Understanding Shelters: An Overview of the Scientific Literature

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In the spring of 2006, in the midst of a regional round table discussion on homelessness in different regions of Quebec, we noticed that many practitioners were worried about the role of shelters and of their importance in addressing the problem. What is the mission of these shelters? Are they the solution or are they merely a reproduction of conditions one would find in an asylum? Can we, from these shelters, foresee a way out from off the street? The questions are numerous and we would like to propose through this survey of papers written on the subject a few elements likely to answer them. What can we learn from the shelters and from the research in social and human sciences?

To explore the theme of shelters and emergency housing, we have searched, over a period spanning from 1990 to 2006, the following databases: Proquest research library, Psycarticles, Medline, SWAB, SocINDEX, Repère, Érudit, Francis, Eric, Social science index and Psyclist. Although Canadian literature was prioritised, we also explored works from different regions of the world (mainly American and European). The studies on situations linked to natural catastrophes, to political conflicts or to developing countries were not taken into account since they correspond to a different definition of the shelter. In addition to scientific literature, we have explored literature produced by organisms and special groups, focusing mainly on the Canadian situation. In order to identify key words used to undertake this research, we have taken into account the different ways, according to the countries and the languages, of naming the resources which offer emergency housing.

What is a shelter? The definitions of homelessness are numerous and can be subject to different interpretations (Roy and Hurtubise, 2007; Gaetz, 2004). The definition of a shelter is no less problematic. In its initial sense, a shelter is a place where one goes to avoid danger, an inconvenience or a place where people who have no place else to go or want to go can gather. A brief survey of the terms in use sheds light on the diversity: Shelter, hostel, emergency shelter. In French: refuge, maison d'hébergement, auberge, hébergement d'urgence. The shelter can not only be defined by the number of beds (from a few to several hundred) or by the nature of the services which are offered. In fact in most cases, the services offered by the organisms are not limited to temporary housing and food; rather we can find numerous practices aimed at intervening on other aspects of the problematic. Moreover, of certain resources which have a different mission, some offer emergency housing services while refusing to be associated with shelters. For example, in many cities, one may find shelters for women and homeless families while in Quebec the network of shelters for women who are victims of spousal abuse are relatively independent from the resources for homeless people. The classic figure of the shelter does not apply anymore and we find ourselves in a situation where it would probably be more appropriate to use the terms emergency housing measures, measures which are offered in a multitude of different organisms, of which some are shelters per say and others are de facto (Hopper, 2004). However, the larger shelters remain the best known figures of the services available to homeless people, as they are frequently mentioned in the media, particularly in crisis situations when they are often overcrowded. Who are the people using these shelters? A consensus seems to be attained as to the necessity of distinguishing the population of these shelters and the population of people without a home, two realities which are often intertwined. All the homeless are not necessarily shelter users, and reducing the former to the latter often renders part of the homeless population invisible.

An assessment of the conclusions from the scientific literature can be classified in 4 sections : 1. A history of shelters; 2. A portrait of the shelter users in the form of a numerical census, an epidemiological profile or the types of usage of the resources; 3. The intervention practices surrounding the primary mission, of a study which focuses on the stabilisation of persons in a housing unit, of an intervention on problems or on specific groups,   or finally on the evaluation of practises; 4) The critics of shelters, by the identification of their limits or of their perverse effects, amongst others.

1. A history of shelters

Traditionally associated with resources offered to vagabonds and panhandlers by religious communities, shelters have considerably evolved over the years. In the beginning, shelters were created in many towns where the massive influx of individuals seeking work increased the amount of people without housing. This temporary housing, offering essentially a bed for the night, developed itself in parallel to other solutions like shantytowns or camps. Initially established as temporary services for the homeless population, they consolidated and became permanent. This institutionalisation of resources, recognised in their specific missions, enables us to shed new light on the lifestyle of the homeless and raise the awareness of the general population and the political authorities (Dordick, 1996).

Numerous papers by historians enable us to learn about the history of the available resources, each shelter wanting to make available the important events of its history. The development of shelters at the end of the 19th century is intimately related to developments in the economy (industrialisation and urbanisation) and to the rising importance of the ethic of work as a way to distinguish the honest working man from the idler. Two modernisation waves of the shelters occur in the first half of the 20th century. The first one improved the hygienic and sanitary conditions of the area by equipping the facilities with showers and basic sanitary equipment; the second redefined the mission of the shelters by adding the practices of reinsertion and social re-adaptation (Aranguiz 2005; Aranguiz and Fecteau 2000). In the period after the war, the development of the Welfare State tends to reaffirm shelters in their more traditional role of emergency housing, with the responsibilities of reinsertion and re-adaptation relegated more to the realm of public services.

The many policies aimed towards the deinstitutionalisation, in other words maintaining in the community the presence of people with physical health problems or handicaps, considerably modifies the global portrait of the population using shelters and community services. For example, from 1984 to 1988, we can observe a notable increase in the number of people reverting to shelters in New York, from 5000 to 8000: A vast majority of these people suffering from addiction or mental health problems. Different visions of the role of shelters are at odds with each other: emergency housing which must never be used in the long term for some, support function and protection which may be offered long term for others (Gounis and Susser, 1990). The development of new shelters brings forward numerous difficulties. Towards the end of the 80s, the creation, by the city of Montreal, of a reference center for homeless people resulted in a major crisis, first in the great challenge in setting up the resource, second in insuring the safety of the users and, last in the resistance from the residents of the neighbourhood (Charest and Lamarre, 2000). Today, when new shelters are built or when old ones want to relocate, they often face opposition from local residents, merchants, property owners and the "not in my backyard" ideology. In these debates the people having the most clout and who are able to block these projects are generally owners of large private properties (Ranasinghe and Valverde, 2006).

