

A MODEL FOR HELPING HOMELESS PEOPLE

Dr. Jim Gardner¹

Orange County now recognizes that it has a “homeless problem” and the various authorities are considering setting up large congregate “shelters” in three areas of the County, each shelter to house hundreds of people. It’s worth examining the efficacy of this model.

SUMMARY

As Orange County moves forward to deal with the problem of homelessness it is essential that we adopt a viable model for service delivery. The County is now considering a large congregate housing model, but 100 years of experience with this model, in working with the mentally ill and the developmentally disabled, demonstrates that this model is inherently flawed. The large congregate model presents problems of danger and anxiety to individuals who are already at risk. It isolates the homeless from the greater community, reinforcing their stigmatization and dehumanization, and making their transition even more difficult. It creates resentment in the broader community making it more difficult to integrate. And the setting itself provides inappropriate role models for people already struggling with adjustment.

The alternative to the large congregate housing model is a distributive system, not unlike the group home movement, in which small numbers of people are integrated into the broader community.

ORIGINS

Congregate shelters made their appearance in the 18th Century and were directed at the mentally ill, and the numbers of people being housed were relatively small. Britain was the inspiration for the movement with a half dozen “lunatic asylums”

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opening in the latter half of the 18th Century, and they were followed in the Colonies in Pennsylvania and Virginia. Parallel with public institutions there were even more private institutions.

This boost to congregate shelters came from the work of Johann Guggenbuhl (1816-1863) a well-meaning Swiss physician who built a retreat for developmentally disabled children in 1841 on a mountain top. By chance, the water from the mountain streams were the perfect cure for the children who suffered from Cretinism and Guggenbuhl attributed the cures to his treatment. The center grew in size and notoriety, even though the “cures” did not, but the now-celebrated Guggenbuhl continued to tour and extoll the benefits of large congregate shelters. He was praised throughout the European courts and from this sprang the movement. Even after he was exposed in the mid Century, his false promise gave birth to large congregate shelters everywhere.

By the end of the 19th Century, large public congregate shelters for the mentally ill and the developmentally disabled grew to house more than 100,000 people and were seen as inhumane, expensive and inefficient and the “group home” movement began. For most of the 20th Century, both the large congregate shelter model and the group home model flourished, but by the end of the 20th Century the large congregate shelter model was in disfavor and the group home model was universally adopted.

TRENDS

Nationwide, mentally ill people in public psychiatric hospitals peaked at 560,000 in mid Century and by 2004 the number shrank to 100,000. In California, large state mental hospital populations peaked in 1959 at 37,500 and by 1967 (when Reagan became Governor) it had fallen to 22,000. Today it is less than 10,000.

Closer to home, in Orange County, the state-operated Fairview Developmental Center, primarily for developmentally disabled people, was opened in 1959. The population grew quickly and was in the thousands. Starting in the 1990s, in cooperation with Regional Centers and using group homes, the population came down from 1,000 to 128 today.

PROBLEMS WITH THE MODEL

As can be seen, the large congregate shelter model is out of favor in the care of both the mentally ill and people with developmental disabilities. The reasons are many and too diverse for this paper, but among the notable reasons are –

- Treatment is less effective
- Tends to perpetuate the problem rather than solve it
- Tends to dehumanize and stigmatize the people, making readjustment more difficult
- Does not offer positive role models of adaptive behavior

Should it now be adopted for dealing with homeless people?

The alternative to the large congregate shelter model is a distributive model in which small numbers of homeless people are placed in residential settings within the community, located on the grounds of local churches or apartments/homes in residential areas, bearing in mind, of course, that such placement is only suited for those people who are seeking a way out of homelessness and who are not so mentally impaired that they are not able to function in such an environment. People who pose a danger to themselves or to others have existing alternatives that are better suited for this group.

DANGER/ANXIETY

Large congregate shelters often pose a danger to the residents, not only the fear of having their few possessions stolen, but physical harm. With hundreds of people milling around, safety is a concern. Yet even if controls can be set to insure safety, the large congregations are anxiety-provoking onto themselves, and this is particularly true for people who chose a lifestyle that veers away from human contact. Is this the type of setting that is conducive to counseling?

There is not merely the risk of physical harm, but also the risks that the large congregate environments are unhealthy. Many homeless have chronic physical problems² and the large settings are conducive to spreading disease.

The distributive model, on the other hand, houses people in non-threatening circumstances, and provides privacy as needed. Danger is less and anxiety is less. Given the data which shows that many homeless have a history of domestic abuse, providing an environment that is non-threatening is essential.

ROLE MODELS

Large congregate shelters have large numbers of people exhibiting signs of mental illness and also large numbers using drugs and/or engaging in criminal activities³. In such settings, people can be recruited into criminal enterprises, exchange drugs or be initiated into drug use, and engage in socially unacceptable behaviors because, in the large congregate setting, they are not noticeable.

In most large congregate shelter situations, hierarchies appear and residents take on staff-like roles, perpetuating the institution itself and resulting in long-term (often life-time) placement. Until the mid-1980s most of the “jobs” held in public institutions for the mentally ill and developmentally disabled were held by patients, not as a part of job placement, but rather as a vehicle to keep the costs of incarceration at a minimum while exploiting the higher functioning residents who otherwise could have been released and gainfully employed.

The distributive model controls for the mob effect. Small numbers of people living together is, in fact, the normal life we want homeless people to return to. Why not offer this model during the transition, thus making the transition less difficult? And why create an environment with large congregate settings that works against the issues that homeless people are struggling with?

DEHUMANIZATION

² Recent data suggests as many as 13% of the homeless people have some sort of physical health problem.

³ Recent data suggests that among the homeless, as many as 17% exhibit signs of severe mental illness and 7% are recently released from jail.

Stick a large number of anything in one place and you have a problem. A bee in your garden is welcome, but a swarm of bees is cause for concern. It's the same thing with large congregate shelters. Build a large institution in someone's back yard and they will be resentful and they will see the inhabitants as "the other" – someone to hate or fear or both.

Instead, as has been shown by the group home movement, judiciously placed residents can disappear into the fabric of neighborhoods. Hundreds of thousands of people live in group homes, transitional homes, and halfway houses throughout the nation, and problems associated with these homes are no greater than the ordinary neighbor-to-neighbor disputes of everyday life.

Homeless people are already stigmatized. Why put them in a setting that officially recognizes their status? Integration into the wider community should start as soon as possible.

SERVICE DELIVERY

Though it may seem paradoxical, the service delivery system in large congregate settings may not necessarily be particularly efficient or cost effective due to the administrative and overhead costs of housing large numbers of service providers. On the other hand, distributive services, provided in situ, tend to be more focused and more client-centered instead of service-centered.

Providing services in situ has the added advantage of reducing the transition problems and dealing with adjustment problems when and where they occur.

SUMMARY

As Orange County moves forward to deal with the problem of homelessness it is essential that we adopt a viable model for service delivery. The County is now considering a large congregate housing model, but 100 years of experience with this model, in working with the mentally ill, the developmentally disabled, and even in the area of animal care, demonstrates that this model is inherently flawed. The large congregate model presents problems of danger and anxiety to individuals who are already at risk. It isolates the homeless from the greater

community, reinforcing their stigmatization and dehumanization, and making their transition even more difficult. It creates resentment in the broader community making it more difficult to integrate. And the setting itself provides inappropriate role models for people already struggling with adjustment.

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