the production, distribution, and consumption of economic and other societal resources which comes to shape

individual, family, community, and population health outcomes. The basic units of analysis within a critical political economy perspective are social relations and structures of power.

While homelessness in Canada can be seen through various lenses, we believe that using a critical political economy approach that makes explicit how homelessness is a result of structures and processes of Canada's economic system, abetted by its political system, that favours capital accumulation at the expense of citizen well-being is the most useful. The value of employing this framework is to underscore how the profit-driven nature of capitalism, with its specific application to housing issues, generates social and health inequalities (Armstrong et al., 2001; Buch-Hansen, 2018).

Nevertheless, such a view is not dominant among nurses, academics, advocates, researchers, policymakers, and the public. Instead, we see discourses which conceptualize homelessness either in terms of the characteristics of individuals, group features, or as a by-product of mistaken public policymaking. Therefore, while we see Canada's increasing reliance on market-oriented approaches to housing favours the interests of the economic and political elite as the real driver of homelessness, we recognize that it is only one of several approaches to examining the sources of homelessness and the ways of responding to it. Since discourses—"a historically contingent social system that produces knowledge and meaning" (Adams, 2017)—grasp the reality of such understandings, making these discourses explicit is essential as they may obscure analysis and comprehension of the fundamental sources of homelessness and effective means of addressing it.

Methods

There is no singular approach to qualitative research, and the objectives of qualitative research vary (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC], 2018). The objectives may include investigating social

structures and power relations and advocating for a specific population (CIHR et al., 2018), such as persons experiencing homelessness. This research aims to answer the research questions to enhance the debates around homelessness, its causes, and potential solutions in Canada and elsewhere.

Research methods primarily entail gathering, analyzing, and interpreting data, including but not limited to the existing literature and policy documents (i.e., document data) (Creswell, 2009). In this research, we collected, examined, and interpreted relevant literature, including but not limited to homelessness policy-related documents in the Canadian setting. Our analyses of the included document data are informed by van Dijk's (1993, 2016) critical discourse studies (CDS): a sociocognitive approach, traditionally referred to as critical discourse analysis. Van Dijk's CDS approach examines the relationships between discourse, power, dominance, social inequity, and the analyst's stance in such social relations. The CDS is a multifaceted, interdisciplinary approach where a critical discourse examiner takes a socio-political stance on an issue.

Taking the standpoints of those who suffer most from domination and inequity, CDS critique the power elites who execute, legitimize, perpetuate, or neglect social injustices such as homelessness (van Dijk, 1993). CDS primarily involves text analysis of document data, interpretation of the links between the text and discursive processes, and explanation of the links between societal structures and processes and discourses shaped by power relations. By applying critical discourse analysis, we appreciate the discursive nature of power relations, use of language as not neutral, and that discourses are situated in place and time (Mullet, 2018). In all CDS approaches, accounting for history, ideology, and power is central as it permits understanding of language construction and its contextual social meaning. CDS strongly aligns with the critical political economy theory.

This research builds on published research examining Canada's federal government housing and homelessness policies from 1935 to

2015 (see Borrás, 2016). In addition to literature already cited, we conducted further searches for literature relevant to our research questions. Our electronic searches included the academic databases of Google Scholar, Scholars Portal, EBSCO, JSTOR, OVID, OMNI, ProQuest, and CINAHL. We used search terms of "Causes of homelessness in Canada," "Homeless persons in Canada," and "Homelessness discourses in Canada". We also entered combinations of key search words such as "Homelessness" AND "Policy" AND "Canada," "Housing First" AND "Canada," "Homelessness" AND "Nursing" AND "Canada." We custom ranged the publication search on homelessness documents from just over the past decade, from 2012 to 2023.

We also navigated government websites (e.g., Government of Canada, Statistics Canada) and non-government websites for their advocacy positions for addressing housing insecurity and homelessness (e.g., The Salvation Army, Women's National Housing & Homelessness Network) with a national outlook. We concentrated on the authoritative Homeless Hub: Canadian Observatory on Homelessness website, which archives numerous policy-related documents on housing and homelessness. We identified and included homelessness policy-related documents (e.g., At Home Chez Soi project, National Housing Strategy or NHS) and works by authors whom we believe are experts on housing (e.g., Hulchanski, Pomeroy), homelessness (e.g., Crowe, Gaetz), SDOH (e.g., Bryant, Raphael), and human rights to housing (e.g., Farha, Schwan) in Canada. Data analysis involved reading and rereading all documents to identify and code discourse patterns such as communicative events, discourse practices, and the wider application in social context that affect housing in Canada (Nielson & Nørreklit, 2009).

The application of discourse analysis around the social determinants of health (Raphael, 2011; Raphael & Bryant, 2023), household food insecurity in Canada (Mendly-Zambo & Raphael, 2018), and climate crisis literature (Flanagan & Raphael, 2022) has been useful for making many usually implicit perspectives on social and health issues explicit, making them

subject for reflection and analysis. We therefore identified relevant policy-related discourses of homelessness in Canada by identifying patterns in how the drivers of homelessness and societal and state actors' responses were conceptualized. The identification of discourses and their relative dominance suggest further inquiries into how discourses shape the understandings of homelessness and the facilitators and barriers to reducing it.

Findings and Discussion

Table 1 presents the salient features of these somewhat interrelated though, we believe distinctive, policy-related discourses on homelessness in Canada. It outlines their core principles, expressed causes of homelessness, the focus of research and practice, and the role power, politics, and policy play in contributing to their interpretation of homelessness. The first two discourses are urgent responses to the visible homelessness crisis: 1) provision of emergency shelter, and 2) instituting a "Housing First" Response. The next three identify the causes of homelessness in addition to means of responding to it: 3) applying a social determinants of health analysis; 4) righting violations of human rights; and 5) balancing unequal power in the making of housing and public policy. The last of these is an explicitly political economy approach concerned with power relations embedded within economic and political systems and structures.

We have carefully selected representative sample texts from the included documents for each discourse. These excerpts serve as introductory quotes that precede our discussion. By incorporating these sample texts, we aim to give readers a tangible glimpse into the discourses examined. This approach allows a more nuanced understanding of each discourse's key themes, arguments, and linguistic features. By presenting these quotes at the outset, we set the stage for an insightful discussion on the topic at hand.

Discourses	Key Principles and Concepts	Causes of Homelessness	Focus of Research and Practice	The Role of Policy, Politics, and Power
1: Homelessness requires emergency shelter (ES) services.	Unsheltered persons at risk for mortality and morbidity.	Individual and household characteristics.	Homelessness-health nexus. Charity-oriented ESs, drop-in centers, meal programs, and transitional housing.	Marginal attention to social systems, structures, and processes as sources of homelessness.
2: Homelessness can be addressed through Housing First (HF)	Supply rapid housing, choice, recovery, support, and social integration.	Individual and household characteristics and unresponsive housing policy.	Transition from provisional to permanent housing for those experiencing chronic homelessness.	Calls for policy implementation of the HF model at all government levels.
3: Homelessness as a social determinant of health (SDOH).	Provide equitable distribution of housing and income to reduce homelessness.	Inequitable distribution of SDOH of housing and income.	State of housing and affordability in relation to health; policy antecedents of their distributions.	Advocacy for public policy that equitably distributes income and housing.
4: Homelessness as a human rights violation	Housing is a human right expressed in human rights covenants.	Homelessness is a failure to implement human rights covenants.	Policy analysis of housing policies and practices in relation to human rights covenants.	Advocacy for the progressive realization of the right to housing.
5: Homelessness results from power imbalances between societal sectors.	State, corporate, and civil society sectors compete to influence distribution of resources that include housing.	Imbalance in power relations that shape housing policy leads to homelessness.	Analysis of how unequal power relations unfairly distribute economic and other resources. Building resistance.	Strengthening movements to counter the power of dominant sectors is necessary.

