



A pathway toward ending homelessness

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Leading a shelter

At the beginning of the nineties, I became in charge of a shelter in Trois-Rivières called Le Centre Le Havre, it was (and remains) a small shelter for men with 23 beds under management. We functioned like other shelters: a bed for the night and some basic services. During the day, people had to go and they could come back for lunch. We also developed a rehabilitation program for those who wanted to change their situation and find a way out of homelessness. These people could stay during the day. We worked this way for some time. But progressively, I became aware that we were going nowhere and

that we were part of the problem. In this context, I did the best that I can to find a way to change this situation and becoming part of the solution. He took me some time to develop a clarity of vision of this situation and make it land in reality. In this text, I will present first how I became aware of the problem, after I will present the pathway we follow to becoming part of the solution and, in conclusion, we will look how we can go further.

Being part of the problem

How I became aware of the problem ? It's happen at two levels at the same time. The first is what we could call the troubling facts: the growing numbers of homeless people and the importance of severe mental health problems in homeless people. The second is the experience of going nowhere with homeless people and the system of services.

[The troubling facts](#)

[The growing numbers](#)

The growing numbers of homeless people during the past 30 years is an evidence today. But back then, that was not the case. In 1992, 160 men came to the shelter during the year. Three years later, in 1995, 360 men came during the year. In 2002, ten years later, around 600, most of them men, but some women had begun to come and be admitted to the shelter. Twenty years later, in 2012, 1 200 men and women came to our emergency program. That's troubling. How can we respond to the emergency needs of so many people and adjust our emergency services to that growing numbers ? That's a challenging question and a troubling reality.

I face this problem in 1995. I didn't know for sur what the future will be. In fact, I thought the numbers will stop may be around 500. But, I manage for the worst. I was certain that we were in a long term and profound trend. And I was right.

With our 23 beds, we were heading fast on a wall. The choice was simple and in front of me : increase significantly the numbers of beds or find a solution to help people find a way out of homelessness rapidly. I chose the second path. And we still have the same 23 emergency beds today than in 1992.

People with disabilities, above all with severe and persistent mental health issues.

Before the nineties, we rarely see people with severe mental health problem in the shelters. When it became clear that we will have to deal with this new reality, for which we were not prepare at all, I also face a fundamental choice : adapting our services to the needs an reality of those persons who fit nowhere, or defend the limits of our services and put the pressure on the public sector. I chose the first option. But, that puts more pressure on our emergency services. In the mid-nineties, around 50% of the person in the shelter had a severe mental health problem. How can we deal with that, without increasing the numbers of bed and without overburden our staff ? That's the challenge. It come with the choice. Otherwise, we let those people outside on their own. That's a ticket to chronic homelessness.

That's the troubling facts. It's confront me to make difficult choices or facing a wall and being only witness of a growing social and human crisis.

[The experience of going nowhere](#)

During those years, I try very hard to find a solution to those troubling facts inside the box, first with homeless people themselves, and second with the system dedicated to help those people. My focus was mostly with individuals with severe mental health problem. I thought it was possible to find a solution inside the box for them. I was wrong.

With people: the therapeutic process

For some years, I try to develop a therapeutic program that could help people to go throw the burden of their life. In a certain way I succeed. It's help lot of people to live with their life. I also learn a lot about these people. The burden of their life, and most important their human qualities and courage to face adversities. I learned that everyone is doing is best in the situation in which he is. I also learned that the most difficult and important thing is not about changing the reality but accepting it like it is. That doesn't mean that the reality is fine. But that's the way it is now. That's the paradoxical gateway to the transformation and development. We need to accept the reality if you want to have a better chance to transform it or simply live with it.

But, and that's what is important here, I realise that this healing process for most people who come in the shelter, particularly the person with most difficult problems, was like giving a swimming course to a person who is drowning. I became aware that I was going nowhere in that direction.

People in a shelter are not in a development process, but in finding strategies to simply survive one day at the time. They certainly need help, but before engaging in a therapeutic process, they need to get out of water. Because they are drowning. Put them out of water first, and we will see what we can do next. That's my simple and old version of housing first : it's can be said like this : help people who are drowning to get out of water before showing them how to swim.

With the system : locked outside the services

One day, I met Louis. He had been on the streets for a long time, travelling from town to town. He was about 30 years old. He heard voices and felt paranoid. When one place became unbearable, Louis moved somewhere else. And he survived like that. He was a

kind of secret person. He kept a low profile. And he stayed alone. One day, he asked me if I would go with him to the emergency room. He had a serious problem with one of his feet and he couldn't walk anymore. We got to the emergency room together and we sat there, waiting for our turn in a little room for people with mental health problems.

