



The shelter of the future

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To write “shelter” and “future” in the same phrase is to express a contradiction of ideas. Shelters have been the strategy of cities to offer support to people who are homeless since the mid-twentieth century¹. Traditionally, shelters were an emergency equipment, which causes an assistance treatment of homelessness that does not pay attention to recovery in the long- or medium term.

Homelessness is not an emergency

These centers are characterized mainly by having unconditional access, that is, without any criteria or assessment of the situation of the person, only taking into account available space. The centers were also intended for temporary stays, at times only for a few days. They were also utilized as shared spaces, with common areas of relationship and assistance services for the coverage of basic needs. Finally, shelters are normative places with rules to ensure efficiency that do not take into account the situation of the people, nor their actual chances of being able to comply with these standards.

“M. has been on the street for 5 years. He does not want to go to a shelter because it will only be for 3 months. He does not believe that in 3 months he can access a house or room in a flat when he does not have income and has health problems. If he goes to a shelter, he will have to share the same room with other people he doesn't know and he will lose the ATM where he sleeps every day with other people who, even if they are not friends, will protect each other”

The temporary stay and shared spaces are what give a sense of emergency to the care of homeless people. In a shelter where the stay is for days or weeks, where the person must share a room with several people, it is difficult to imagine this person being able to recover and rebuild their life. People only access a place where they can sleep at night, but their situation, their social status, and their chances of recovering are the same as if they were living on the street. Therefore, they see a shelter as a refuge to go when there is some circumstance that puts their health at extreme risk.

This way of caring for homeless people has fed the collective imagination according to which all of them are people with mental health problems and drug or toxic substance consumers, turning the shelters into centers that in themselves stigmatize those people.

Avoiding a reflection on why a person is homeless, what their responsibility is (i.e. not their fault), and what resources we offer for their recovery is a way to clean the social conscience. Blaming those who are in this situation is the simplest way of distancing oneself from a reality that is getting ever closer. Being homeless is a combination of several factors: personal (those situations proper to the person that hinder their own vital development), relational (lack of networks), structural (rent prices, precarious employment, etc.) and institutional (lack of benefits, lack of

social politics, etc.).

“C. and P. are siblings. They are 67 and 57 years old respectively. She receives 600 € of pension and he does not have any income. An investor fund has bought the building they have lived in for the past 40 years and is forcing them to leave. They never needed social attention before. With the money available, they cannot rent another apartment either in the neighborhood or in the city where they live. They must request access to a shelter where they are separated because they are male and female.”

The structural factors, although invisible, are what must change the collective imagination of those who are homeless. A broader view of the issue is also necessary, one which would incorporate all the different types of residential exclusion, defined under ETHOS by FEANTSA: roofless, homeless, unsafe housing, and inadequate housing.

Both the factors and the reality suffered by homeless people indicate the path that care should take and where the centers of attention should be, since homelessness is not considered an emergency.

From assistance to active participation

In recent years, the housing care methodology called Housing First has been incorporated with great force, offering homeless people immediate assistance in housing, together with social support. With a focus on empowerment and recovery of the person, the results are excellent, showing percentages above 80% when it comes to no-return to living in streets. These results have strengthened the voices of organizations specialized in the care of homeless people, claiming that the Housing First practice is the only valid and worthy model for the recovery of homeless people, asking for the extinction of shelters and the traditional model of care. However, without questioning this argument, what happens with the 20% who cannot keep housing in Housing First projects? How do we guarantee access to Housing First when there are countries with an alarming lack of public housing and access to housing bases on the market with the fluctuations and insecurities that it generates? What can we do for people facing housing exclusion and lacking employment, the solution to stabilizing their residential situation?

“M. is 29 years old and lived in a juvenile center until she was 18 years old. Between the age of 18 to 29, she lived on the street, alternating stays with friends. She has issues with addiction and schizophrenia but is not currently benefiting from treatment. M. then accessed a Housing First project. After 1 month of living in a house, there were complaints from the community of neighbors about shouting and destruction in the building that make coexistence difficult. The organization offers another house and in a week, the neighbors of the new building report her to the police for having threatened them. The program then

¹ The first shelter in Barcelona opened in 1945 and the name was “Albergue Valldonzelles”. Fourth Overview of Housing Exclusion in Europe. Feantsa and Fondation Abbé Pierre



offered her another home. She did not accept visits by the team, nor did she pay her rental fees to which she had committed to do. She sublet to some of the people in the house and lost her housing accommodation, having been removed from the project.”

