THREE MODELS OF RURAL EMERGENCY SHELTERS:

EXPLORING THE PARTICIPANT EXPERIENCE AND LESSONS LEARNED

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A HOUSING CRISIS IN NORTH HASTINGS

North Hastings, Ontario has been experiencing a housing crisis with a marked increase in the number of people experiencing homelessness in recent years. The latest homeless enumeration (Hastings County, 2022a) found that in November of 2021 there were 48 unhoused people in North Hastings, the majority of whom were chronically homeless for longer than one year. This represents about double the proportion of people who are homeless in the rest of Hastings County. At the same time, the waitlist for social housing in Bancroft is approximately 500 people (Hastings County, 2022b) and there are currently no homeless shelters in the area.

In response to this crisis, several attempts have been made to shelter people on an emergency basis during the past four years. The first homeless shelter was an initiative run by volunteers at St. Paul's United Church in December of 2019. The shelter offered bedding and hot meals and was closed after three weeks. The second shelter was made possible by federal funding to help unhoused individuals shelter in place in response to COVID-19 and offered private rooms at The Sword Motor Inn. This program ran for approximately 5 weeks in the spring of 2020. The final program was a warming centre model run by Hastings County. The warming centre was an open space with light snacks, a bathroom, and two security guards, which aimed to prevent deaths when temperatures were colder than -10 degrees Celsius. It ran from January to March of 2022.

CASE STUDY IN RURAL HOMELESSNESS RESPONSE

As an opportunity to learn about how rural communities are responding to homelessness, I engaged with shelter users, service providers, and decision makers to explore the strengths and challenges of each shelter model. This qualitative study was approved by the Trent University Research Ethics Board. Interviews were conducted with 17 participants between August and November 2022. Participants must have attended at least one of the three shelters or been involved in volunteering or administering a shelter/warming centre.

PARTICIPANT DEMOGRAPHICS

Twelve participants were shelter users with lived or living experience (LE) of homelessness. Five participants were volunteers, decision makers, or service providers (SP). The participants with lived experience of homelessness had all used the most recent warming centre, several had used more than one shelter, and three had used all three models of shelter. Most participants were experiencing chronic homelessness lasting one year or more, were white Canadian-born, aged 31-50, and had resided in North Hastings most of their lives (Table 1).

Table 1: Demographics of Shelter Users	
Age	
31-50	11
51-65	1
Gender (self-identified)	
Male	7
Female	5
Education	
Less than Gr. 12	8
Grade 12 diploma	2
College or University	2
Ethnicity	
White Canadian-born	9
Indigenous	3
Household Income	
Less than $10,000/year	5
$10-20,000/year	6
$20-30,000/year	1
Length of Residence in Community	
<10 years	1
10-20 years	2
20+ years	9
Type of Homelessness	
Transitional (<1 month)	1
Episodic (on and off)	4
Chronic (>1 year)	7
Type of Shelter Used	
Church	5
Motel	3
Warming Centre	12

Gender
■ Male ■ Female

Residence in Community
■ <10 yrs. ■ 10-20 yrs. ■ 20+ yrs.

Education
■ < Gr. 12 ■ Gr. 12 ■ College/University

Type of Homelessness
■ Transitional ■ Episodic ■ Chronic

THREE MODELS OF RURAL EMERGENCY SHELTERS

VOLUNTEER-DRIVEN CHURCH SHELTER

In response to the homelessness crisis and cold weather already setting in, a group of volunteers at St. John's United Church promptly pulled together volunteers and donations in December of 2019. Community members donated bedding and provided hot meals, while volunteers filled 4-hour shifts throughout the night. A genuine desire to support the guests at the shelter was evident by comments such as, there was "food galore – and they would actually ask us in the mornings what we wanted that night" (05LE). Participants felt cared for, identifying volunteers as "all really nice there" (14LE), and volunteers showed an interest in building relationships and spending quality time with guests.

We had music…some of the volunteers brought in instruments. Someone who volunteered brought in a television… they played cards with them and I played, we had a word game going one night, it was fun! We really had fun. (16SP)

Designed for a small number of guests, the numbers quickly grew from one on the first night to 20 in the subsequent weeks. It became clear that compassion and generosity were not enough to run a shelter and manage the complex issues volunteers were encountering. There was little structure or policies to guide the shelter operations, and volunteers had limited experience with mental health and addictions. "People could come and go as they pleased and, and there was no security or nothing like that. It was just elderly people trying to do a kind thing and they didn't know what they were getting themselves into." (04LE) Some participants and service providers recognized the risk and expressed concern that it wouldn't last, as "they were smoking dope and having sex and whatever else the idiots fucking do" (05LE). By the end of the third week, volunteers were dwindling, $800 in food cards were stolen from the office, police were called to the church on several occasions, and a drug overdose led to a sudden closure of the church shelter. "We were naïve…totally ignorant of the fact that people would bring drugs in or that people would steal" (16SP).