Table 1. The Five Policy-Related Discourses of Homelessness in Canada

Discourse 1: Homelessness as Requiring Emergency Shelter Services

Discourse 1 emphasizes philanthropic and faith-based charitable emergency shelters, drop-in centers, soup kitchens, meal programs, and transitional housing supports as responses to homelessness. In addition, it focuses on the rapid but usually temporary housing of unsheltered persons with substance use and mental health issues (e.g., see Built for Zero Canada, 2023; Gaetz & Dej, 2017; The Salvation Army, n.d.). These policy-related approaches to homelessness are favored by many policymakers but tend to ignore societal structures and processes causing homelessness, as further evidence suggests below. A quote that better represent the emergency shelter services (ESS) discourse is:

Another approach focuses on "managing" people while they are homeless, through an investment in emergency services and supports such as shelters, drop-in centers and soup kitchens. The goal of emergency responses is to address basic and pressing needs to lessen the immediate impact of

homelessness on individuals and communities. (Gaetz, 2010, pp. 23–24)

The above emergency services can be viewed as ‘preventive,’ in that they address exposure to extreme weather conditions, physical harm, hunger, and adverse substance use (Gaetz, 2020). Similarly, employment and life skills training, trauma-informed care, and counselling support may be considered ‘preventive.’ However, although necessary, such actions are not “homelessness prevention unless they are provided in a context wherein people have immediate access to housing” (Gaetz & Dej, 2017, p. 38). Indeed, these interventions could hardly be considered homelessness prevention because they do not directly address the root causes of how and why homelessness happens in the first place.

In the absence of profound structural change, the emergency shelter policy-related discourse can be viewed by many, especially public policymakers, as a necessary and prioritized approach to addressing homelessness coming to have life and death implications for those experiencing chronic and episodic homelessness. As nurses and health policy specialists, we recognize the importance of addressing the urgent needs of people experiencing homelessness. Yet, similar to many homelessness and social determinants of health (SDOH) experts, we also view this policy approach to homelessness in Canada as a “dial-911 crisis response”. Our next discourse, Housing First policy discourse, builds upon the ‘need to immediately respond’ approach of the emergency shelter analysis.

Discourse 2: Homelessness Responses as Housing First (HF) Priority Activity

Grounded in the philosophy that housing is a human right, HF as a policy response to homelessness responds to the treatment and housing needs of persons who are concomitantly chronically and episodically homeless with substance use and mental health issues (Gaetz et al., 2013; Goering et al., 2014; Tsemberis, 2011). In practice, HF is based on five

principles: First, the provision of rapid and permanent housing without prerequisites. Second, the importance of self-determination and the right to choose housing and support. Third, it contains a recovery orientation containing occupational, educational, and recreational activities and harm reduction programs. Fourth, it has a person-centred services orientation which should ensure individualized, voluntary, and culturally sensitive care. Lastly, it supports community integration that can protect the homeless from stigma and social isolation (Goering et al., 2014). A quote that better represent the HF discourse follows:

In Canada, our current response relies heavily upon shelters for emergency housing and emergency and crisis services for health care. Typically, individuals who are homeless must first participate in treatment and attain a period of sobriety before they are offered housing. This is a costly and ineffective way of responding to the problem. Alternatively, Housing First (HF) is an evidence-based intervention model, originating in New York City (Pathways to Housing), that involves the immediate provision of permanent housing and wrap-around supports to individuals who are homeless and living with serious mental illness, rather than traditional “treatment then housing” approaches. (Goering et al., 2014, p. 6)

The HF is a systems approach whereby its philosophy and principles are applied towards an integrated service delivery system. However, when policymakers and governing authorities operationalized HF as a progression of planned service provisions, it became a programmatic model rather than an integrated public policy strategy (Gaetz et al., 2013).

Studies generally offer favourable reviews of HF effectiveness. For example, housing retention in

the original HF model in the USA was 88% after five years (Tsemberis & Eisenberg, 2000), while in the *At Home/Chez Soi* project in Canada, retention was 80% after the first year and 62% in the last six months of the project (Gaetz et al., 2013). In addition, studies suggest that HF treatment outcomes improve participants' mental health and reduce the costs of homeless people using healthcare services, justice systems, and emergency shelters (Gaetz et al., 2016; Poremski et al., 2016). As a result, Canada adopted HF as the primary practice and policy response for addressing the needs of visible homeless persons (Government of Canada, 2018).

HF as a homelessness policy and discourse claims to reduce the number of people experiencing homelessness and the health risks faced by unsheltered persons (see Goering et al., 2014; Tsemberis, 2011); however, it narrowly focuses on chronic and episodic homelessness. Poremski et al. (2016) also found that HF did not increase income significantly, showing its limitation, as homelessness is primarily income-based. Furthermore, instead of emphasizing HF's human rights philosophy, most policymakers engage HF as a programmatic model (Gaetz et al., 2013). Unfortunately, as a programmatic model, HF is individualized, decontextualized, and depoliticized and is not concerned with the broad scope of homelessness in its many forms (Crowe, 2019, 2022a). It also shows limitations in that the scope of its activities may not be attainable within smaller communities where housing and service resources are not available. Positively, the HF policy discourse deepens and widens homelessness knowledge, advances the call for human rights to housing, promotes the value of cost-efficiency, and reduces homelessness and health risks. On the negative side, HF says little about societal structures and processes that drive the conditions resulting in homelessness.

There is a need to go beyond the Emergency Shelter Services and Housing First policy discourses and practices. Gaetz and Dej (2017) state: "any services and supports that are provided to people who are homeless in an emergency context—no matter how helpful and

beneficial—are not homelessness prevention if the person remains in a state of homelessness" (p. 38). ESS and HF are policy actions after the homelessness crisis; they do not focus on the root causes: asymmetrical economic and political power structures shaping housing and public policy. The following homelessness policy-related discourses compensate for the limitations of ESS and HF.

Discourse 3: Homelessness as a Social Determinant of Health (SDOH) Issue

Homelessness as SDOH policy discourse entered Canada through the Ottawa Charter, which acknowledged housing as a prerequisite for health (WHO, 1986). Subsequently, during a seminal SDOH conference in Toronto in 2002, policy experts, community leaders, and health professionals, including nurses, resolved that (i) health is primarily impacted by socioeconomic determinants of health, (ii) the SDOH are shaped by political, economic, and social factors and forces, and (iii) equitable SDOH distribution will improve people's health (Raphael et al., 2004). When the Commission on SDOH released its Final Report (WHO, 2008), homelessness as an SDOH policy discourse reached the mainstream. Below is a quote that represents the SDOH discourse:

The fundamental conditions and resources for health are peace, *shelter*, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites." (WHO, 2008, para 2, *emphasis added*)

The SDOH are the social and material conditions in which people are born, live, grow, study, work, age, and die (WHO, 2008). The structural drivers operating within the states' jurisdiction under governing authorities, such as the "poor social policies and programmes, unfair economic arrangements, and bad politics," shape the inequitable distribution of SDOH, resulting in an unequal living, working, and health conditions (WHO, 2008, p. 26). Tackling such

life conditions requires addressing the inequitable distribution of societal resources, money, and power (WHO, 2008). In Canada, the SDOH includes but is not limited to employment, income, housing, healthcare systems, social safety net, and social exclusion (Raphael et al., 2020). Bryant and Raphael (2020) contend that SDOH proponents stress education and advocacy campaigns targeting policymakers to urge them to understand how equitable SDOH distribution can prevent homelessness. In addition, these health advocates call for the integrated provision of SDOH, such as improving employment conditions, increasing income and social supports, and providing affordable housing.