Having been alerted of these situations, Sant Joan de Déu Serveis Socials reconverted some of the shelters into residential centers for the first time in 2012, generating significant changes. First, a professional service was created that generated teams of social care professionals to offer comprehensive care with community support, and volunteering, following a person-centered model of attention in a humanist sense, and with values such as hospitality, respect, responsibility, and spirituality present in daily practice. Second, Sant Joan de Déu reconverted common dormitories to individual ones and avoided separating couples, which allowed access to a private, intimate, and dignified space that enables a focus on the recovery process. Third, the temporality of the stay was adapted to the vital processes, avoiding fixed parameters. Finally, they encouraged community action: being present in the neighborhoods where the centers are, informing the neighbors of what activity is being carried out, creating spaces of shared participation, and breaking away from stigmas towards the population forced to sleep in the street or in the equipment for the homeless.

New social housing petitioners

These changes offer us hopeful results. During 2018, 72% of the people housed in collective residential centers, the former shelters, obtained a source of income of which 45% was through employment. 18% agreed to housing programs with social support and 45% managed to rent a room or apartment by themselves.

However, offering comprehensive care, where the social support addresses all factors, has not prevented the extension of the stays to 250 days. The impact of structural factors, the distance between income received and rental prices, forces many people to live in these facilities longer than desired. Due to these factors, combined with the lack of a social network, there are new petitioners of accommodation in shelters, as the elderly whose pensions are insufficient, people who work precariously², or newcomers unable to access a job and with an irregular situation that force them to request a place in a shelter or to live on the street.

From residential centers to homes

For the sake of humanity and responsibility, we are forced to continue with this evolution. Transforming residential centers into homes that allow those who do not find a space of acceptance and recovery to access resources, helps them in finding the motivation to leave the homeless care system and to want to live another life full of rights.

These centers must continue progressing and improving the support offered, focusing on their own spaces, attention, professional team, community action, and sustainability. In the development of resi-

dential centers, the first step was to move from shared to individual rooms. Now we must think of spaces that allow the people served to develop their lives normally, adapted to the heterogeneity of homeless people and that allow them to be autonomous in their daily life activities. Could we imagine our life doing our daily tasks supervised by a professional?

On the other hand, people must be the focus of the support and owners of their own decisions. This means that the stay in these accommodations should not be conditioned by a pre-fixed temporality, but by the vital moments of them. In addition, the team should include professionals from social action, health, and peers. The social and health care team must give guidance in the achievement of the recovery goals. They must be a resource that empowers, improving the self-esteem and motivation of the users in the decision-making process. Professionals should be able to see and evaluate the result of their work in people’s recovery, and not in the resources they manage. Accompanying a person in an integral way with the aim of improving their quality of life will remain the vocational sense of their work. The personal and social growth of some is the personal and professional growth of others.

In the shelters of the future, community action must also be present, and centers must be an active part of the community. We need to create participatory spaces in two directions: participation of residents in the community and participation of the community in the support offered in centers. In addition, the centers should be open to the neighborhood offering services managed by the residents to generate social value. They must motivate the participation of the community in the social action to offer the residents valuable relationships and acceptance.

The shelters of the future must generate knowledge. The developed action must be evaluated and allow improvement that eases the adaptation of the center and the attention given to socio-political changes. Centers must also be sustainable. The action must contemplate the productive activity that forms and employs residents that cannot access the labor market. It must generate a circular economy that reduces the high cost of managing collective accommodation with the aim of generating socially, environmentally, and economically sustainable equipment.

A future with future

The challenge is ambitious. For an increasingly complex situation, such as homelessness, there seems to be no political will to influence the structural factors that expel people from their homes onto the street. On this reality, we must propose a future without shelters and a future with residential centers that offer a future to the people forced to live in them. Only in this way, offering dignity, rights and respect, will come the day when nobody has to spend a night on the street and be judged for it.

Shelters of the future must be accompanied by a more courageous and consistent public and social housing policy to give opportunities to all those who pass through a residential center, ensuring that they never have to return again and ensuring that they can have a life far from shelters, residential centers, and equipment designed for homeless people.

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2 During 2018, 35 % of those who accessed to a residential center belonging to Sant Joan de Déu in Barcelona had a job.