"A bunch of 75-year-old people looking after a bunch of 30-year-olds who are high on crystal meth…it was really nice and sweet and heartwarming, but I said, it is a recipe for disaster." (10SP)
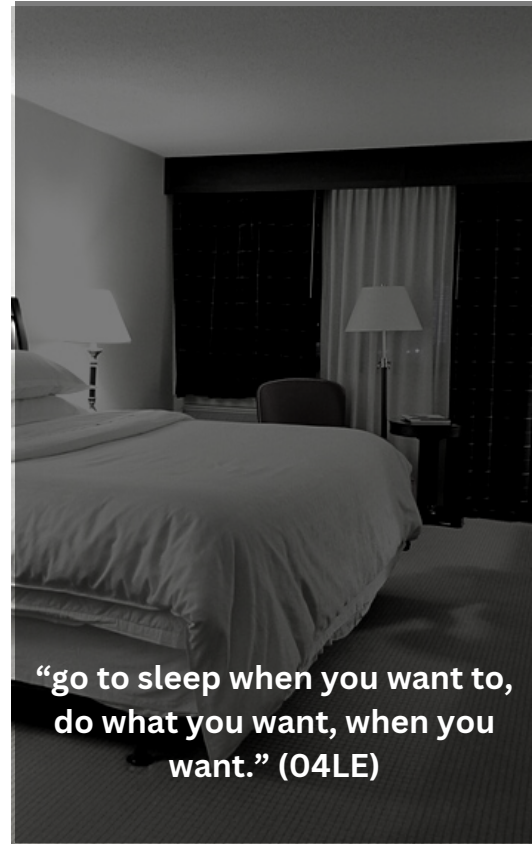
THREE MODELS OF RURAL EMERGENCY SHELTERS
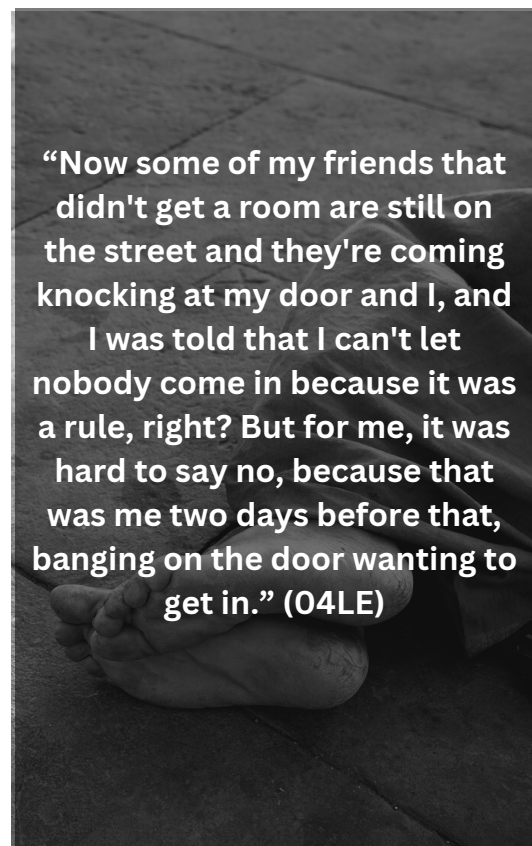
MOTEL PROJECT

About six months later, with new funding for the COVID-19 response, service providers came together with the county to transition a local motel into a temporary shelter. With a gradual assignment to private rooms, there were seven participants staying in the motel by the time the project shut down after six weeks. Services offered included daily check-ins by peer support workers, harm reduction supplies, food cards or snacks, and weekly visits by a harm reduction nurse.

Participants felt very grateful for the safety and autonomy of a single room with a lock on the door, a shower for self-care, and a bed to sleep in. "I could lock the door and I could sleep. And I did, I slept for sometimes for days." (13LE) Having a stable address allowed service providers to bring supports to participants and "get them back on, or start them on certain medications ... a lot of what had seemed like chronic health problems, you know, swelling to your lower limbs, ongoing wounds that wouldn't heal, we were able to address those." (01SP)

Despite improved living conditions and opportunities for health promotion, there were rigid rules associated with COVID-19 restrictions which created isolation and conflict. Visitors weren't allowed in motel rooms, which meant "...they would take already depressed people and lock them in a room and tell them they had to stay there by themselves all the time. I mean, that just doesn't work." (05LE) Participants were accustomed to sharing their scarce resources as a method of survival within a small community, which led to conflict when rules were broken and visitors were found loitering in and around the motel. Visitor restrictions also contradicted harm reduction messaging advising not to use substances alone, creating concern for some service providers. Finally, there was also a feeling that participants were being unfairly monitored and targeted, acknowledged by a service provider who noted, "there's nobody at my front door watching who's going in and out of my house". (10SP) The motel project ended suddenly in response to conflicts over visitors, police presence at the motel, and the gradual loosening of COVID-19 restrictions allowing resumption of regular motel business. Participants were asked to leave, and a local non-profit organization offered them tents.