In the 90s, critics of shelters became sometimes more harsh. They were perceived as one of the components of a system which tries to hide the homeless population. For some, the presence of homeless people in public areas is seen as an annoyance and a menace. The two major strategies for fixing this problem would have been to design these spaces so that they would seem less attractive for homeless people (architecture, streetscape) and to litigate the behaviour of homeless people in order to control them. This willingness to rid cities of people deemed as "undesirable" encouraged the development of shelters as a way of shielding the population from homeless people (Johnsen, Cloke and May, 2005).

2. A Portrait of Shelter Users

2.1 The Numbers

The challenge of counting the number of people without housing is probably the most complex for the researchers. In these estimations, it is important to distinguish the homeless population from the people using shelters. Too often, the number of nights in shelters is used as an indicator of the homeless population. One must be careful because in certain cities the absence of resources such as shelters would translate into an underestimation of the homeless population. Following up on a first generation of studies based on the opinions of experts and witnesses, a second generation of studies based on interviews with the users of the services has emerged. Finally, a more complex array of investigative procedures has yielded more precise approximations (Firdion and Marspat, 1998). In Canada, as elsewhere, numerous strategies have been tested and it is difficult to obtain a precise picture. Many cities draw local portraits of the

homeless population, but these results are hard to compare since they were obtained through different methodologies. Larger attempts are actually underway to standardise procedures and facilitate comparisons, for example, the creation of an information system on people and families without a home (HIFIS) which enables us to support the available resources and which promotes a better knowledge of the shelter users. In 2001, Statistics Canada estimated the number of people in shelters at 14 150 on census day, but this result must be interpreted with caution. The estimations of the total homeless population is situated between 100 000 to 250 000 people according to individuals interviewed. Also, certain groups like recent immigrants or native people tend to "under-use" the emergency housing resources and would be underrepresented in the homeless population (Fiedler, Schurman and Hyndman, 2006; Distasio, Sylvestre and Mulligan 2005).

If the statistical portraits produced over the last few years don't allow us to establish in a general manner the number of people in a homeless situation and the number of users in shelters, they do help us to identify the converging trends of the users' characteristics. A consensus is agreed upon to include three main observations: the increase in populations, the diversification of the characteristics of the people and the aggravation of the problems linked to the situation. If certain censuses show stability in the number of users from 1990 to 2000 (United States Census Bureau, 2001), others show a major increase over a short period of time. (Goldberg 2005). The homeless population which uses shelters does not constitute a homogenous group (men, women, children, and elderly people) (Novac et al., 2002; Hecht and Coyle, 2001). . Generally, youths are less inclined to use public services and shelters for homeless people, and prefer life on the streets or the marginal appropriation of public spaces (Brooks et al., 2004, De Rosa et al., 1999). The use of shelters changes according to the categories of the population: In Canada an "under-usage" of these resources by foreigners and native people is observed, whereas in the United-States we find an over-representation of Blacks and Hispanics (Gondolf, Fisher and Mc Ferron, 1988). The judiciarisation rate of men using shelters is four times greater than in the general population (Tolomiczenki and Goering, 2001). However, the population inside the shelters seems to present less difficulties and problems than those living on the streets where violence, crime and the lack of respect for the law are more present. Shelters users would hence represent a less marginal population and closer to common norms

and values, although living with different psycho-social problems. Moreover, people sleeping on the street seem to be less satisfied with their lives than people in shelters. The latter express a higher degree of satisfaction in regards to their environment and do not associate the shelters with a loss of freedom, to a greater control from others or to a dependency upon resources (La Gory and al 1990). A lot of youths have a history involving stays in Youth Centers, that were seen as constrictive and which did not allow them to improve their situation. This causes most of them to distrust interveners, especially social workers. The community network takes over for other services often in discontinuity (Poirier and Chanteau, 2007; Levac and Labelle, 2007; Luba et al, 2002).

The description of the profiles of the users enables us to determine different types of homelessness: chronic, cyclical or temporary (Acorn, 1993). Many studies reveal that a significant group of individuals (the elderly, those who suffer from mental health problems, addictions, and in certain cases, physical health problems) stay for prolonged and repetitive periods. For the winter of 2004, the portrait of users of the three major shelters in Montreal showed that the population consisted mostly of males (91%) with chronic or more ad hoc issues. If the absence of housing is mentioned by a majority of users, financial problems (8%) and family problems (18%) are also present. A few situations seem to be particularly problematic, those of users who have used up their personal and family resources and who are also rejected by the public system. Their aggressive and turbulent behaviour towards aid workers and other users sometimes provokes crisis situations which are hard to manage (Cousineau et al, 2005). Racial origin seems to be strongly associated with the length of the stay in the shelters; Caucasian people seem to leave more than twice as fast (2.5 times) as Black people (Culhane and Kuhn, 1998). The length of the stay can also be explained by many external factors. For example, in the winter the stays are usually longer because of the harsher weather. A greater retention of people is often seen. Simard (2005) estimated the average stay in a large shelter to be 355 days, and in one case, 20 years. A majority of beds (60) are used by individuals for whom the stay lasts more than 3 months, of which 30 % last more than a year. From this perspective, the shelter represents more of a permanent solution to a housing problem for people not having found a better solution. Also, users of shelters are not necessarily people who have been excluded from the workforce; 16% of the people housed in Parisian shelters have precarious or low-wage jobs (Emmanuelli and

Landrieu, 2006). These people can financially participate to their housing needs, but the accessible and affordable housing resources are limited in large cities. Other research has established profiles of usage according to the characteristics and the needs of the people: transition towards stable housing, rest, emergency, usage in addition to day center use (Grella, 1994).