However, little has been done by the Canadian governments to tackle homelessness as a SDOH through public policy action (Raphael, 2015; Raphael et al., 2020). Instead, the government's policy decisions on SDOH, including housing and homelessness, adhere to individualized-oriented explanations for homelessness and do not address broader public policies which would a) increase income and wealth redistribution; b) increase social spending, and c) manage the employment market—all processes that have been shown to improve the quality and equitable distribution of the SDOH, including housing (Bryant & Raphael, 2020). More so, few policymakers speak about the role the economic system—neoliberal capitalism—plays in the production and maintenance of housing insecurity and governing authorities' endorsement of such neoliberal policy approaches to governance.

In Canada, neoliberal capitalism perpetuates housing insecurity and homelessness via government policy actions that promote profit-driven, market-dependent housing delivery and services (Hackworth & Moriah, 2006; Kalman-Lamb, 2017; Young & Moses, 2013). Raphael (2015) states: "the power and dominance of the business and corporate sector in the liberal welfare state translates into public policy that inequitably shapes the distribution of SDOH in a whole range of public policy areas," such as housing, employment, early child development (p. S19). Three key societal actors vie to

influence public policymaking: organized labour, business, and civil society (e.g., non-government organizations) groups. However, rather than the public interests, the private interests of the capitalist class become central to government policy decisions and come to shape state policies that produce and distribute the SDOH (Raphael, 2015).

This being the case, this discourse calls for nurses, allied health care workers, and physicians to integrate the SDOH concept into their clinical practice to improve people's health (see Andermann, 2016). By placing the emphasis on the inequitable distribution of SDOH as the primary cause of homelessness and the need to rectify this, homelessness as SDOH policy discourse extends beyond the individualistic focus of emergency services approaches and begs involvement in the public policy process.

What might be the processes of this discourse that would compensate for the limitations of Emergency Shelter and Housing First approaches? Hulchanski and colleagues (2009) have long ago proposed three interrelated spheres of politico-legal actions to address homelessness in Canada: First, including affordable housing in the government's political agenda. Second, addressing the causes of homelessness by providing housing, income, and social support. Lastly, taking legal action by challenging the courts that homelessness violates human rights. Bryant and Shapcott (2016) and Bryant (2016) provide a variety of public policy actions that would fit within this SDOH discourse.

Discourse 4: Homelessness as Violating a Human Right

Complementary to the previous discourses, the Homelessness as Human Rights discourse is enshrined in the 1948 United Nations Declaration of Human Rights and various international human rights instruments (United Nations [UN], 1965, 1966, 1979, 1989, 1990, 2006, 2014, 2017). As a signatory state to human rights treaties and covenants, the Canadian government, to fulfill its obligations,

should provide affordable, adequate, and suitable housing to its population. Homelessness as a human rights discourse posits that, at minimum, the human right to adequate housing is fulfilled when the tenant's security of tenure and housing availability, affordability, habitability, and accessibility are ensured. Housing locations must be near job opportunities and socioeconomic services and away from toxic environments. The approach also respects cultural diversity, such as freedom from discrimination to express individuals' or groups' cultural identity freely (UN, 2014). A quote that better represents the HR discourse follows:

Homelessness is one of the most visible and most severe signs of the lack of respect for the right to adequate housing, which is even more shocking to see in a developed and wealthy country as Canada. (United Nations, 2007, p. 1).

Homelessness as human rights discourse is driven by a three-pronged approach to homelessness: 1) address the absence of the material and social aspects of housing; 2) acknowledge that homelessness is a form of systemic discrimination; and 3) recognize homeless persons as agents of change (UN, 2018). This discourse is grounded on ten principles: (i) jurisprudence and legal practices and standards, (ii) prioritize the needy and indigent, (iii) engages whole-of-government, (iv) democratize representation and participation, (v) provide responsible taxation and budget planning, (vi) expedite human rights aims and objectives, (vii) promote effective monitoring and accountability, (viii) provide access to justice, (ix) make clear the roles of the private sector and regulate housing and financial markets, and (x) promote global mutual assistance and cooperation among countries (UN, 2018).

By advancing health equity and social justice, homelessness as human rights discourse transcends the notion that homelessness is a household/individual failure. However, despite

recognizing the human right to housing, the Canadian government repeatedly failed to fulfill its obligation (UN, 2007; UN, 2016). Nonetheless, emanating directly from the UN covenants, the federal government of Canada legislated the National Housing Strategy (NHS) Act in 2019 (Minister of Justice, 2019). The NHS Act and its Housing Policy Declaration includes principles of the human rights-based approach to housing. Among others, the Act (a) "recognizes the importance of housing in achieving social, economic, health and environmental goals"; (b) "establishes national goals relating to housing and homelessness" (c) "improves housing outcomes for persons in greatest need" and (d) "provides for participatory processes to ensure the ongoing inclusion and engagement of civil society, stakeholders, vulnerable groups and persons with lived experience of housing need, as well as those with lived experience of homelessness" (Minister of Justice, 2019, NHS Act, Sections 5-6).

The NHS Act also created the National Housing Council as an adviser to the Minister and was assigned by the latter to create housing policy in Canada that is inclusive and participative (Sections 5-6). The National Housing Council's ex-officio members has a mandate to "monitor the implementation of the housing policy and assess its impact on persons who are members of vulnerable groups, persons with lived experience of housing need and persons with lived experience of homelessness" (Minister of Justice, 2019, NHS Act, Sections 11-13).

The NHS Act is a pivotal development in Canada's housing policy as it integrates a human rights-based approach to homelessness and suggests policymakers and governing authorities address the structural drivers contributing to homelessness. Within its mandate, homeless people and housing advocates can challenge the courts at all jurisdictional levels when they believe there are housing-related violations of human rights, making governments accountable for such injustice. Importantly, it reinforces the homelessness policy discourse that tackling the structural causes of homelessness is a moral imperative and a politico-legal obligation.

Yet despite these commitments, housing encampments are proliferating across Canada. according to Leilani Farha, UN Special Rapporteur on the right to adequate housing and Kaitlin Schwan, Lead Researcher for UN Special Rapporteur on the right to adequate housing; homeless encampments in Canada may be viewed as a result of the global housing crisis and increasing housing unaffordability (Farha & Schwan, 2020). This is due to global neoliberal capitalism in our view. It may also be understood as a social phenomenon linked with settler colonialism that, for instance, sustains Indigenous communities' experiences of state-sanctioned land grabs (Farha & Schwan, 2020).

Encampments may also be linked to deeply entrenched structural racism experienced by racialized groups and can be tied with the sexism experienced by LGBTQ2+ persons. Thus, while most policymakers frame homelessness encampments as issues of individual responsibility, they are "the result of structural conditions and the failure of governments to implement the right to housing" (Farha & Schwan, 2020, p. 5). As such, encampments also point to the *co-constitutive* dimensions of capitalism, colonialism, racism, and sexism (Borras, 2022, 2023), creating and perpetuating homelessness. Farha and Schwan (2020) developed the *Protocol for Homeless Encampments in Canada*, outlining the Eight Principles to guide state actions:

- (1) Recognize residents of homeless encampments as rights holders;
- (2) Meaningful engagement and effective participation of homeless encampment residents;
- (3) Prohibit forced evictions of homeless;
- (4) Explore all viable alternatives to eviction;
- (5) Ensure that relocation is human rights compliant;
- (6) Ensure encampments meet basic needs of residents consistent with human rights;
- (7) Ensure human rights-based goals and outcomes, and the preservation of dignity for homeless

- encampment residents; and
- (8) Respect, protect, and fulfill the distinct rights of Indigenous Peoples in all engagements with homeless encampments.