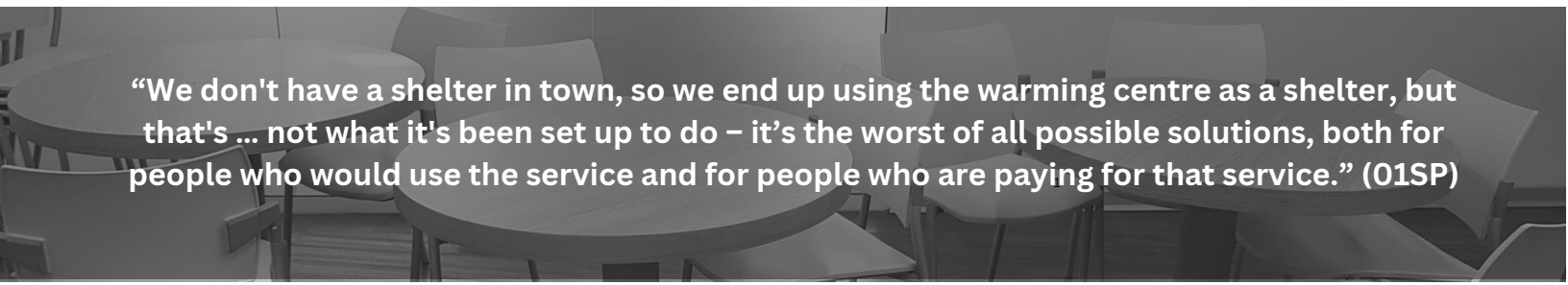"go to sleep when you want to, do what you want, when you want." (04LE)

"Now some of my friends that didn't get a room are still on the street and they're coming knocking at my door and I, and I was told that I can't let nobody come in because it was a rule, right? But for me, it was hard to say no, because that was me two days before that, banging on the door wanting to get in." (04LE)

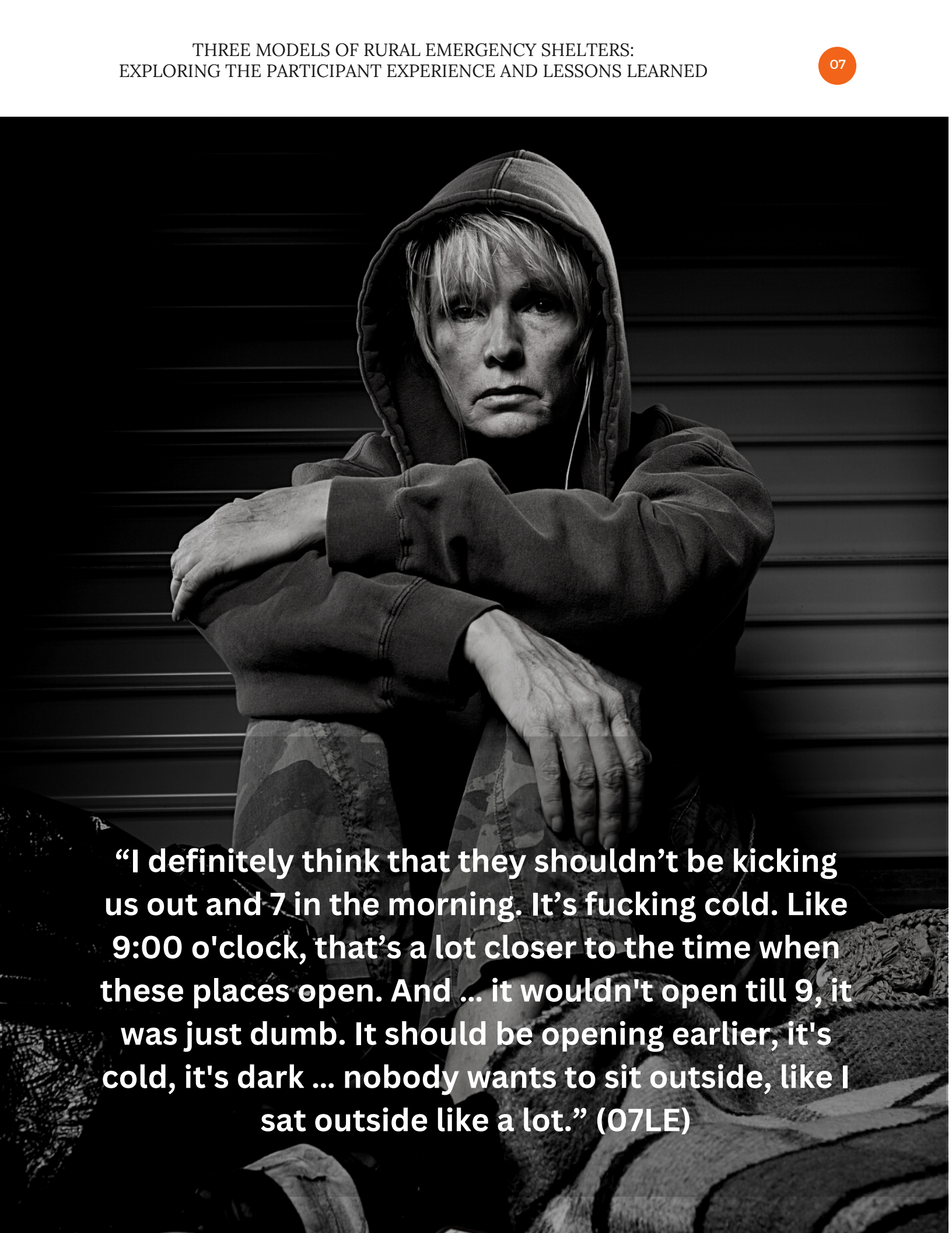## THREE MODELS OF RURAL EMERGENCY SHELTERS