In 2006, the « tent crisis » in Paris raised the question of homeless people refusing the use of shelters. The initiative of a humanitarian group consisting in distributing tents during the winter season to help the living conditions of homeless people provoked a full-fledged social crisis. There was an increase in the amount of homeless people in Paris, in spite of the difficulties in obtaining a clear picture of the diversity of this population and the overcrowding of the already existing housing resources. In this context, homeless people spoke out publicly about life in certain shelters and explained that the life inside the tent presented a more interesting alternative (de Fleurieu and Cambaud, 2006). Hopper documented this dynamic which consists of refusing to use the housing resources available because they are sometimes deemed as constraining and threatening (Hopper 2003).

2.2 Epidemiological Profile

The health status of people using shelters signals the seriousness of the needs in terms of health services and presents a serious challenge for intervention (Carrière, Hurtubise, Lauzon, 2003). The use of shelters is susceptible to heighten the fragility of the people due to sleep deprivation, personal hygiene difficulties or even due to the limited space for personal goods (Power et al., 1999). This difficult population to access is often seen as hesitant to use normal health services, treatment and prevention practices, and present, based on a number of indicators, health results that are far inferior to the average (Frankish, Hwang and Quantz, 2005; Harris, 1994). There is an obvious disparity in terms of health, a disparity sometimes linked to the health status of the homeless population and sometimes linked to the inadequacy of services and/or programs offered to them. The mortality rate varies from two times to eight times higher than that of the general population (Hwang, 2000; Barrow et al., 1999). Although there has been a net decrease in the amount of schizophrenia cases (Geddes et al, 1994), some studies suggest that between 40% and 60% of the homeless population suffer some form of mental health problem (anxiety, depression, suicidal tendencies) (Poirier, Hachey, Lecomte, 2000, Fournier and Mercier, 1996). There is also evidence of widely prevalent drug and alcohol problems. Some shelters end up being places that incubate the spread of various health problems, notably infectious diseases (tuberculosis, lice, etc) (Marks et al., 2000). The question of health thus becomes a disturbing problem that calls for a better understanding of the perceptions and strategies used by people in a homeless situation (Hurtubise et al, 2007, Wadd et al., 2006).

Homeless people, whose physical health is extremely vulnerable, would not have the necessary capacities to combine available resources and take care of themselves (Boydell et al., 2000; Laberge et al., 2000). Often, they also end up adding to their health problem by waiting to long before seeking help (Desai and Rosenheck, 2005). Renowned for their reluctance to use services, they would have a tendency to mostly use the emergency services of hospital centers (Marks et al. 2000; Stein, Lu and Gelberg, 2000) and thus turn to hospital emergency rooms (Thibaudeau 2000, Kushel, Vittinghoff and Haas., 2001). Difficulties encountered in their daily interaction with health services (inter-personal and relationship problems, negative perception problems and refusal to follow in-house rules, etc.) add to the complexity of their situation. In fact, despite their obvious needs, homeless people represent the least well served section of the population when it comes to health services whether it is for prevention or intervention (Webb, 1998; Roy et al, 2006).

2.3 Users and Appropriations

Some statistical investigations focused on the type of shelter user. Firdion and Marpsat (1998) noticed that the differences between short and long term sheltering are not clearly defined. The challenge facing researchers is to exclude the statistical information defining resources and propose a more dynamic approach that focuses on the descriptions of users' characteristics. Four different types of sheltering resources used can then be noted: 1. maximum use of resources during medium and long term reinsertion paths; 2. finding their own solutions to problems, without the use of resources for the homeless; 3. ad hoc use of emergency shelter resources and life on the streets; 4. precarious housing solutions (cars, trailers, squatting). The portrait of the use of shelters varies significantly depending on the study. Once a person has used up all their personal, family and community resources they often turn to shelters as a last resort (Poole and Zugazaga, 2003). Shelters appear to become a competitive resource for the homeless who use them

for vastly different reasons. Removing the focus away from the examination of the use of shelters to one that focuses on understanding the different solutions used by the homeless to compensate for a lack of housing – temporary refuge, hotel, shelter, friends place- allows us to better study survival methods of those involved (Elias and Inui, 1993).

The use of the ethnographical approach allows us to better grasp daily life in shelters, by emphasizing relationships, values, description of codes and rules. According to Hopper (2003), emphasizing social and political contexts, the description of the shelters environment and understanding the history of the people in homeless situations, enables us to propose a global view and offer a more complete intervention model. Shelters are described as difficult environments for those who use them; survival often takes the form of a violent approach, inequalities or by a number of humiliations. However, shelters are seen as being safer than life on the streets. Far beyond their role as a charity, shelters act as housing and as places to hide the homeless who are seen as a threat to social order. For the homeless, access to emergency shelter is often associated with a need for security and privacy. Shelters are a partial response to a person's search for their own home, which becomes particularly crucial around the age of fifty.