Notably, there is a need to ensure community engagement agreement among state actors, homeless encampment residents, and other interest groups and that any *power imbalances* in negotiations must be prevented from happening by a third party (Farha & Schwan, 2020). A cautionary tale: Although the NHS Act embeds the human rights-based approach to housing, the Act remains silent as to the fundamental cause of housing homelessness, which in our view is the capitalist economic system. Most policymakers ignore the unequal economic, political, and cultural structures creating and sustaining homelessness and its antecedent, housing insecurity. At this moment, across Canada, big businesses and corporations, real estate owners, and financial institutions continue to reap tremendous profits amidst wage and income stagnation and inflation at the same time that many low-income working-class Canadians barely cope with skyrocketing housing mortgages and rentals. We now examine societal structures and asymmetrical power relations contributing largely to housing insecurity and, eventually, homelessness.

Discourse 5: Homelessness as a Result of Critical Political Economy Related to Power Relations

The critical political economy (CPE) discourse directs our attention to economic, political, cultural, and historical dimensions of the social problem under investigation (Marx, 1867), in this case, homelessness. It accounts for the co-constitutive character of capitalism, neo-colonialism, racism, and sexism (see Borras, 2022, 2023); that is, the interacting class, race, and gender dynamics embedded in prevailing economic and political systems (Armstrong et al., 2001; Krieger et al., 1993). It concentrates on imbalances in power relations shaping public policies that impact the quality of SDOH distribution that, in turn, shape health outcomes (Raphael, 2015). Thus, practitioners of the

critical political economy discourse expose, challenge, and act to alter the social structures and processes producing and sustaining housing insecurity, homelessness, and health inequities. Below is a quote that better represents this CPE discourse:

The roots of this [homelessness] crisis lie in...governments' decision to cut funding and programs for new social housing...weakening welfare state and deregulating markets...[T]hese shifts in public policy in turn reflect the dominance and acceptance by governments of the ideology of neoliberalism, a belief system that emphasizes a smaller State role in numerous public policy areas including the provision of housing. As a result, elected officials in most parts of the country have opted to rely on private markets in ownership and rental housing to provide new homes for Canadians. (Bryant & Shapcott, 2016, p. 343)

In Canada, corporate power is well-entrenched. Corporate power, fuelling the ideologies and practices of neoliberal capitalism (Carroll & Sapinski, 2018) dismantled Canada's welfare state system by undermining social policies, including but not limited to income, housing, and labour policy (McBride & Shields, 1997; Peters, 2012). Corporate power and influence manifest through the government's adherence to a liberal welfare system whose distributive effect has been declining. For instance, government policy actions around income and wealth distribution to reduce inequities between classes and groups have been declining for over four decades. The fading of such redistributive politics in welfare provisions widened inequalities in wages, incomes, and wealth (Banting & Myles, 2013), resulting in homelessness and health inequalities (Bryant & Raphael, 2020). The most probable explanation for persistent homelessness is that housing has come to be viewed as a market commodity

instead of a public good and its quality and distribution have been completely captured by market interests.

In *housing*, federal-level policy approaches—including but not limited to welfare state retrenchment—and political decisions to cut welfare supports since the mid-1980s, as well as the devolution of the housing authority and termination of public and social housing in the 1990s, exacerbated housing insecurity (Bryant & Shapcott, 2016; Gaetz, 2010; 2020; Hulchanski et al., 2009). These regressive neoliberal policies resulted in an ongoing rise in housing ownership and rental costs that far surpass increases in average household incomes (Pomeroy, 2015). Moreover, demolishing and converting previously affordable housing units into high-cost luxury condominiums severely diminished the affordable housing supply. Finally, ending social and public housing programs, which includes long-term subsidies, deepened homelessness (Bryant, 2016; Hulchanski, 2009; Pomeroy, 2015).

In *the labour sector*, further evidence exposing the role of power asymmetries, for example, between the capitalist class and the working class and contributing to housing insecurity and homelessness, is available. Power asymmetries among social classes and groups have resulted in minimal wage increases for many workers and enormous profits for the capitalist class. While the majority's total household incomes stagnated, the incomes of the economic elite, who comprise 0.01% of Canada's population, increased by 145% from 1990-2010 (Peters, 2012). The intensification of neoliberalism resulted in precarious employment (Carroll & Sapinski, 2018), high unemployment rates (McBride & Shields, 1997), housing insecurity (Bryant, 2016), and increased homelessness (Young & Moses, 2013). Canadian governments' affinity to these neoliberal policies worsened social and material deprivation. It also results in psychosocial stress and unhealthy coping behaviours, furthering health inequalities (Bryant & Raphael, 2020).

Canadian government policies hardly contest power asymmetries among civil society groups,

state actors, and capitalist classes that influence government policy actions on housing (Bryant & Raphael, 2020; Raphael, 2015). It is hardly surprising because Canada is a capitalist state, and its housing and homelessness policies are fundamentally inspired by neoclassical economics promoted by profit-driven corporate power (Carroll & Sapinski, 2018). Neoclassical economists who advance capitalist structures and processes view housing as simply a commodity produced and traded in the marketplace, where the law of supply and demand primarily determines housing conditions.

In Canada, the capitalist economic system, deeply entwined with structural racism and sexism, fundamentally creates and sustains social and health inequities (see Borrás, 2022, 2023). Therefore, there is a need to expose, challenge, and erode capitalism and overcome the power of the capitalist class and neoliberal state actors dominating public policymaking in general and housing and health policy in particular (Borrás, 2023; Raphael & Bryant, 2023). As such, more nurses should actively engage in helping “address power inequities between housed and unhoused people” (Norman & Pauly, 2013, p.146), especially since homelessness is a public health crisis that disproportionately impacts the working-class, racialized, and women-identified population, as discussed in the introduction.

Implications for Nursing Research, Practice, and Advocacy

Homelessness prevention has not been the priority of most policymakers in Canada. The dominant homelessness policy discourses heavily rely on crisis management, i.e., “Emergency Shelter” and “Housing First” responses (Crowe, 2019; 2022a). Prevention programs also occur in some communities, but these are not widely adopted and rather than being implemented through public policy and legislation, have a local community-based character. For the most part, this is due to dominant policymakers’ understanding that economic and other resource investments should provide immediate relief to those experiencing

homelessness rather than investing in its prevention (Gaetz & DeJ, 2017). Although the reasoning behind this may be admirable, such homelessness policy responses may prove more expensive and cause further harm to individuals, families, and communities, in the long run by failing to address the causes of homelessness (Gaetz, 2020, p.6).

Homelessness is an urgent nursing issue that must be tackled at micro- meso- and macro-level settings to advance social justice and health equity. As nurses and health justice advocates, we should further incorporate these five policy-related homelessness discourses into our analysis of social phenomena impacting health outcomes. These discourses are relevant to nursing practice as they help explain the causes and policy responses to homelessness and healthcare issues. The Registered Nurses Association of Ontario (RNAO) policy statement on homelessness acknowledges that adequate housing is a prerequisite of health and calls upon nurses to be alert to the need for housing in all spheres of their practice (RNAO, n.d). Indeed, nurses are in an excellent position to assess the housing needs of patients (Forchuk et al., 2015).

The preceding findings and discussion should assist practicing nurses, researchers, academics, advocates, activists, policymakers, and the public in their reflections upon the causes of homelessness and its possible solutions. Since it is obvious that the fundamental causes of homelessness and related inequalities in health extend well beyond the biomedical and behavioural and even community-centred understandings of health and health promotion, as nurses and health justice advocates, we should persevere in integrating broader models of health into our endeavours such as addressing homelessness and health inequities. Nurse leader Falk-Rafael (2005) challenges us to “speak truth to power” and generate, through sociopolitical activism (e.g., demonstrations, petitioning unjust policy propositions), supportive political, socioeconomic, and physical environments necessary to improve people’s health. This view is aligned with the political economy approach to understanding and responding to

homelessness and health inequities and the necessity to integrate such an approach into nursing advocacy and activism.