A security guard came closer and stayed right in front of us. Louis was terrified. He locked himself in a closet, and he didn't want to come out. I asked the security guard to back away so that I could engage Louis. I knocked on the door and told Louis that the place was safe now. He came back to the waiting room. But he was nervous.

Louis had a bag with all his precious possessions, like his cigarettes. He always kept his bag with him, everywhere he went. I never saw him without this little precious bag.

At one point, a nurse marched up to Louis and asked him to give her his bag while he saw the attending physician about his foot. He was literally petrified. She didn't know it but she had asked Louis the impossible. And she insisted and threatened to call the security. That was too much. Louis couldn't stay so we left.

This experience and many others like this, and often worst than this, show me that's there was no way in the system for these people. They were radically locked outside. There's no way in the system other than the jail, the shelter or the street. This experience became very clear to me during those years, and still today. The traditional and usual way of doing things doesn't work with people who are not ready and willing to engage in a therapeutic or rehabilitation process. And often, that doesn't work either if they are.

What's about the shelter ?

We know that jail is not a good place to help person with severe mental health problem to recover. We know that the street is not either a good place to regain power in your life and improve your health. What's about the shelters ? Is that the place where most vulnerable people can find a way out of homelessness, improve their wealth and regain power on their life ? I struggle very hard with that question, because I was in charge of

one of those shelters and I was every day confronted with the trouble facts : people are there, the numbers are growing every year and their situation seem more difficult and desperate each year.

I became aware that we were for the institutions and lot of people their last option other than the street or the jail. We were the last decency option. At least, people have a place for the night, meals and access to other services if they want. In brief, we were a way out of common services, a way out of institution without any way back to normal services. We took charge of people who don't fit the normal functioning of institutions. But to do what ? In fact, for the most vulnerable, to help them to survive in homelessness. We didn't have any way out of homelessness for those vulnerable ones. We help them, the best that we can, to survive their hard life in the street. That's it. We were going nowhere in that direction. In fact, we were going straight on a wall. I became truly aware that we were not the solution of the problem. Worse, we were part of the problem.

These troubling facts, the steady growing numbers of homeless people and the deterioration of their situation and condition, and the experience of dead end with all the solutions who were at hand bring me to a shift out of the box. The problem is systemic. That's the system who produce the problem. So, you can't solve the problem if you continue to follow the same pattern. That's the way the system work. For the institutions the shelters are the way out of their services and often their responsibilities. For the shelters, there's no way back to the institutions and no way out of homelessness for the most marginalize and vulnerable people. That's a dead end. And that's the normal functioning of the traditional system. So I decide to move out of the functioning pattern, but not out of the system. There is no way out of the system if you don't want to be marginalize. I know some have done this move. I chose to stay and try to change the rules and the functioning of the system for homeless people. That's what we will look at now in the second part of this text.

Leading the way to be part of the solution

Developing an emergency services that's work

The core elements

A vision

The shift is important and radical. Our organisation is not based anymore on the management of the numbers of beds that we have or not. We are not an hotel for people who as no money. We need beds because people who come are homeless. But the heart of our job is not about the management of beds availability for the night. It's about helping people in the more efficient way that is possible to stabilize their situation and be able to help them move out of homelessness, as fast as possible. The stabilization process is the focus. The management of beds is only a part of this process. Like in an emergency room, you need stretchers, but the focus is not on the management of stretchers. Is on the medical and organisational emergency process. The ultimate result is not about the numbers of people you can put on stretchers each days, but how efficient you are helping people to go through the process and ultimately out of homelessness. That's the heart of the vision : helping people in the most efficient way to go through the process of stabilisation and be able to move out of homelessness.

A stabilisation process

A stabilisation process is not a rehabilitation process. It's not oppose to it. But it's not at the same level. Like a medical emergency intervention is not a rehabilitation intervention, but can open or not to it. The stabilisation process does not require a motivation to personal change or commitment in a rehabilitation process on the part of the homeless person. It's required only the expression of basic needs that the person can't manage by herself, here and now. That's how you get in the process. It's not about changing the person, is vision of themselves or the world, or helping them to cope with

is reality, but simply helping them to relate with her needs and try as efficiently as possible to fulfill it. That's it. And surprisingly, most of them move by themselves to a rehabilitation process. But it's take time and support. And it's not a straight line.

Focus on most vulnerable people for whom the stabilisation and rehabilitation process is more difficult

A rehabilitation program focussed on people who are ready and willing to make change in their life and have the capacities to do it. That's not the case for a stabilisation process in a social emergency situation. We don't focussed on people who are ready to change, but with people for whom it's more difficult, or not there at all. They can refuse categorically all treatment and process who look like a treatment or rehabilitation program. But they are very vulnerable, they need help, and they find no way out of their situation. That's the highest priorities of an emergency services for homeless people.