These poignant descriptions of life in shelters hence enables us to reveal power struggles, violence and forms of abuse, the degradation of living conditions and exploitation between people. Life in shelters is far from ideal, living conditions for users are often described as similar to those in asylums, which have already been determined to be humanly unacceptable (Simard, 2000). Certain studies believe that the attitudes of workers and the organizational structure of shelters actually create a context that may become favourable to violent behaviour among users (Liebow, 1993).

Dordick (1996) proposes a description of the «social world» existing in shelters. This description point out different organization of services offered based on racial origin, gender or even sexual orientation. The absence of privacy could lead to excess tension and conflicts, or to the lack of respect of privacy often stated as problematic by the homeless. The question of sexual orientation, not really mentioned in scientific literature, is quite an important preoccupation. Sexual practices exist in shelters, whether it is self-gratification or a sexual act between two or more individuals and they often take place in areas that offer

little or no privacy. Some shelters have seen the development of alliances between users, in the form of groups or even couples. Rituals of engagement have been observed among these couples, which imply support and comfort in shelters as well as outside of them.

3. Beyond Emergency Sheltering, Intervention Practices

Traditionally, shelters are rarely associated with intervention practices. However, there is an abundance of examples in scientific literature that reference programs and methods aimed at homeless people that take place at shelters or that involve shelters in a secondary way. These examples can be divided up into four main categories: 1. the functions and approach, 2. Sheltering and housing as a stepping stone to social insertion, 3. Shelters as a place for intervention, and 4. Evaluation of the practices.

3.1 Functions and Approaches

Studies that describe the organization and work in shelters examine this question from two different angles: 1. the desired approach of professional workers and volunteers, and 2. the rules and guidelines that regulate life in shelters.

For many, their proximity to the homeless situation enables those working in shelters to better understand the life conditions of the homeless and permits these workers to develop a more appropriate attitude towards the state of mind and characteristics displayed by the shelter user. Flexibility, understanding, the ability to listen and to adapt to a person's needs are all qualities that are valued in practitioners who have to constantly adapt to very diversified needs. We often credit them with having humanitarian traits and an understanding and respect for the person in his/her current situation without passing judgment or showing prejudice. Because shelter users cannot be classified under one common type and do not fit into any a distinct profile, practitioners must have an acute ability to listen and be able to understand the situation that the user of the shelter is currently living. The ability to respond to a multitude of demands is in large part due to a respectful attitude that consists of not trying to impose one's own values or standard way of living on the people who come to the shelters. Seen from this point of view, practitioner's objectives, often unspecified and 'a la carte', change considerably depending on the individual and their ability to adjust and change.

Most shelters set rules and regulations that outline acceptable and unacceptable behaviour for both shelter users and practitioners (Neale et al., 1997; Roy et al, 2000). Whether it is in a written regulation format or as a general living code that emphasizes rules and promotes values or even if the rules are implied within an organized environment, rules and regulations allow shelters to set guidelines for entrance into the shelter and behaviour once inside. For example, permission to enter the shelter may depend on the person's mental state (intoxication, aggressiveness, under the influence of drugs), personal characteristics (gender, age, cultural background), or even that person's visiting history with the shelter (limited number of visits). Once inside the shelter there are rules governing personal hygiene (showering, changing clothes), curfew and wake-up times, respecting others (noise, aggressive behaviour, violence, etc.) as well as participation in group chores (kitchen, dishwashing, chores). Usually the non-respect of the rules within the shelter will result in a reprimand that varies from temporary to permanent exclusion, extra chores or prohibition of use of certain services.

For many researchers, these regulations and attitudes go far beyond the simple charitable perspective. They serve important roles: ensuring personal protection and that of all the users, facilitating the managing of resources especially when a difficult situation arises, ensuring that operations are harmonious in-house by regulating the relationships between people. The educative value and the power of secondary socialization of these regulations may act as a stepping stone for intervention, whether they be from a reinsertion (group work, group living) or from a social ability development (respecting barriers, discipline, commitment) point of view.

The image of intervention practices sometimes takes the form of general typology of the shelters operations (Pelège, 2004; Mosher-Ashley and Henrikson 1997). The shelter's function was identified as a place that offers a bed, a meal and clothing in a safe and clean environment. This corresponds to the traditional view of shelters, often seen as temporary housing for people who are presently homeless. Add to this, in a large number of cases, a welcoming and orienteering aspect that consists in proposing solutions to problems that are far removed from the simple offering of a bed. Shelter users going through a difficult personal, family or professional problem, suffering a crisis, poverty, sickness, an addiction or even going through a break-up are all common situations encountered. Shelters then are relied upon to gather the necessary information and then be able to target any priority problems in order to refer the residents to the appropriate resources or services. The accompaniment procedure consists of supporting the person in the steps they must take, whether it be daily care in the shelter, physical and psychological accompaniment to public services or community resource centers that may favour insertion and the development of a support network, or a more formal accompaniment to public services in an effort to start the procedure towards obtaining permanent housing. Some shelters focus on a work insertion model by developing in-house training workshops, training centers, social insertion enterprises or by proposing employable development groups. Accompaniment procedures towards health services have seen a rise in development over the last few years. Health is a right and is seen as a necessary condition for reinsertion. The proper steps, then, are to take into consideration the health status (physical and mental) of the problem of the person in a homeless situation and to orient them towards suitable professionals and services that correspond best to their needs. The challenge of accessibility is a central point; there are numerous examples of cases where needs were clearly defined but where the accessibility was limited by cultural, organizational or administrative barriers (Roy et al., 2006). The functions stated are not available in all shelters. However, most studies point to an ever increasing tendency and diversification of services offered in-house by shelters. Shelters represent a special arena for intervention since shelter users are often not at ease and often very fearful of using the services readily available to the general public. A survey of homeless shelter users, in trying to determine what is important for them, points to the fact that many of the existing programs are only temporary solutions with emphasis on support groups and occasional counselling. These more precise and complex problems of the homeless are not always taken into consideration in the services offered (Berg and Hopwood, 1991). For example, many of the homeless suffering form mental health problems use shelters as a substitute to permanent and more appropriate housing (Hopper et al., 1997).