As Falk-Rafael (2005) stated: “Speaking truth to power, that is, influencing public policies that impact health, advocating for those whose voices have been silenced, and challenging ideologies that contribute to the exclusion of some group for the benefits of other, is to practice empowered caring” (p. 220). Similarly, Cohen reminds us to confront societal structures and processes shaping the economic and political systems that create and perpetuate social and health inequities (see Cusack et al., 2022). Nurses must address such inequities through political actions that can bring about emancipatory social change and realize social justice and health equity (Cusack et al., 2022). Homelessness is a socioeconomic and political problem requiring nurses and health professionals to take informed sociopolitical actions.

For us, speaking truth to power and practising sociopolitical activism may take various forms. First, alongside homeless people (Oudshoorn, 2019), we can expose and challenge the dominant homelessness policy discourses in Canada and offer alternative ways of thinking and acting to address the twin housing insecurity and homelessness crisis. Second, we can voice and act against exploitative and oppressive employment and working conditions, such as low and stagnant wages, contracting out, understaffing, excessive workloads, and abuses. Third, we can speak and struggle against the sexism and racism institutionalized in occupational and healthcare settings—policymakers and policymaking must address homelessness and health inequities resulting from unequal class, gender, and race relations, especially since the nursing field is predominantly gendered and increasingly racialized. Fourth, we can actively represent and participate in workplace, community, and provincial and federal level politics. Nursing political advocacy and activism may involve campaigning and voting for political parties, politicians, and policymakers that support effective responses to the housing crisis.

Concrete examples of such action would be calling for a fairer/more progressive tax system, eliminating tax loopholes for the wealthy, increasing redistribution of income through tax reduction for workers and tax increases for the wealthy, increasing social spending, and increasing management of the labour market (Lynch, 2020). Restrictions upon the financialization of the housing market is another essential policy goal (Bunce, et al., 2020).

Finally, we can name, expose, challenge, and work to alter and replace the capitalist economic system, which we see as the fundamental cause of persistent housing insecurity, homelessness, and health inequities. Raphael and Bryant (2023) provide various ways by which such goals can be accomplished. These include, among many, what McBride (2022) calls a ‘radical transformation’ by which popular sovereignty comes to control capital; there is a rebuilding of the public domain and state and socialization of capital investment. A new regime would respect human rights and create a state where meeting peoples’ needs is primary.

Nurses are, in theory, required to advocate for social justice issues and healthy public policy (CNO, 2019; NSCN, 2020). Nurses have the theoretical basis and regulatory supports embedded within professional standards of practice that make explicit the nursing roles and responsibilities in taking upstream measures to prevent poverty and homelessness and protect public health (Cohen & Reutter, 2007). Nursing scholarship has since taken up the call to mobilize and transform the nursing profession towards embracing and enacting critical perspectives for social change, arguing that inaction would constitute *social murder* on the part of nurses (McGibbon & Lukeman, 2019; McGibbon, 2021). Taking social and political actions to address social and health inequities resulting from multiple forms of exploitation and oppression is indeed a *moral imperative* (Falk-Rafael & Betker, 2012; McGibbon & Lukeman, 2019). A variety of activist groups provide a forum for such activity (e.g., NDP Socialist Caucus, 2023; Society for Socialist Studies, 2023).

Advocacy can take two general forms. At the public policy level, advocacy argues for changing legislation policies and laws to improve the circumstances of individuals and groups. Nurses can also advocate on behalf of an individual and this is especially important when a person feels they have not been treated as they should have been (Multiple Sclerosis Society of Canada, 2006; Raphael, 2020). Nurses are most familiar with the second form of advocacy, advocacy for individuals, but we argue that, as health justice advocates, we need to become comfortable advocating for systemic changes in how housing is distributed across society. As Chiu et al. (2021) contend: “Policy advocacy is a fundamental component of nursing’s social mandate” (p. 276). For us, political activism and policy advocacy may mean nurses getting involved with mass coordinated and sustained political actions by individuals and groups, such as labour and health movements, to influence state policies and disrupt and erode capitalism.

McGibbon and Lukeman (2019) state: “Nursing has been criticized for its lack of political action and voice regarding important issues related to public policy for health” (p. 8), such as housing and homelessness crisis. Nonetheless, the nursing profession has also produced nurses who took political actions that shook communities and the legislative halls of power. The most prominent is a Member of the Order of Canada, street nurse and social justice activist, and social and public housing advocate Cathy Crowe, exemplifying transformative nursing leadership and advocacy beyond the bedside nursing practice. Her published volumes deserve attention (Crowe & Baker, 2007; Crowe, 2019; Cook & Crowe, 2022). In one of her interviews, Crowe stated: “After World War II... veterans came back... there was a housing shortage. And they protested. And they took over empty buildings. And it was a national movement that led to the first national housing program” (see Borrás, 2022, p. 262). Crowe further declared:

[I]n the ‘90s, we had a large, large national movement on housing and homelessness. It was launched by Toronto Disaster Relief Committee in

1998. All the materials are still on our website: tdcrc.net. We issued a state of emergency declaration. We partnered across the country. We had two national networks. We coordinated one of them. And the other one was more faith-based and other national organizations. And as my colleague, Beric German, says, we would be throwing demonstrations right, left, and center... organizing rallies and demonstrations all the time... meeting with housing ministers... postcard campaigns. It was a very vibrant, popular movement supported by everybody, supported by unions, supported by foundations, supported by faith groups... It led to a new federal program: Supporting Community Partnership Initiative.... And my argument was, that’s what we need again now to deal with the problem (Crowe: Activist) (see Borrás, 2022, p. 261; see also, Borrás, 2023).

Nurses have highly developed skills in interpersonal communication, health assessment, and action planning transferable to political action (Perron, 2013). Thus, nurses must incessantly advance their unique perspectives into the public policy area requiring political action (Perron, 2013; Phillips, 2012). The successful strike by the Alberta nurses in 1988 offers lessons on how to assert workers’ rights and protect public health through political activism. Furthermore, as our homelessness policy discourses point to the importance of understanding discourse as power relations, political activism in nursing education and practice in and outside the academic world that account for social justice and health equity issues is equally necessary (MacDonnell & Buck-McFadyen, 2016).

More concretely, as nurses and health justice advocates, we must vigorously promote human rights to housing (RNAO, n.d.) by helping nurses’ unions educate, organize, and mobilize both their members and the public to address homelessness in the realms of public policy to improve population health and prevent illnesses.

A particularly noticeable example has been the Ontario Nursing Association's involvement in the *Enough is Enough Campaign* of the Ontario Federation of Labour (2023) which is calling for a number of reforms to improve the problematic living and working conditions many people experience.

Without concrete policy actions to avert homelessness, governments become a disease-causing vector because obtaining a state of health is inherently political (Bambra et al., 2005). Thus, nurses and nurses' unions must continue forging strategic alliances with other labour movements to realize the human right to housing and health. For example, we can draw lessons on how the five largest unions: Ontario Nurses Association, Ontario Council of Hospital Unions, SEIU Healthcare, Ontario Public Service Employees Union, and Unifor, united against Bill 124, chronic staffing shortages, and privatization of healthcare systems and services.

Finally, "there is a clear need to address upstream factors to stop the flow into homelessness" (Pauly et al., 2015, p.18); thus, as nurse scholars and activists, we should continuously incorporate the critical political economy approach into our research, practice, and advocacy. This will allow us to decisively act and confront head-on the social systems, structures, and processes shaping the inequitable SDOH distribution, which extend beyond issues of homelessness. In the long-term, health outcomes are best understood and acted upon through such understandings. A critical political economy lens allows for such activity.