COUNTY-FUNDED WARMING CENTRE

In January 2022, after more than a year without a shelter in North Hastings, the county implemented a warming centre model that included one large room with open sightlines, two security guards, a bathroom, and snacks. Despite requests and offers of donations, cots for sleeping were not allowed because "as soon as you get into providing sleeping accommodations and food, all the rules change." (02SP) The warming centre opened when it was colder than -10 degrees Celsius and its hours were 9pm to 7am. Regulations on warming centre amenities meant "there was nothing for you, you had to bring your own sleeping bags and it was on a concrete floor. It was a garage through the daytime and then a place to sleep at nighttime." (04LE) Two participants described this experience as "like being in jail" (06LE), while others were grateful for the warmth and stated it's "somewhere to lay your head…better than in the snowbank" (14LE), and "it was warm. … and it was cold enough to die". (11LE)

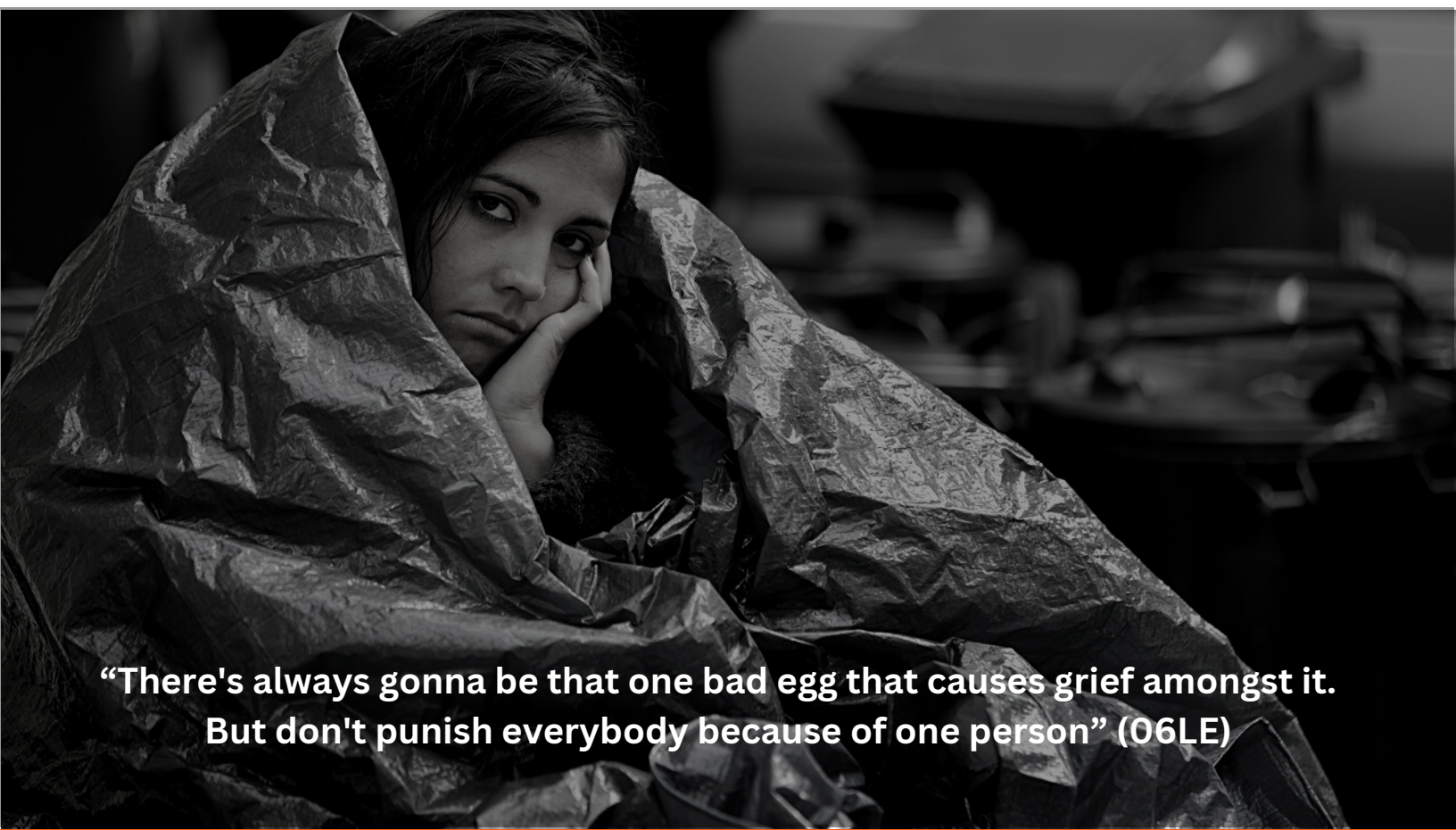"We don't have a shelter in town, so we end up using the warming centre as a shelter, but that's … not what it's been set up to do – it's the worst of all possible solutions, both for people who would use the service and for people who are paying for that service." (01SP)

The warming centre met the immediate need of preventing deaths from freezing, yet there were several challenges identified by participants that included theft, inability to sleep, and limited hours. Several participants had belongings stolen either during the night while they were asleep or when leaving their bags at the centre for several days. This made it difficult to sleep because "You were always watching