3.2 Sheltering and Housing as a Stepping Stone for Social Insertion

Many authors have identified housing as playing a central role is the social insertion of people in marginal situations, advocating that access to housing should be considered as a right, a social norm, a behaviour stabilizer and as a status symbol (Laberge and Roy, 2001; Dorvil and Morin, 2001, Fuller-Thomson,

Hulchanski and Hwang, 2000). A home is considered a social anchor point for individuals. The idea of having a home address is a part of one's identity and a part of social integration. In the public's eye, marginal people in a homeless situation are often associated with either residential instability or a lack of a home. This means that we have to identify the difference between the idea of sheltering and housing: the first implies a temporary way of life that offers help that may include some form of rehabilitation or reinsertion, the second designates more a stable way of life that in no way implies any social action or therapeutic needs (Dorvil et al., 2002). There have been numerous projects developed in shelters in an effort to facilitate housing for the homeless.

A stay in a shelter constitutes an ideal occasion to work on the capacities and competencies of a person to live and manage their own home. The objective is to help shelter users develop the competencies surrounding a « living knowledge »: searching for a dwelling, accommodations, cooking, cleaning, budget management, etc. The role of the resources in stabilizing a person in permanent housing has been analysed. The level of satisfaction of the youth's stay in the shelter can be associated with the level of success in stability once they leave the shelter. In fact there is a notable change in, increased self-confidence, improved relations with family members, development of self-control capacities allowing youths to change their situation on the housing market, whether it is by returning to their parents home or by the move towards their own home. In fact, shelters allowed users to temporary live a positive experience in a stable and safe environment (Peled, Spiro and Dekel, 2005). Residential instability is also seen as a path that is followed by periods of stability, crisis, displacement and reintegration. From this point of view, the role of practices used in shelters would be to favour the transition towards stable housing, a move that implies not only finding a place to live but also building a solid foundation and a social network in the community (Friedman, 1994). The follow-up after leaving the shelter is one of the essential conditions to the success of reinsertion, and is a lengthy process. By all accounts, residential stability is very fragile during the first year and generally it isn't until the second year that there is a true consolidation of the home (Dunlap and Fogel, 1998).

During the 1990's, a movement for the defence of the homeless in many countries brought to light the right to housing as an alternative to solutions that relied essentially on a quick response to a crisis and poverty situation. The right to housing took precedence over the simple right to shelter on the platforms of many popular human rights groups (Hopper, 1998; Bresson 1997). Subsequently, many governments adopted the movement towards promoting and defending the right to housing in their political agenda. For example, the Council of Europe in its final declaration to the Congress of Local and Regional Authorities (1994: 183) noted about the homeless and the poorly-housed:

> The right of all human beings to decent, affordable housing of a certain standing, adapted to essential needs is a fundamental right recognized by, among others, the Universal Declaration of Human Rights and where implementation is an obligation for all of society without exception or discrimination (translated from French).

In this context, two important questions dealing with interventions will be documented in scientific research. The first concerns the comparative analysis of recurring costs of the services used by the homeless (shelters, public services) and the costs associated with alternative solutions that favour reinsertion, as well as, long term stability in a dwelling. For example, investments in subsidized housing initiatives for the homeless would result in a significant decrease in the costs related to the use of other services. From an economic standpoint, the savings generated from this type of initiative (figures from the United States put the savings at $16281 per year from lowered use of various services) would practically cover the amount of financing needed (the annual cost for subsidized housing is $17277). Moreover, we observed a considerable increase in the quality of life of homeless people suffering from mental health problems that translated into a reduction in the uses of shelters, the number and length of hospital visits, as well as, the amount of people being incarcerated (Culhane, Metraux and Hadley, 2002).

These housing initiatives backed by community support depend largely on understanding the complexity and problematic of homelessness. Prioritizing the stability of a person in a permanent dwelling, thus allowing them to develop their autonomy is a key factor. The impacts of this type of initiative are numerous: better quality of life, increased self-esteem, development of self-affirmation skills and rights advocacy, developing a network, rights of citizens and social participation (Novac and Brown, 2004; Metraux, Marcus and Culhane, 2003; Roy, Noiseux et Thomas, 2003).

3.3 Shelters as Places for Interventions in a Variety of Problematics: Women, Youths, Health and Innovation

The scientific literature on interventions in shelters helps us to see the dynamism and originality of the initiatives developed to act in a way far beyond the simple service of offering emergency sheltering or a quick response to an emergency crisis. Even if it is difficult to determine just how efficient they are, it is quite obvious that quite frequently the interventions taking place in shelters succeed in reaching out to the population considered marginal and fearful of public services (Levinson, 2004). In this literature, there is a tendency for the research to focus on the resources and the intervention models that target different sub-groups of people in homeless situations: women, youths, the elderly and individuals with mental health problems while there is less research focused on the interventions with adult males.