Although nurses, in general, are usually not known as being politically active, increasingly nursing advocates and unions have challenged the status quo by launching strikes, as in the case of the historic nurses' 'illegal strike' in Alberta. Outside Canada, in the UK and the USA today, nurses are striking due to worsening working conditions. Nurses and healthcare workers in Canada are learning lessons from these recent developments not only in the Global North but also in the Global South of the need to take action for social justice and health equity (Canadian Federation of Nurses Unions, 2023).

We believe there is a need to question and erode the dominance of the capitalistic way of life which orders economic and other societal resources to favour the accumulation of wealth and power in the hands of economic and political elites. We therefore offer alternative ways of thinking and acting on homelessness and health inequities that include consideration of how the capitalist economic system threatens human and planetary health.

Conclusion

Homelessness and the adverse health outcomes that result from it are prevalent in Canada. We have distinguished five somewhat interrelated policy-related homelessness discourses commonly used to explain causes and responses to homelessness. These discourses use analytical lenses from the household-individual micro-level to social systems macro-level analyses. First, the homelessness policy discourse, as primarily requiring Emergency Shelter activity, views homelessness as an issue of managing visible homelessness through emergency shelters, drop-in centers, soup kitchens, meal programs, or transitional housing supports. Second, despite being grounded on human rights principles, most policymakers operationalize the Housing First policy discourse as a programmatic model to address chronic and episodic homelessness. These first two discourses primarily focus on emergency services provisions for those experiencing chronic and episodic homelessness.

The last three homelessness policy discourses compensate for the limitations of the ES and HF approaches. The third, homelessness as an SDOH policy discourse, calls for integrated delivery of the social determinant of health, such as housing, income, and social support, but policymakers ignore power relations underpinning homelessness. Fourth, homelessness as violating Human Rights focuses on the progressive realization of the right to housing; however, most policymakers do not view homelessness as a violation of human rights to housing resulting from power asymmetries. Finally, homelessness policy discourse, as a result of critical political

economy, views homelessness as an issue of social structures and asymmetrical power relations between classes and groups.

We believe the critical political economy approach to homelessness will be the most useful for understanding its causes and the most useful means of responding to it. At the present historical juncture, as nurses and health justice advocates, we must stand and march forward in solidarity with people experiencing homelessness and the historically subordinated classes, groups, and societies who are at risk of becoming homeless. Nurses are called upon to collectively struggle within and against capitalism and toward a post-capitalist, socialist society to achieve health justice.

References

- Adams, R. (2017) *Michel Foucault: Discourse*. <https://criticallegalthinking.com/2017/11/17/michel-foucault-discourse/>
- Andermann, A. (2016). Taking action on the social determinants of health in clinical practice: A framework for health professionals. *Canadian Medical Association Journal (CMAJ)*, 188(17-18), E474-E483.
- Armstrong, P., Armstrong, H., & Coburn, D. (2001). *Unhealthy times: Political economy perspectives on health and care*. Oxford University Press.
- Bambra, C., Fox, D., & Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International*, 20(2), 187-193.
- Banting, K., Myles, J. (Eds.). (2013). *Inequality and the fading of redistributive politics*. UBC Press.
- Borras, A. M. (2016). *Towards equitable health policy: A critical approach to Canadian housing insecurity and homelessness as informed by political Economy and social determinants of health* [Major Research Paper]. <http://130.63.180.190/xmlui/handle/10315/32410>
- Borras, A. M. (2021). Toward an intersectional approach to health justice. *International Journal of Health Services*, 51(2), 206-225.
- Borras, A. M. (2022). *Tackling health inequalities through public policy action: Insights from Canadian policy academics, activists, and advocates* [PhD Dissertation]. <https://yorkspace.library.yorku.ca/xmlui/handle/10315/40636>
- Borras, A. M. (2023). The challenge of exposing and ending health inequalities through social and policy change: Canadian experiences. *International Journal of Social Determinants of Health and Health Services*, 53(2), 130-145. <https://doi.org/10.1177/27551938221148376>
- Bryant, T. (2016). *Health policy in Canada* (2nd ed.) Canadian Scholars' Press.
- Bryant, T. (2016). Housing and health. In D. Raphael (Ed.) *Social determinants of health: Canadian perspectives* (3rd ed.) (pp. 343-359). Canadian Scholar's Press.
- Bryant, T., & Raphael, D. (2020). *The politics of health in the Canadian welfare state*. Canadian Scholars' Press.
- Bryant, T., & Shapcott, M. (2016). Housing. In D. Raphael (Ed.) *Social determinants of health: Canadian perspectives* (3rd ed.) (pp. 343-359). Canadian Scholar's Inc.
- Buch-Hansen, H. (2018). The prerequisites for a degrowth paradigm shift: Insights from critical political economy. *Ecological Economics*, 146, 157-163.
- Built for Zero Canada. (2023). *Beginning the end of homelessness in Canada*. <https://bfzcanada.ca>
- Bunce, S., Livingstone, N., March, L., Moore, S., & Walks, A. (2020). *Critical dialogues of urban governance, development and activism*: UCL Press.
- Canadian Federation of Nurses Unions. (2023). *Global Nurses United News Round-Up*. <https://nursesunions.ca/international/global-nurses-united-news-round-up-january-27-2023/>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research

- Council of Canada, & Social Sciences and Humanities Research Council. (2018). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. https://ethics.gc.ca/eng/policy-politique_tcps2-epct2_2018.html
- Canadian Observatory of Homelessness (COH). (2016). *Canadian definition of youth homelessness*. Canadian Observatory on Homelessness. <https://www.homelesshub.ca/resource/canadian-definition-youth-homelessness>
- Carroll, W. K., & Sapinski, J. P. (2018). *Organizing the 1%: How corporate power works*. Fernwood Publishing.
- Chiu, P., Cummings, G. G., Thorne, S., & Schick-Makaroff, K. (2021). Policy advocacy and nursing organizations: A scoping review. *Policy, Politics, & Nursing Practice*, 22(4), 276-296.
- City of Toronto. (2023). *Toronto Public Health releases 2022 data for deaths of people experiencing homelessness*. <https://www.toronto.ca/news/toronto-public-health-releases-2022-data-for-deaths-of-people-experiencing-homelessness/#:~:text=Overall%2C%20homelessness%20continues%20to%20negatively,COVID%2D19%20pandemic%20in%202019>
- Coburn, D. (2010). Health and health care: A political economy perspective. In D. Raphael, T., Bryant, & M. Rioux (Eds). *Staying alive: Critical perspectives on health, illness, and health care* (pp. 59-84). Canadian Scholars' Press.
- Cohen, B. E., & Reutter, L. (2007). Development of the role of public health nurses in addressing child and family poverty: A framework for action. *Journal of Advanced Nursing*, 60(1), 96-107.
- College of Nurses of Ontario (CNO). (2019). *Entry-to-practice competencies for registered nurses*. <https://www.cno.org/globalassets/docs/reg/41037-entry-to-practice-competencies-2020.pdf>
- Cook, G., & Crowe, C. (2022b). *Displacement city: Fighting for health and homes in a pandemic*. University of Toronto Press.
- Cowan, L., Hwang, S., Khandor, E., & Mason, K. (2007). *The street health report 2007*. Street Health. <https://www.homelesshub.ca/resource/street-health-report-2007>
- Creswell, J. W. (2009). *Research design: Qualitative and mixed methods approaches*. Sage Publications.
- Crowe, C., & Baker, N. (2007). *Dying for a home: Homeless activists speak out*. Between the Lines.
- Crowe, C. (2019). *Knapsack full of dreams: Memoirs of a street nurse*. Friesenpress.
- Crowe, C. (2022a, March 8). *Canada's housing strategy makes homelessness worse*. Rabble.ca <https://rabble.ca/columnists/canadas-housing-strategy-makes-homelessness-worse/>
- Crowe, C. (2022b). Cathy Crowe, <https://www.cathycrowe.ca/>
- Cusack, C., Schultz, A., Scruby, L., Dyck, N., Martin, D., Betker, C., & van Daalen Smith, C. (2022). Remembering Dr. Benita Cohen: A tribute to a life well-lived. *Witness: The Canadian Journal of Critical Nursing Discourse*, 4(2), 1-4.
- Duchesne, A., Rivier, J., Hunter, P., & Cooper, M. (2019). *Highlights of the national shelter study 2005-2016 – Emergency shelter use in Canada*. Employment and Social Development Canada. <https://www.infrastructure.gc.ca/homelessness-sans-abri/reports-rapports/shelter-study-national-etude-refuge-2005-2016-highlights-eng.html>
- Echenberg, H., & Jensen, H. (2012). *Defining and enumerating homelessness in Canada*. Library of Parliament.
- Echenberg, H., & Munn-Rivard, L. (2020). *Defining and enumerating homelessness in Canada*, Publication No. 2020-41-E. <https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/BackgroundPapers/PDF/2020-41-e.pdf>

