

Alternative ideas to help solve homelessness

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Certified peer support specialists are making a difference in dealing with issues associated with homelessness in other places and could make a difference in New Brunswick as well, writes Robert MacKay of the N.B. Common Front for Social Justice. PHOTO: TOM BATEMAN/TIMES & TRANSCRIPT

During the 2018 annual meeting of the New Brunswick Common Front for Social Justice, participants felt that an anti-prejudice campaign might help overcome resistance to social innovations from the grassroots community - namely those viewed as the "problem", who actually have their own solutions, if society would only put resources in their hands.

With public support, homeless people in this province could emulate some transformational innovations I witnessed in person – in Ontario, in Michigan and in Georgia.

The fastest-growing profession today in public mental-health systems in the United States is the "certified peer support specialist". Those who were once considered beyond hope by systems of care – exactly like many of our homeless - are now paid employees using their lived experience of

poverty, alienation, addiction and mental health problems, together with appropriate training, to role-model their peers towards "recovery".

A byproduct of this inspiring work is improved system performance, by showing health professionals - their new colleagues - how to do a better job by learning to "think like the customer".

Is New Brunswick on track to learn from this, using the new resources provided in response to the homelessness crisis and the search for permanent solutions, by this spring?

The Common Front asked me to talk with homeless people and see what we could learn. The dozen interviews I have conducted provided many insights.

As expected, they all said the Department of Social Development does not provide sufficient money to find decent housing and sustain a dignified lifestyle from one month to the next.

The higher financial support levels earmarked for those with disabilities are almost unattainable, due to the near-impossibility of being adequately diagnosed and documented to satisfy the medical advisory board that judges the applications.

Almost everybody interviewed cited the benefits of social support from peers, family and friends as being the glue that keeps it all together. They valued "couch surfing" and visiting with people who have a home, access to a phone and internet, drop-in centres with staff and peers who know what is happening at street level and where to get meals, clothes and other necessities.

Several of the people felt discriminated against throughout the community, being always watched by security, not feeling wanted, "like a pigeon", a dirty nuisance. They felt a big loss of support through the closure of the ReConnect drop-in centre on St. George Street due to the adjacent community's negative response to some users.

With the foregoing being said, and supported by quite detailed research from within and outside Canada, and knowledge of some resources and unique people living in the Moncton area, I wish to propose a pilot project of peer support-driven, homeless person-centred, shared-living, community social capital development healing residences.

The working title is "Sunrise Houses". It will be a peer-support and recovery centre of excellence for New Brunswick. I believe it addresses an emergency situation with the "tangible solutions" the City of Moncton calls for.

It could be lower cost and highly sustainable by recognizing and building upon the capacities of those currently seen as throwaway people.

This could actually help individual health professionals improve their practice. Systems of care and support would improve their performance, just as is happening in other places in Canada and the United States.

Homeless peoples' direct comments suggest need for "drop-in centres with a difference" that could be located in "purpose built rooming houses" with peer-led advocacy, community navigating services and the very powerful mentor-ship supports by persons who have been in their shoes, and are now role models for recovery. The residents of these special homes would invite the public, care professionals, the media and other interested persons to their own turf, so everybody can learn together, and break down the stigmas that slow down efforts to give our homeless decent places to live.

Canada has developed its first ever Poverty Reduction Plan and aspires to be a global leader. Sunrise Houses, I believe, exemplifies this aspiration, from the ground up.

What is needed for this to happen? Among other things, we need that anti-prejudice educational campaign, because research tells us that almost all of us discriminate sometimes, usually without knowing it. We need a culture of community-based participatory research, with homeless people in the front seat, not in the trunk. The goal is actionable solutions for greater social equity, not research for research's sake. We need all hands on deck – a New Brunswick Citizens' Alliance to End Homelessness.

If those with power in the community will give some of it to those with less, we will begin to go beyond tokenism and benefit from the transformational power of lived experience and peer support, and be open to transfers of knowledge that can make "miracles" happen, including significant progress on homelessness and making us a healthier, more diverse, inclusive society. That will be some anti-prejudice campaign!

What could stop this from happening? Columnist Norbert Cunningham's commentary on Nov. 22 gives us pause: "The 'problem' is really a failure of society's social, health and basic income support services. It's a national shame. But do we have the political will and public support to address it well with a national solution?"

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