Mental health tops the list of problems. Many authors confirm that shelters would be able to offer basic support but that it is much more difficult to do so with regards to a homeless population suffering from mental health problems. A study by Grella (1994) suggests that shelters should offer a number of options related to helping the homeless population suffering from mental health problems. None of these people fit one single profile or have all the same needs. For example, a follow-up after the initial intervention (Hall, 1991) and long term services are useful when dealing with homeless people suffering from mental health problems. Applebaum (1992), Dattalo (1991) and Hall (1991) suggested certain ideas to improve the practice: remove all barriers that allow access to services, reinforce the coordination of the services, emphasize patient participation, modify the rules pertaining to the protection of information, push for social and psychiatric services, raise awareness of shelter workers and include a more appropriate approach in their training.

There are many studies that show how, within shelters, certain practices that are developed to respond to the needs of people with mental health problems and for which existing public services are not appropriate or available. Mental health services offered inside of shelters represent a greater proportion than physical health services (Mosher-Ashley and Henrikson, 1997). Henceforth, there are many questions as to the responsibilities of community organizations and public services respectively and certain experts fear the

development of a parallel health system for people in less fortunate situations. We are then faced with the challenges of the approaches put forth by the resources: interventions should target a wider approach bringing together the medical, psychological, social and economic aspects. The intervention practices developed in shelters must, from here on out, be analysed from a more general point of view of the transformation of health and social services (Racine, 1993).

What are the best places and the most strategic moments to maximize the usefulness of an intervention and avoid a relapse? The post-shelter period is considered particularly crucial and a follow-up ensuring the continuity of the process of emerging from homelessness is essential. Reinforcing the long-term link between the ex-homeless person, his family and personal network and personal support in crisis situations would strengthen the reinsertion process. Interventions through a network of community services are essential in preventing the reoccurrence of homelessness after leaving the shelter (Susser et al., 1997).

There have been numerous programs that have focused on reducing homelessness by targeting a more intensive approach. Min, Wong and Rothbard (2004) looked at the Access to Community Care and Effective Services and Support (ACCESS) program implemented in the United States from 1993 to 1998. The major strategy of the ACCESS program consisted in favouring access to existing mental health services by adopting a treatment model in the community combined with the approach of managing each person case by case. The objective of the program was to help homeless people suffering from mental health problems emerge from poverty. The use of specific services (work and job searching preparation, links with a support network and daily living skills training) permits the reduction of their use of the shelter. These results suggest that managing each person case by case should concentrate on reinsertion on the job market and psychosocial rehabilitation to reduce the risk of chronic homelessness in people suffering from mental health problems.

Health Practices consist, in numerous cases, in guiding the person towards pertinent resources. Among examples are nurses who are preoccupied by developing a close follow-up that involves regular visits to shelters. Health professionals, representatives from the hospital sector, insure permanence in shelters and end up being the intervener linking the homeless

person to medical services. Numerous strategies exist linking proximity, resolution of problems, empowerment, work with network personnel and sharing with the resources (Denoncourt and Bouchard, 2006; Thibeaudeau, 2000; Di Marco, 2000). Some studies evaluate the value and efficiency of health services dedicated to homeless people. For example, the set-up of a shelter-based convalescence enables workers to supply health service needs better adapted to individual conditions, ensure a more complete treatment of medical and mental health problems, favour continuity of treatment, reduce drug dependency, and help these individuals with social reinsertion (Podymow et al. 2006).

Many interventions are based more directly on sub-populations, more particularly women, youth and the elderly. Experiences in shelters for women in difficulty and homeless women are described. Specific characteristics of homelessness in women are the focus, including what we often associate with causes, such as family and spousal abuse; living conditions of women who use these resources are often excluded from the workforce and those who suffer from different dependency problems. This clientele called for the development of a new approach often inspired by the feminist movement that focused on the importance of offering safer living conditions, valuing the autonomy of women and establishing a trusting relationship (Sévigny and Racine, 2002; Goldberg, 1999; Gondolf, 1998). Most youth crisis centers follow similar goals: respond to basic needs (food, clothing, showers, a place to sleep, entertainment) and work towards ending marginality by helping youths to develop everyday skills, finding a place to live, managing a budget, using available resources, finding employment and in certain cases, reconciling with their family. Their passage in a shelter is an excellent opportunity to change and improve their situation. Approaches that combine education and behaviourism through a coping and stress management strategy would facilitate the resolution of the crisis situation (Dalton and Pakenham, 2002; Teare and Peterson, 1994). The rare studies about services for elderly homeless people demonstrate a significant increase of this population among the homeless. Physical health problems are significant and the barriers blocking accessibility to services are numerous, especially that the phenomena of elderly people in a homeless situation is quite recent (Abdul-Hamid, 1997). In these cases, the idea of finding oneself homeless is often associated with a loss of autonomy and a decrease in one's support network and the need to turn to sheltering may increase the effect of

these loses in elderly people whose cognitive abilities are declining (Elias and Inui, 1993).

Researchers work has allowed us to document certain original initiatives, whether it be the installation of judicial services in shelters (Binder, 2001), the introduction of programs based on occupational therapy (Herzberg and Finlayson, 2001) or the use of ethnographic approaches in clinical work (Grisgby, 1992). However, these studies that are more descriptive in nature do not allow us to identify practices that would be more pertinent, instead they are more a description of the originality and innovative approach of these practices.

3.4 Evaluating Practices in Shelters

One of the most common recurring themes in scientific literature focuses on intervention practices in shelters. It's a wide ranging program, due to a largely diversified context, a heterogeneous population and organizations that lack funds and tools to proceed with the process of evaluation. The findings in the literature can be presented in two ways: the evaluation of the impact and the efficiency of the services as well as the place that shelters play in the fight against homelessness.