- Engels, F. (1845). *The condition of the working class in England*.
<https://marxists.architexturez.net/archive/marx/works/download/pdf/condition-working-class-england.pdf>
- Farha, L., & Schwan, K. (2020). *A National protocol for homeless encampments in Canada: A human rights approach*. UN Special Rapporteur on the Right to Housing.
- Falk-Rafael, A. (2005). Speaking truth to power: Nursing's legacy and moral imperative. *Advances in Nursing Science*, 28(3), 212-223.
- Falk-Rafael, A., & Betker, C. (2012). Witnessing social injustice downstream and advocating for health equity upstream: "The trombone slide" of nursing. *Advances in Nursing Science*, 35(2), 98-112.
- Flanagan, E. & Raphael, D. (2022). From personal responsibility to an eco-socialist state: Political economy, popular discourses, and the climate crisis. *Human Geography*.
<https://doi.org/10.1177/19427786221138965>
- Forchuk, C., Reiss, J. P., Mitchell, B., Ewen, S., & Meier, A. (2015). Homelessness and housing crises among individuals accessing services within a Canadian emergency department. *Journal of Psychiatric and Mental Health Nursing*, 22(6), 354-359.
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3(21), 21-26.
- Gaetz, S. (2013). The debate is over! Housing First works!
<https://www.homelesshub.ca/blog/debate-over-housing-first-works>
- Gaetz, S. (2020). Making the prevention of homelessness a priority: The role of social innovation. *American Journal of Economics and Sociology*, 79(2), 353-381.
- Gaetz, S., Barr, C., Frieson, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). *Canadian definition of homelessness*. Canadian Observatory on Homelessness Press.
- Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*. Canadian Observatory on Homelessness Press.
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016*. Canadian Observatory on Homelessness Press.
- Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The national youth homelessness survey*. Canadian Observatory on Homelessness Press.
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness*. Canada Homelessness Research Network.
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Aubry, T. (2014). *National at home/Chez soi final report*. Mental Health Commission of Canada.
- Government of Canada. (2018). *Canada's national housing strategy: A place to call home*.
- Government of Canada. (2022). *Reaching home: Canada's homelessness strategy directives*.
<https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html>
- Hackworth, J., & Moriah, A. (2006). Neoliberalism, contingency and urban policy: The case of social housing in Ontario. *International Journal of Urban and Regional Research*, 30(3), 510-527.
- Hulchanski, J. D., Campsie, P., Chau, S. B., Hwang, S. W., & Paradis, E. (2009). Homelessness: What's in a word. *Finding home: Policy options for addressing homelessness in Canada*. University of Toronto Press.
- Hwang, S., Wilkins, R., Tjepkema, M., O'Campo, P., & Dunn, R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11-year follow up study. *BMJ: British Medical Journal*, 339, 1068-1070.

- Hwang, S. W., Wilkins, E., Chambers, C., Estrabillo, E., Berends, J., & MacDonald, A. (2011). Chronic pain among homeless persons: characteristics, treatment, and barriers to management. *BMC Family Practice*, 12(1), 73.
- Kalman-Lamb, G. (2017). The financialization of housing in Canada: Intensifying contradictions of neoliberal accumulation. *Studies in Political Economy*, 98(3), 298-323.
- Krieger, N., Rowley, D. L., Herman, A. A., Avery, B., & Phillips, M. T. (1993). Racism, sexism, and social class: implications for studies of health, disease, and well-being. *American Journal of Preventive Medicine*, 9(6), 82-122.
- Lynch, J. (2020). *Regimes of inequality: The political economy of health and wealth*. Cambridge University Press.
- MacDonnell, J. A., & Buck-McFadyen, E. (2016). How activism features in the career lives of four generations of Canadian nurses. *Policy, Politics, & Nursing Practice*, 17(4), 218-230.
- Marx, K. (1867). *Capital: A critique of political economy*. *Das Kapital*. Progress Publishers.
- McBride, S. (2022). *Escaping dystopia: Rebuilding a public domain*. Policy Press.
- McBride, S. K., & Shields, J. M. (1997). *Dismantling a nation: The transition to corporate rule in Canada*. Fernwood Publishing.
- McDermott, S., Harding, A., & Randle, J. (2019). *The characteristics of shelter residents*. Statistics Canada. Online Catalogue no. 75F0002M
- McGibbon, E. (2021). The COVID-19 pandemic: On the everyday mechanisms of social murder. *Critical Studies: An International and Interdisciplinary Journal*, 16(1), 35-40.
- McGibbon, E., & Lukeman, S. (2019). Critical social justice: The moral imperative for critical perspectives in nursing. *Witness: The Canadian Journal of Critical Nursing Discourse*, 1(1), 3-12.
- Mendly-Zambo, Z., & Raphael, D. (2018). Competing discourses of household food insecurity in Canada. *Social Policy and Society*, 18(4), 535-554.
- Minister of Justice. (2019). *National Housing Strategy Act*. <https://laws-lois.justice.gc.ca/PDF/N-11.2.pdf>
- Monk, L. (2013). *Decolonizing home: A re-conceptualization of First Nations' housing in Canada* [Doctoral dissertation]. University of Victoria. <http://dspace.library.uvic.ca/handle/1828/4541>
- Mullet, D. R. (2018). A general critical discourse analysis framework for educational research. *Journal of Advanced Academics*, 29(2), 116-142.
- Multiple Sclerosis Society of Canada. (2006). *Advocacy for people with MS*. <https://mssociety.ca/library/document/TJ aARhK1zOUX8kwMr745jY3LGupFDd bg/original.pdf>
- Muntaner, C., & Navarro, V. (2004). *Conclusion: Political, economic, and cultural determinants of population health—a research agenda*. (2004). In V. Navarro & C. Muntaner (Eds.), *Political and economic determinants of population health and well-being* (pp. 551-556). Routledge. <https://doi.org/10.4324/9781315231068>
- Navarro, V. (2007a). Neoliberalism as a class ideology; or, the political causes of the growth of inequalities. *International Journal of Health Services*, 37(1), 47-62.
- Navarro, V. (Ed). (2007b). Neoliberalism, globalization, and inequalities: Consequences for health and quality of life. *Baywood Publishing Company*.
- Navarro, V., & Muntaner, C. (Eds.) (2004). *Political and economic determinants of population health and well-being: Controversies and developments*. Baywood Publishing.
- National Collaborating Centre for Determinants of Health. (2018). *Let's talk: Racism and health equity* (Rev. ed.). St. Francis Xavier University.