your back, making sure that no one was taking your stuff." (08LE) The drop-in nature of the centre with people coming and going also made it difficult to sleep, occasionally leading to conflict because they had "no respect for anybody that was trying to sleep." (04LE) Closing the warming centre at 7am was also challenging when nothing was open, and temperatures were very cold. Some would go to the lobby of the bank and "usually got kicked out" (14LE), while others would try to find a friend's home in which to warm up, but "at 7 you know, it's tough to even find a friend that's awake." (12LE) Finally, the lack of amenities in the warming centre created tension between some service providers, participants, and decision makers. Advocacy for the participants' needs was met with frustration in trying to articulate the constraints associated with the warming centre model, and feeling that despite doing the best possible under the circumstances, there was limited gratitude:

It wouldn't have mattered if we had painted the walls with gold and provided everyone with their own room service and concierge. It would not have been enough for many of them… I'm fairly certain that many of them still don't understand that a warm room is different from a shelter. (02SP)

"I definitely think that they shouldn't be kicking us out and 7 in the morning. It's fucking cold. Like 9:00 o'clock, that's a lot closer to the time when these places open. And … it wouldn't open till 9, it was just dumb. It should be opening earlier, it's cold, it's dark … nobody wants to sit outside, like I sat outside like a lot." (07LE)

"There's always gonna be that one bad egg that causes grief amongst it.
But don't punish everybody because of one person" (06LE)

