Summary

Anyone who tells you that they can eradicate homelessness is deluding themselves. There will always be **street people**; those among us whose addictions outweigh any other consideration in their lives; a perfect society will build communities with room for everyone, even **street people**. It is however possible to reduce homelessness by 70% through affordable home ownership initiatives for the 50% working poor and supportive housing programs for the 20% with medical issues. Priority needs to be given to keeping **medicals** and **working poor** in the homes they have.

As for the shelter industry, the single most important step is the diversification of shelters and services. Within 24 hours of checking into a shelter the person should be assessed as **medical** needs or poverty (**working poor**) or addicted (**street person**). Then the subject should be immediately channeled into a separate facility with protocols and staffing specific to their needs. For large organization like the Calgary Drop-In, or Shepherds of Good Hope, it would involve a repurposing of the facilities which are already owned by them, much like Victoria Cool Aid has done with their housing model. Smaller organizations need a co-operative series of programs with each agency providing service to different groups. To achieve this kind of collaboration funding models would have to change to remove competition between agencies. I recommend funding by the BED not by the head which is our current practice. This new found financial stability would allow agencies to focus on outcomes appropriate to their mandate.

Diversification must exist in all parts of the shelter's mandate and staffing. A transitional shelter should focus on skills training and reintegration services, psychological supports, guidance and encouragement in a structured environment. Autonomy and self-care (personal responsibility) must be re-enforced in all areas of the clients functioning. Staffing transitional shelters with specialists during daytime (program hours) would be optimal and night staff would be simply custodial to deal with any situations that may arise.

Facilities functioning as Refuge Shelters would require a high level of vigilance and control over client behaviours. All medications must be dispensed by staff. Searches would need to be done entering or leaving the building. We would need to enforce zero tolerance for drugs & alcohol or weapons; whatever is necessary to prevent harm coming to any client. These are people trying to take a break from addiction or prostitution or just hiding from a threat real or imagined. There should be no requirement that they intend to move forward from this place.

Refuge Shelters provide clients with a safe place to recoup and rethink. Staffing here should be done by generalists; staff who can be teachers, counselors, nurses, referees and bouncers, whatever the situation requires.

With recovering addicts in either Refuge or Transitional shelters depending on their progress, Harm Reduction shelters can be less structured. No alcohol/drugs on site, is a necessary rule only because clients will fight over such things. It might be a good policy (in winter at least) to bag and tag anything seized and return to the client in the morning. I say this because we don't want anyone to freeze to death protecting their bottle/stash or possibly get alcohol poisoning trying to finish it off before entering the premises.

Again these facilities need to be staffed by generalists with priority given to skilled referees, nurses, bouncers and counselors in that order. When a street person wants to share or seek guidance they cannot wait to see the counselor (when an appointment is available) they live in this moment. If in this moment they want to make a connection; we have to provide staff that can make that connection. Trust is hard won in this population and limiting the ability of staff to build on trust relationships, means opportunity lost. True we will always have street people but it doesn't have to be a lifelong condition due to neglect. I know many recovered addicts and most of them recovered because they connected with someone (usually an adult care worker or volunteer) who could see past the addictions to the person.

The diversified housing model also would allow for better nutritional options specific to each groups needs. Transitional clients should be taking responsibility for all functions; shopping, preparing meals, cleaning and maintenance in accordance with their ability and under staff supervision. Refuge shelters would need to provide well balanced highly nutritious meals and snacks. Fresh fruit, fresh vegetables and meat protein are in limited supply at soup kitchens. So for the short time we have someone in a refuge shelter we need to do what we can to restore their health. The current soup kitchen fare is actual nutritionally acceptable for street people. The high carb diet provide the energy store necessary to go days without eating while binge drinking or on a crack run.

Needless to say Drop-in programs are not affected by the need for diversification. Job search, literacy and life skills training are important but it won't change anything until that person believes they deserve a better life. It is important to provide esteem building and self awareness programming.

I hear what you are thinking…**BUT HOW DO WE FUND ALL THIS?**

Short answer, is by making better use of the money you have. Working backwards through this summery…

Drop-Ins need make better use of their volunteers. Staff supervision is not required for volunteers beyond once to train and one more time to view them in action. Allow volunteers to do more then fold sheets and hand out shampoo. Our Place (transitional housing and drop-in facility) in Victoria is run with 50 staff and over 300 volunteers. I can't begin to list the number of different programs I could provide for clients with my life experience, skills and training. Allow a volunteer, who has raised her children into happy healthy adulthood to teach parenting or infant care, billions of babies survived mothers who were not trained by a registered nurse. ***Let people who have lived come into your agencies to teach life skills.*** You have a wealth of knowledge floating around in the form of middle-aged retirees. All of whom have the time and a willingness to share their gifts.

Under the diversified model transitional and refuge client would receive at least 2 meals in-house. Because the need is finite it will be easier to solicit donations of food from local grocers, farmers and businesses. Start a recognition campaign; issue bumper stickers and window tags to the businesses that support you (the effect of this is they will want to live up to their new reputation for generosity); ongoing support gets you an annual certificate as a gold or platinum supporter. Brainstorm your own campaign.

Under the diversified model staffing levels would be reduced. Transitional shelters would require less client supervision and administration. Clients are responsible for cooking, cleaning and maintenance. Staff only needs to supervise and handle minor emergencies. In refuge shelters slightly higher staff client ratio is required because the potential for a medical emergency is slightly higher with this group and they are not invested enough to participate in cooking, cleaning etc. The harm reduction facilities need the highest level of staffing because of the unpredictable nature of client reactions and behaviour. Optimum numbers would be 1/6 but no less than 1/10 with 2 staff to any position (building location) at any time. I have found most shelters juggling staff and unable to provide adequate coverage for the areas with the greatest need.

Reintegration from the current shelter system is not easy. It took me 1 year of medical care and 2 1/2 years to reorient myself, before I had recovered to the point where I could write the final installment this report. The changes I have proposed here would minimize physical and emotional damage for the 70% of non-addicted clients. This in turn would free up resources to help our **street people** with their recovery and reintegration, when and if they are ready.

Affordable housing initiatives are essential to a just society, as is supportive housing for our medicals. Urban planning must afford space for even street people, the cities who are best managing their homeless populations are Edmonton and Vancouver. Look to them as your model for social justice