Some research focuses on the impact of the services offered in shelters. In fact, numerous studies examine the question of the contribution of a stay in a shelter and the services that are associated with escaping homelessness which, in a majority of cases, is defined by a form of insertion through finding a permanent residence. There are many contradictory views on this theme, short term improvements of the situation sometimes occur followed by deterioration (the change is often temporary); in other situations the transformations seem more permanent especially when there is a post-shelter follow-up (Glisson, Thyer and Fischer, 2001; Peled, Spiro and Dekel, 2005; Pollio et al., 2006). In certain situations, specific services available in shelters are evaluated, for example, a decrease in behavioural problems in children of women participating in a conflict management program in centers for abused women (McDonald, Jouriles and Skopp, 2006).

The role of shelters as a key element in the solution to homelessness can be looked at in two ways: 1. the collaborators, partners, intersectorial alliances or sharing and networking are practices essential to the fight against homelessness; 2. the continuum of care. To favour the allocation between disposable resources

in the shelter environment and the heterogeneity of the needs of the users, administrators use diverse strategies to establish the role of their resource among the whole of the services offered (tightening of accessibility rules, complementary bridging with other resources) (Goodfellow, 1999). In fact, with such a diverse clientele of shelters and the presence of complex problems, collaborations with external resources and the diversification of practices becomes a necessity. The developing of partnerships is done in steps by respecting the differences of each and taking into consideration respective cultural organization: relationship building, clarifying expectations, identifying needs, sharing expertise, evaluation of the collaboration (Snyder and Weyer, 2002). The continuation of the service is somewhat the logical conclusion to the development of the collaborations. Shelters can thus be seen as the first step into a system of services, the place from which it is possible to evaluate all of the needs of a person and the implementation of an intervention on many levels. Coordinating the whole ensemble of the services can be done by a case manager who, from there on, could assure the follow-up and the continuation of the interventions (Feins and Fosburg, 1999). The continuation of services depends largely on the integration of a large number of procedures around the needs of the person and the path out of homelessness: prevention, outreach, lodging, emergency shelter, transitional housing, supportive housing and affordable housing (Carter, 2005; Burt, 2004). From the point of view of the numerous people involved, the continuity of services seems promising in homelessness. However, they bring about certain ethical challenges that deserve to be scrutinized in future research.

4. Critical Analysis of Shelters

A lot of research questions the role and the place of shelters as solutions to homelessness. This analysis does not encompass all shelters and there are many who may consider that these studies are a partial or even biased view. However, they have the distinction, through the essential work of social criticism, to have looked at the homeless problem from a different angle and for revealing some less than positive aspects.

4.1 Shelters: A Total Institution?

Some authors favour Goffman's approach for analyzing homelessness (Pichon, 2002). From this point of view, shelters are viewed on a similar front as total institutions, a theory that defines these organizations as consuming all the time of its users and

depriving them of any freedom. The rules and regulations established in an attempt to control the physical and social environment of shelters tend to shape the users and cause them to reinforce their marginal identity. The culture of total institutions does not favor multiple roles and, rather, tends to alienate and depersonalize users, whose lives are shaped solely on their belonging to the shelter. For the users, this translates in loss of autonomy, domination and the feeling of enclosure. This analysis allows us to understand conflicts of roles and allegiance to universes that are often viewed by users as irreconcilable (Stark, 1994).

The rules and regulations observed in some shelters show the encompassing and self-sufficient traits that shelter life can become. The celebration of non-religious marriages can translate into individual recognition as part of the shelter environment, an engagement between people who promise to support and share a common sub-culture. As well, many underground practices add a black market economy of sorts, as witnessed by food re-selling networks, protective services, control of privileges and odd jobs. This enclosure into shelter life can be explained by three major reasons: a majority of time is put towards organizing "living" in shelters, which leaves little time for other things; personal networks and friendships are often viewed as fragile and susceptible to being forgotten after having left the shelter; obligations in certain activities or towards other people must be respected, leaving the shelter would be seen as abandoning these obligations and cowardice (Dordick 1996).

For Marcus (2003) this analysis from the point of view of a total institution neglects the role of collectivity in production of life conditions of homeless people. The idea that shelters provoke deviant behaviour and isolate users from the real world hides the fact that they are not socially or culturally independent institutions. Studying the paths of users indicates that shelters are a resource among others and that homeless people's strategy for survival and escape from homelessness articulates the use of public, community, family and personal resources. Shelter users are not completely defined by a sub-culture; they share values, beliefs, and norms with the general population.

4.2 Shelterization: A Confinement in a Marginal Area

Marginal affinity, the proximity between shelter users and professionals, denotes sharing of a common surrounding and the development of a sense of belonging to a marginal environment. This proximity is apparent in the participation of homeless people in various daily chores, by the fluidity of the roles of interveners and by the absence of standards. In fact, welcoming, sheltering and other various services that are supposed to aid in recovering from homelessness instead result in favouring the reproduction and maintaining of shelter life. Personal failures encountered by many of the users during their reinsertion efforts discouraged them and only reinforced their sense of belonging to shelters, the place that accepts them for who they are and doesn't judge them (Gounis and Susser, 1990).