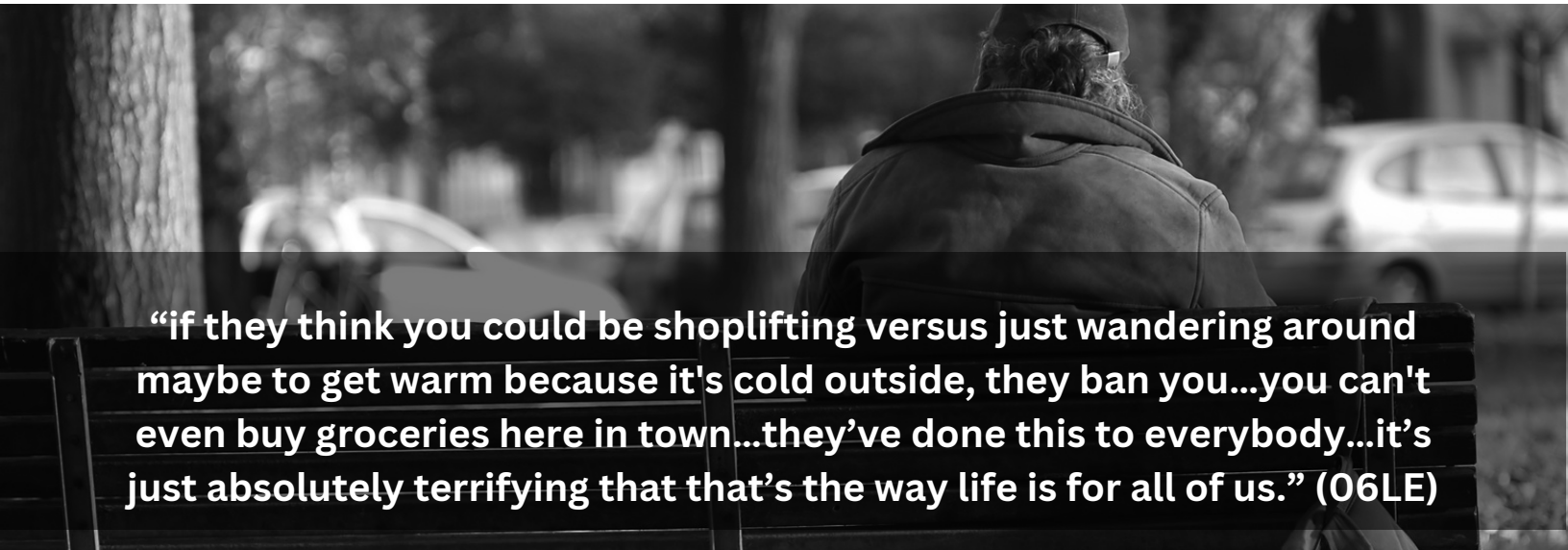## UNIQUE ASPECTS OF RURAL HOMELESSNESS AND THE SHELTER EXPERIENCE

Rural homelessness and the experience with shelters was unique in several ways. Participants described a small and tight-knit community of unsheltered individuals who were often supportive of one another but also lumped together by service providers. Several felt that the behaviour of one or two individuals within their homeless community impacted services for everyone else. Where services are precarious to begin with, they can easily become overwhelmed as demonstrated with the church and motel shelters. "In each situation, we all got thrown out from what a couple individuals do, and I don't think that's fair. That's not right. And that's happening in every one of those situations." (05LE)

This experience is unlikely to occur in cities where services are well established with adequate infrastructure, policies, and support. The trend of a few individuals impacting supports for others also applied elsewhere, such as the bathroom of the warming centre where one person using drugs led security to require the door to stay open, and at the methadone clinic where two people stealing medical supplies meant participants could no longer stay warm in the clinic after the warming centre closed at 7am. "I was like, you're going to ruin it. And they did...Now they got signs up, no loitering, after you get your meds, you get out of here." (17LE)

Not only were rural supports precarious, but there were also few places in the rural community to go to stay warm. The hours of 9pm to 7am required that people found somewhere to stay warm in the later afternoon and evening, yet no drop-in centres were open during these hours or on weekends and few other sheltered spaces exist to keep warm.

If (the shelter) only opens at 9 and the drop-in is closed at 3, what are you expected to do between 3 and 9 in a small town? ... at 8 or 8:30 at night, you're going to say, 'Hey, I'm going to go leave here and go there', especially knowing that you can't sleep, that there's no food, there's no showers... (01SP)

Given the limited services in the local area, it was often recommended that participants go to the city. "They're trying to make us go to the cities and shit, and we're not leaving. Why? Because this is our home. That's where our families are, our friends..." (07LE) Participants expressed feelings of being pushed out of the community and targeted by police and the town.

"if they think you could be shoplifting versus just wandering around maybe to get warm because it's cold outside, they ban you...you can't even buy groceries here in town...they've done this to everybody...it's just absolutely terrifying that that's the way life is for all of us." (06LE)

They kick us out of everywhere we go. We can't hang out anywhere, they kick us out of there. We can't sleep anywhere or have a rest anywhere...We got lucky, we're staying on a friend's property right now, along the river, and they can't bother us there because it's not their property, right? But they sure want us out of there. They have the bylaw officer coming whenever they can to take pictures of us. (13LE)

At the same time, there were benefits associated with small town living. Participants had a strong connection to their community and relied on each other as well as friends, family, and local acquaintances for survival. "Our house is pretty much a warming centre anyway. Like for 3 years we were, here in town, we used to take everybody in. Yeah, and that's why we got kicked out..." (11LE) Some participants felt safe attending the warming centre because they knew others there would protect them. "We knew there was a lot of people that had our backs, that knew us, that were there. If someone started crap with us, they would be at our back in no time." (08LE) These experiences demonstrate why participants didn't want to leave their community for the city.