- National Coordinating Center for Determinants of Health [NCCDH]. (2018). *Housing: An area for public health action on equity*. Retrieved from <https://nccdh.ca/blog/entry/housing-an-area-for-public-health-action-on-equity>.
- NDP Socialist Caucus. (2023). *For socialism and democracy in the NDP*. <https://ndpsocialists.ca/>
- Nielson, A. E., & Nørreklit, H. (2009). A discourse analysis of the disciplinary power of management coaching. *Society and Business Review*, 4(3), 202-214.
- Norman, T., & Pauly, B. (2013). Including people who experience homelessness: A scoping review of the literature. *International Journal of Sociology and Social Policy*, 33(3/4), 136-151.
- Norman, T., Pauly, B., Marks, H., & Palazzo, D. (2015). Taking a leap of faith: Meaningful participation of people with experiences of homelessness in solutions to address homelessness. *Journal of Social Inclusion*, 6(2). <http://dspace.library.uvic.ca/>
- Nova Scotia College of Nursing [NSCN]. (2020). Entry-level competencies for the practice of registered nurses. <https://www.nscn.ca/sites/default/files/documents/resources/EntryLevelCompetenciesRN.pdf>
- Ontario Federation of Labour. (2023). *Enough is enough*. <https://wesayenough.ca>
- Oudshoorn, A. (2019). A right to vote: A case study in nursing advocacy for public policy reform. *Witness: The Canadian Journal of Critical Nursing Discourse*, 1(2), 64-72.
- Palmer, B. (2023). Capitalism, colonialism, Canada: How the past is before us. *The Bullet*. <https://socialistproject.ca/2023/01/capitalism-colonialism-canada/>
- Pauly, B. (2014). Homelessness, stigma, and health. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, 1185-1188.
- Peters, J. (Ed.). (2012). *Boom, bust and crisis: Labour, corporate power and politics in Canada*. Fernwood Publishing.
- Perron, A. (2013). Nursing as ‘disobedient’ practice: Care of the nurse’s self, parrhesia, and the dismantling of a baseless paradox. *Nursing Philosophy*, 14(3), 154-167.
- Phillips, C. D. (2012). Nurses becoming political advocates. *Journal of Emergency Nursing (JEN)*, 38(5), 470-471. <https://doi.org/10.1016/j.jen.2012.05.022>
- Pomeroy, S. (2015). *Built to last: Strengthening the foundations of housing in Canada*. Federation of Canadian Municipalities. <https://www.homelesshub.ca/resource/built-last-strengthening-foundations-housing-canada>
- Poremski, D., Stergiopoulos, V., Braithwaite, E., Distasio, J., Nisenbaum, R., & Latimer, E. (2016). Effects of Housing First on employment and income of homeless individuals: Results of a randomized trial. *Psychiatric Services*, 67(6), 603-609.
- Prokopenko, E., & Kevins, C. (2022). Vulnerabilities related to COVID-19 among LGBTQ2+ Canadians. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00075-eng.htm>
- Raphael, D. (2011). A discourse analysis of the social determinants of health. *Critical Public Health*, 21(2), 221-236.
- Raphael, D. (2015). The political economy of health: A research agenda for addressing health inequalities in Canada. *Canadian Public Policy*, 41(Supplement 2), S17-S25.
- Raphael, D., & Bryant, T. (2023). Socialism as the way forward: Updating a discourse analysis of the social determinants of health. *Critical Public Health*, 1-8.
- Raphael, D., Bryant, T., & Curry-Stevens, A. (2004). Toronto charter outlines future health policy directions for Canada and elsewhere. *Health Promotion International*, 19(2), 269-273.
- Registered Nurses Association of Ontario (RNAO). (n.da.). *Policy statement on homelessness*. <https://rnao.ca/sites/rnao->

- [ca/files/storage/related/2283_RNAO_Policy_Statement_Homelessness.pdf](https://files.storage/related/2283_RNAO_Policy_Statement_Homelessness.pdf)
- Registered Nurses Association of Ontario (RNAO). (n.db.). *Nurses advocate for affordable housing*. https://rnao.ca/about/public-impact/affordable_housing
- Society for Socialist Studies. (2023). *About*. <https://socialiststudies.ca/>
- Strobel, S., Burcul, I., Dai, J. H., Ma, Z., Jamani, S., & Hossain, R. (2021). Characterizing people experiencing homelessness and trends in homelessness using population-level emergency department visit data in Ontario, Canada. *Health Reports*, 32(1), 13-23.
- Sylvestre, M. E., & Bellot, C. (2014). Challenging discriminatory and punitive responses to homelessness in Canada. In M. Jackman & B. Porter, *Advancing Social Rights in Canada* (pp. 155-186). Irwin Law.
- The Salvation Army. (n.d.). *Housing and shelter*. <https://salvationarmy.ca/what-we-do/in-your-community/housing-and-shelters/>
- The Shift. (2023). *Global homelessness action*. <https://make-the-shift.org/homelessnessaction/>
- Tsemberis, S. (2011). Housing first: The pathways model to end homelessness for people with mental illness and addiction manual. *European Journal of Homelessness*, 5(2), 99-110.
- Tsemberis, S., & Eisenberg, R. F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services*, 51(4), 487-493.
- United Nations. (1948). *Universal declaration of human rights*. United Nations.
- United Nations. (1965). *International convention on the elimination of all forms of racial discrimination*. United Nations.
- United Nations. (1966). *International covenant on economic, social and cultural rights*. United Nations.
- United Nations. (1979). *Convention on the elimination of all forms of discrimination against women*. United Nations.
- United Nations. (1989). *Convention on the rights of the child*. United Nations.
- United Nations. (1990). *International convention on the protection of the rights of all migrant workers and members of their families*. United Nations.
- United Nations. (1999). *UN Human Rights Committee (HRC): Concluding Observations: Canada, 7 April 1999*, CCPR/C/79/Add.105. United Nations. <https://www.refworld.org/docid/3df378764.html>
- United Nations. (2006). *Convention on the rights of persons with disabilities*. United Nations.
- United Nations. (2007). *United Nations expert on adequate housing calls for immediate attention to tackle national housing crisis in Canada*. United Nations.
- United Nations. (2014). *UN-HABITAT. The Right to Adequate Housing*. United Nations.
- United Nations. (2016). *Committee on Economic, Social and Cultural Rights: Concluding observations on the sixth periodic report of Canada*. United Nations. <https://digitallibrary.un.org/record/831868?ln=en>
- United Nations. (2017). *The new urban agenda: Habitat III*. United Nations.
- United Nations. (2018). *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*. A/HRC/37/53. United Nations. <https://daccess-ods.un.org/tmp/1491818.57705116.html>
- Van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse & Society*, 4(2), 249-283.
- Van Dijk, T. A. (2016). Critical discourse studies: A sociocognitive approach. In Wodak R, Meyer M (Eds.), *Methods of Critical Discourse Analysis*. (3rd Eds). Sage.

- Wodak, R., & Meyer, M. (Eds.). (2016). *Methods of critical discourse studies*. London: Sage.
- World Health Organization (WHO). (1986). *The Ottawa charter for health promotion: First international conference on health promotion*. WHO.
- World Health Organization (WHO). (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *Final report of the Commission on Social Determinants of Health*. WHO.
- Women's National Housing & Homelessness Network. (2023). *Women and girls homelessness in Canada*. <https://womenshomelessness.ca/women-girls-homelessness-in-canada/>
- Young, M. G., & Moses, J. (2013). Neoliberalism and homelessness in the Western Canadian Arctic. *Canadian Journal of Non-profit and Social Economy Research*, 4(2),7-22.