An element in a system

An emergency program for homeless people is not and cannot be by itself the solution to the troubling facts with homeless social phenomena. To be efficient, an emergency service must be part of a system of services, with a coordination and a direction. Otherwise, we rapidly touch the limits of the emergency intervention and are bringing back to the inevitable consequences of the troubling facts : the numbers is growing and the reality is deteriorating. That's mean more people at risk to slide towards chronic homelessness and a dead end in emergency services management. The problem is systemic. And the solution must be find and implement at this level.

How our social emergency program works ? The four essentials.

I won't go into too much details here. I will focus only on four elements that I found essential : accessibility, human resources, the process, the coordination of the process.

Accessibility

The program is accessible 24\7. That mean that you can be admitted directly at every moment of the day and that you can stay during the day. The same way if you are in medical emergency you can go any time during the day and you don't have to quick during the day or at another moment prescribe by the administration. That's make no sense at all. That's the same thing with social emergency situation.

How long can people stay ? We are not an hotel. So, the answer is related to the result of the emergency process. At first, this is not an administration problem. If the process doesn't work for a reason or another, it will become rapidly an administration problem. But in the first place, that is an intervention problem. We can say it like that : as long as it necessary, but as short as possible. There is no arbitrary time limit : after 30 days you have to quit. Why not 32 or 35 ? But we have guide lines. We know that over an average of ten days, we face an accessibility problem. So, we have to be serious about the process and the outcome. Otherwise, we have rapidly an administration problem.

The staff

The human resources are the key here. We have a team 24/7, always in position to respond. Less during the weekend and the night. But we are always able to respond 24/7. Those people are there not only to manage the accessibility of beds, but above all to manage the emergency intervention process. Without a sufficient numbers and qualification of the staff, there is no way to manage this kind of program.

The process

The process is quite simple. There is three moments : 1- assessing the situation and orientation of the person, 2- fixing the targets, begin the process and the follow up, 3- assessing the results.

Assessing the situation and orientation of the person. That is what we do first, as rapidly as possible. First take time to welcome the person and help her to understand where she is, and what she can expect. Second get context information related to the situation and the orientation and motivation of the person. Third get in touch with the needs of the person.

Fixing the targets and begin the follow up. That's the core of the process. The focus is on the needs of the person, here and now, and the targets that we can manage in the context of the situation, the motivation and orientation of the person. We work to find the best strategy to meet the needs of the people. And we priorities the targets : housing, treatment, money, judicial, etc. The targets represent what we have to reach to stabilise the persons out of the emergency situation in which they are, and ultimately out of homelessness.

This process is not about changing, motivating or making the person in movement and taking responsibility for their life. It's about developing with the person the best strategies to meet their needs and help them to stabilize her situation. That can be getting housing at the first place. And that is the target number one most of the time. But that can be having access to a treatment program first. We don't know at the first place which strategy will be best suitable to the needs, motivation and orientation of the person. We have to listen carefully to that.

It's very important to make the distinction between emergency programs and housing first programs. Emergency program is not a housing first program. But it must be related and coordinated with a housing first program or a program or service who can offer access to housing and services that people need. Otherwise there's no way out of the emergency program. The emergency is not in itself a way out of homelessness. But a stabilization out of an emergency situation and ultimately out of homelessness.

Assessing the results. We have to know if we meet the targets we have fixed with the person at the beginning. It's relatively easy with the application we have develop. We know exactly which targets we meet and which we don't.

Coordinate the process

That is essential. The team must work together and have access in direct time to all the information that is needy to manage the process. For that we have develop an application tools who structure the process and share the information with every members of the team. It's focus on information system to manage the stabilization process. And it's work well. In fact, it's a must. You can't manage an emergency service with a large flow of entry and a limited place without and efficient information tool. That's the way to coordinate the team and manage the service.

Developing permanent solution out of homelessness

Developing permanent solution out of homelessness had been our first priorities. In the same time we transform the shelter in an emergency program, we work to develop direct access to housing and to work. We work in both direction in the same time : developing housing and work.

We create a non-profit organisation to develop social housing (permanent units) with a provincial program and other units outside the program with the help of federal and private funding. Rapidly we exceed largely the numbers of emergency beds that we have. And in the same time, we continue to develop our access to the private and public sectors for permanent housing. That's create a large gateway out of our emergency program, contributed to stop the growth of chronic homelessness and give us the capacity to manage the troubling facts without increasing the number of emergency beds.