COST COMPARISON OF SHELTER MODELS

CHURCH SHELTER - $0.00

- **Donations and Volunteers**
- **Up to 20 People**

MOTEL - $38,637

- **6 Weeks**
- **$920 Per Night**
- **Up to 7 People**

WARMING CENTRE - $76,735

- **64 Nights**
- **$1200 Per Night**
- **Up to 13 People (Average 4.4)**

(Hastings County Community and Human Services, 2022)

IMPORTANCE OF RELATIONSHIP BUILDING AND COLLABORATION

PLANNING FOR RURAL SHELTERS REQUIRES TIME, SUPPORT, AND COLLABORATION

- Despite feeling rushed to address a crisis, development of policies, structures, and partnerships takes time and is essential for smooth implementation.

- Collaboration among community members, people with lived experience, service providers, and multiple levels of government should increase program sustainability.

"Something I wish that was done differently, building relationships with the motel owners … with the police …we rushed it, wanting to get people in, right? It's like, how do you provide a service that should have been done yesterday?" (10SP)

"All of the different major silos need to accept their piece in working toward a solution." (02SP)

"If you want folks off the street at night, then what can we do to support it, and not just put up more video cameras?" (10SP)

COMBINE CARING WITH STRUCTURE

COMBINE THE CARING INTERACTIONS OF VOLUNTEERS, BEDDING, AND HOT MEALS WITH SECURITY AND STRUCTURE

- Many participants agreed that more security was important to reduce theft, conflict, and behaviour that led to services being shut down.

- Shelters should also be "a loving place…a place where they feel safe, where they feel welcome" (08LE).

"There's nothing wrong with having some maternal kind of people there … but they shouldn't be the security too." (16SP)

"The first (church) ladies were all heart, right? And to these guys it was just a job. We're just numbers, not people." (05LE)
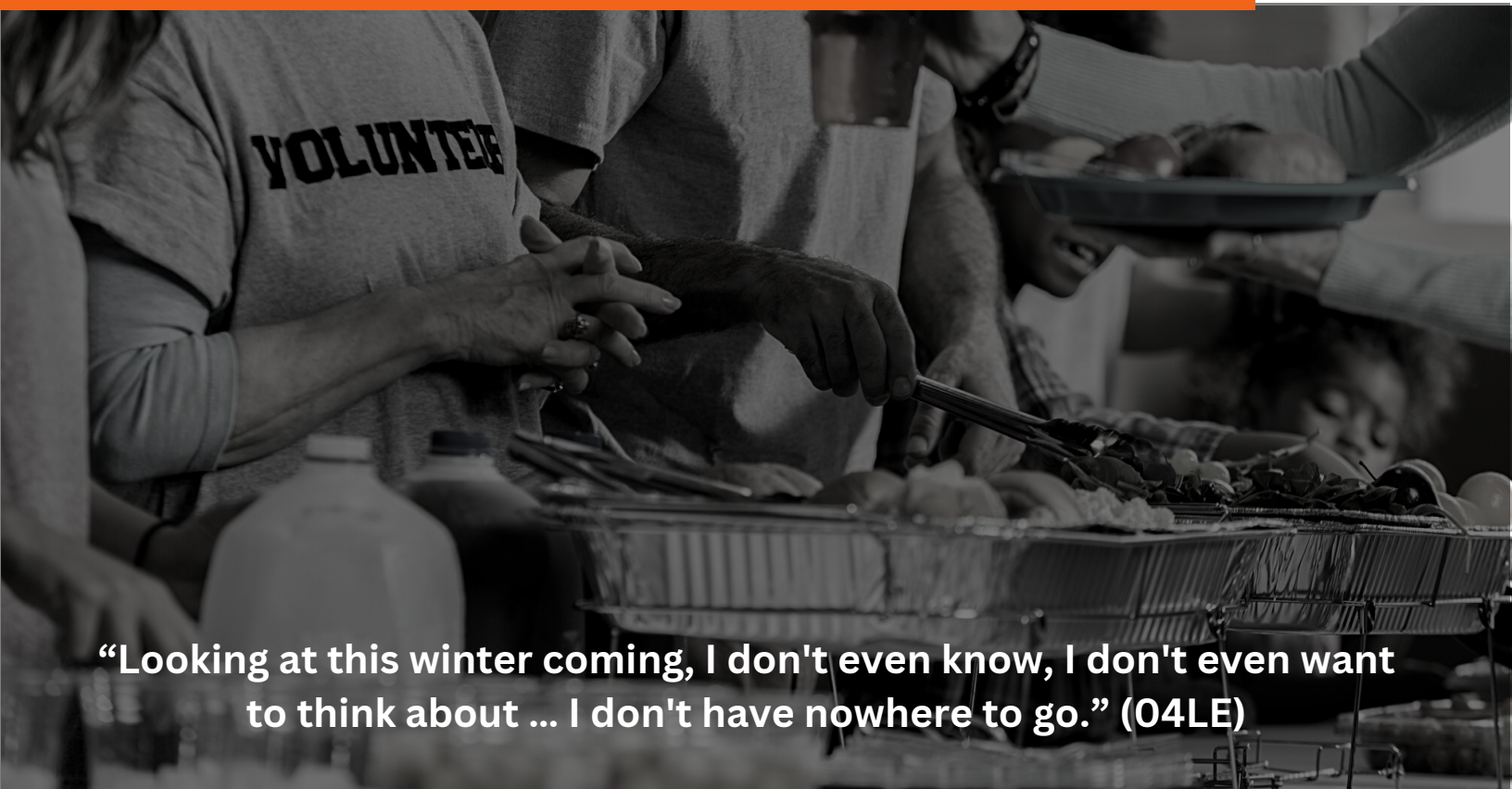
PROVIDE NECESSITIES FOR WELLBEING, SAFETY, AND STABILITY