The idea of shelterization has been discussed multiple times in scientific research (Novac, Brown and Bourbonnais, 1996; Kozol, 1988). One definition that we can find is of social pathology, often found in psychology periodicals, to identify people in lethargic situations, incapable of planning, of taking responsibilities, neglecting their personal hygiene and having no interest in escaping their present situation and returning to a normal way of life. For users this situation is defined by a loss of autonomy, a lack of self-respect and a loss of responsibilities. Constrictive rules in organizations, the difficulty of being able to care for ones self and personal problems are susceptible to creating a larger dependency on the services and an enclosure in homelessness (Elias and Inui, 1993).

The second definition of the problems associated with shelterization emphasizes the social processes of confinement and enclosure in homelessness, similar to the high concentration of poor populations in ghettos. The abuse of shelters is not just a personal problem, users become psychologically and socio-economically confined to social assistance programs, they adapt by developing survival mechanisms that keep them in situations of homelessness. The shelter environment is very similar to that of ghettos, from which originate a large number of users, and there is a psychological convergence between the workers, the security personnel and the users. This shelterization creates a sub-culture that is based on an internal view of the outside world, that is to say the development of a common language and the assimilation of ideas and values (risk taking, similar background, emblematic figures). This process favours a sense of attachment to life in shelters by pushing the user even farther away from reinsertion. Furthermore, tolerating certain delinquent behaviour leads to a redefinition of the acceptable norm and admired behaviour. Regardless of the dangers and the depersonalization, users are reluctant to leave the shelters (Grunberg and Eagle, 1990, p. 524).

4.3 Social Regulations and the Role of Policies

Shelters do not represent neutral sites in cities, they represent the borders of marginality and are at the forefront of the urban outlay where street rules apply; an appropriation of the city specific to those who live in social assistance network (Zeneidi-Henry, 2002). Many authors question the role of the state by criticizing social and municipal policies. The reduction of services and the collective commitment results in a housing crisis that forces certain people to revert to the use of emergency sheltering services (Layton, 2000). Political direction through a population approach tends to reduce homeless people to one group; an ensemble of social problems. The medicalization of problems and the individual responsibilisation of certain situations hide the control and exclusion processes by masking the real causes of the difficulties of the person (Marcus, 2003; Damon, 2002). The point of view brought about by these descriptions is that of commitment to a political and collective responsibility.

The investigation is more specifically focused on two key policy groups: housing policies and, urban planning and security policy. Some authors believe policies that focus on accessibility to housing need to be reinforced and that they are a solution to the growing concern that is homelessness (Roman and Berg, 2006). Here we see the debate between targeting the clientele as a necessary condition for the implementation of efficient solutions and the adaptation of existing general services by favouring accessibility and support of people (Fontaine, 2000; Dattalo, 1991). The shelter plays an intermediary role between the homeless and the community; it becomes, for some, a type of affordable housing. For the management of public space, the shelter system can be seen as an official willingness to neutralize a problem. In fact, the location of a shelter, its structure and operational modalities influence the type of reinsertion that homeless people can expect in a community. Offering an abundance of services within a shelter contributes to the isolation of people because there is no incentive for them to use outside services, to familiarize themselves with the location of resources and services (Hartnett and Harding, 2005). Furthermore, the analysis of the emergency sheltering resources seen as a network brings about two standards

of shelters. First of all, shelters offering little comfort and having little financial resources, offering an open environment and that refer users to other helpful services is a common occurrence. And secondly, shelters with very selective conditions, that offer more comfort and are well-equipped, offering a number of internal services and a personal approach, offering long term interventions to people whom they judge to represent a high reinsertion potential. The emergency shelter network is therefore a hierarchal environment. The sheltered population isn't an arbitrary formed group; it is the result of a selection and orientation process. Homeless people that are better able to convince orientation officials often benefit from better quality centers (Soulie, 1997). We are in the presence of a social control process and of social regulation that, through prioritization and targeting certain clientele, allows us to distinguish the good homeless people from the bad homeless people; the "good" group may qualify for intensive interventions targeting their reinsertion, because their problems are often less important (Hurtubise, 2000).

Research Faces a Number of Challenges

The results allow us to determine that the research analysed a lot of approaches, that it is original, dynamic and that it poses an interesting question as to the roles and practices of shelters. In conclusion of the activity, what challenges can be identified for research? What questions should be looked at more in-depth? What themes should be considered? What methodology tools could be developed? What needs should be dealt with? Shelters cannot be classified under one group; there are major differences among them depending on country and even within the same city. Their history and their development reveal the various ways that groups of individuals protested to fight against homelessness. For human and social science research, shelters are considered as important partners. Shelter workers are key sources of information for the evolution of the face of homelessness and through their questions, they allow researchers to reflect and analyse their approach.

Some research gives us the impression that shelters are the best type of organization to handle the homeless problem, which can consider as a global intervention that takes into consideration the complexity of the problem. Must we prioritize the implementation of interventions guided towards homeless populations? Do the practices used on this population rely on specialized institutions? Rely on specific expertise? In fact, homelessness seems to unite the entirety of social problems in major cities. From this point of view, if shelters make up an indispensable element of response, they cannot solely offer a complete solution. The conclusions of the scientific literature reiterate that the solution must favour the unison of many participants and involve numerous intervention sectors: community organizations, cities, health and social services institutions, law enforcement, private and community practitioners. For research, challenges consist in continuing to describe the various experiences and to serve as a library of information documenting the transformation of shelters. We must also, continue to analyse programs and practices to identify the most efficient and pertinent interventions, by determining the role of each. Furthermore, critical analysis work must continue to put emphasis on questioning things that are taken for granted. In fact, if the homeless problem is complex, the solutions must be adapted to the diversity of the contexts to which they are applied.

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