We also create a non-profit organisation to develop the work sector. Right now, we have five sites with more than 250 people working in different projects and at different levels. This help to stabilize most marginalize and vulnerable people and give them the opportunity to have a life, not only a place to live.

[**Developing a way in the system of services**](#)

One of the problems we face is the fragmentation and competition between the agencies and services, particularly toward most vulnerable people, difficult and complex situation. We realize that those people and situations can't be manage by any agencies alone, but together that could be possible. In other word, we are still part of the problem at the level system. We need integration, coordination and direction.

Fundamentally, we need to work together. How ?

We work on two level. First a task force to figure out a strategy to solve the systemic problem and meet the needs of homeless people which we are all in a dead-end experience. This task force is composed with people who has the power to make decision and implement the project. That give birth to an interagencies structure with a team entirely decompartmentalize and integrated services. That's an outreach team who has three mandates : reaching out to the people targeted by the project, coordinated the services when necessary and maintain a collaborative culture between agencies.

This team is a sort of flexible housing first program. It is focus on most difficult situation, it has access to housing services, but also on treatment, and work. Above all, it's focus of the needs and motivation of homeless people and are there to help create a collaborative culture between agencies. It's based on a pretreatment approach.

This team is related to a steering committee who can give direction and coordination at the highest level.

We work also with an intersectoral committee where we can develop a strategic vision for the community, projects at the level of services and programs, and try to maintain a certain level of coordination and collaboration between agencies from different sectors. We have developed at this level a medical project for homeless people integrated to emergency services. We also have developed a project of judiciary procedure for person with mental health and judicial problems.

We have tried to build a network of integrated and coordinated services, from emergency programs to more permanent solution. In this way we have the experience of being part of the solution to end homelessness.

[**Developing a compassionate and collaborative culture**](#)

For lots of people it can seem an evidence. But it's not at all. We leave more in a culture of control, blame and competition than anything else. So, I realise during the years the importance of promoting the principles and values of compassion and collaboration at every level of our action. To promote the development of interior values more than external success. Otherwise, the values and principles of performance rule the game. And this is the game where you have to beat someone, if you don't one lose and be excluded. And you are always in the edge of losing your place, anyway. Working with homeless people with this kind of cultural references keep us locked in the old paradigm. We just put a new face on it. That's doesn't work in the long term.

Looking forward to ending homelessness

At the root of my commitment to the transformation from a traditional shelter to an emergency program in a network of services and programs, there is troubling facts about homeless phenomena and dead-end experiences with homeless people and the system of services. That's what help me waking up to the necessity of a radical change and create the opportunity to step out of the box. We don't want to be any more a way out of the system with no way in the common services or out of homelessness. We are not focus anymore on the management of beds, but on the emergency process to help people stay in the system and ultimately move out of homelessness. We are not an isolated service with marginalize people who fit nowhere and as no place to go. We are part of a system of services and programs with a certain level of coordination and commune responsibility for people who as the same rights than any citizen. We are moving together toward ending homelessness. That's a direction who give coherence to our actions. It's not a target. Targets are measurable marks in that direction. So what are the results ?

Let's be really honest here. We don't have any scientific research backing our results. But we have some hard facts. We manage to day up to 1200 clients each year with the same number of beds that we have 28 years ago with 200 clients. It's possible because the length of stay as radically drop and above all we have ways out of homelessness through permanent housing and work, and we have ways in the system of public services. We also know that the chronicle homelessness has stay at the same level than 28 years ago. That's for us really encouraging. We also know that lot of people who were homelessness for a long period of time are still in their home, after going true the process of our emergency program. We have the experience of going in the right direction. But we know that we have a lot more to do. Particularly in the coordination process and in the share responsibility toward ending homelessness.

We also know that the troubling facts are still there : the numbers of new homeless person is still growing and their situation and condition is still very difficult to manage. That's bring us to the limits of what we can do and expect of a system, programs and services for homeless people. We certainly can end the social crisis of homeless phenomena and reduce the human tragedy of homelessness. That is possible at the systemic level of services and programs. It's not easy. It's not a miracle. But it's possible. But if we want to go further and reduce the phenomenon seriously, I believe we must develop a broader and more comprehensive vision of homelessness. We need another shift out of the box. This time from the systemic level to the societal level of homeless problem. We have to be aware that homeless people are not born in the streets and that the phenomenon cannot be understood outside the core of the society in which it is appearing and developing. We cannot address this problem at the level of the services and programs only. We need to focus on choices which have a structural impact on the global development of our societies. Until we choose to implement policies which make society in general fairer, more equal and more affordable, the troubling facts of homelessness will still be with us and confront us. In the meantime, we know that we can end the social crisis and human tragedy of homelessness. We know how to do it.



Michel Simard