FOOD, SHOWERS, AND A SECURE SPACE TO STORE BELONGINGS ARE IMPORTANT ASPECTS OF ANY SHELTER, WHILE A PRIVATE ROOM CAN PROMOTE HEALTH AND SAFETY

- Motel rooms promoted safety, autonomy, and self-care by offering a consistent space for participants and their belongings, a shower, and bed for sleeping.

- If an overnight shelter is the only option, lockers to secure belongings, consistent food, and public showers in the community are important additions to previous models.

- Shelters that are run only during overnight hours require participants to leave when there is nowhere in the community to go - expanding shelter hours to match other supports in the community would avoid lengthy periods of time outdoors in the cold.

"A lot of us never get to shower. Like last summer, I went like 9 weeks or something, really long, without a shower." (07LE)

"They don't have to be big rooms, big enough for a bed and table or whatever and where we can lock our own doors. And you know it's going to be safe, you know? That's what we need. Other than that, it's not going to go any different than the other ones (shelters)…" (13LE)

"Looking at this winter coming, I don't even know, I don't even want to think about ... I don't have nowhere to go." (04LE)

CONCLUSION

Findings from the interviews with 17 individuals who had experience using or running various types of shelters in North Hastings demonstrated that none of the models were ideal. This is not surprising, given we know that the best response to address homelessness is with permanent housing. Longer term solutions to rural homelessness include increasing the capacity of the rental market and housing stock, offering housing subsidies and liaison between tenants and landlords, increasing access to local services and supports for mental health and addiction, expanding public transportation so that individuals may choose to live outside of town, and investing in income supports and affordable housing development to prevent homelessness in the first place (Buck-McFadyen, 2022). In the interim, short-term solutions are required to prevent deaths.

While all models were designed to protect vulnerable residents from cold weather and reduce harms associated with homelessness, aspects of the church and motel models offered additional benefits to participants. Feeling welcomed and valued are important to promoting self-worth and integration among individuals who have been stigmatized and frequently experience shame and exclusion associated with homelessness (Gaboardi et al., 2021). The positive volunteer interactions and hot meals in the church shelter suggest that participants received valuable social support that was lacking in other models. Yet this model was not sustainable without additional structure, security, and financial support.

The motel model didn't promote the same benefits of social inclusion, however instead allowed for self-care, stability, and safety. This is consistent with recent literature showing that when people who were homeless transitioned from congregate shelters to motels during the COVID-19 pandemic, they experienced improvements in stability, health, and wellbeing; reduced conflict and calls for police/fire response; a desire to focus on future goals such as employment or education; and fewer acute care and emergency department visits (Colburn et al., 2022; Fleming et al., 2022; Padgett et al., 2022). This suggests the motel model, in addition to being more cost-effective than a warming centre, may offer benefits beyond preventing death that improve wellbeing of both the individuals experiencing homelessness and the broader community.

In an ideal emergency response to homelessness, aspects of each of the shelters could be integrated to allow for social supports, safety and security, autonomy, and self-care. The housing crisis in combination with a global pandemic have provided opportunities for learning and it is important that we consider new ways of doing things that put the dignity and wellbeing of our most marginalized residents at the centre.

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