

Rita, Angie, and the Drop-Ins.

By Sarah Schulman · December 24, 2013

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Summary

It's one of those places we tend to quickly walk past. A street corner. Where a group of haggard-looking people hang out. Perhaps they are drinking, or muttering to themselves, or getting into a loud argument. These are people like Angie, Bill, and Emerald. I spent a day with Angie, Bill, and Emerald. Behind the street corner, at the Drop-in Center. Drop-in Centers are gap fillers. Designed to give people living in homeless shelters and temporary accommodation a place to go during the day. When the shelters lock their doors, until night time. But what is and what should be the role of the drop-in center? Is it to keep people safe during the day? Is it to connect people to services? Is it to build community? How could we re-imagine the drop-in center, and what it enables with and for Angie, Bill, and Emerald?

Cast of Characters



Angie Loves bingo and art. A center regular for 17+ years, she's attached to the place. Even if the other people annoy "the hell out of her" at times.



Bill A taxi driver for 40+ years, he knows all of Toronto's back alleyways. He drops by the center because the people are "his kind".



Rita Part activist, part poet, part gossip queen. She's got a way with words. And plenty of street observations to share.

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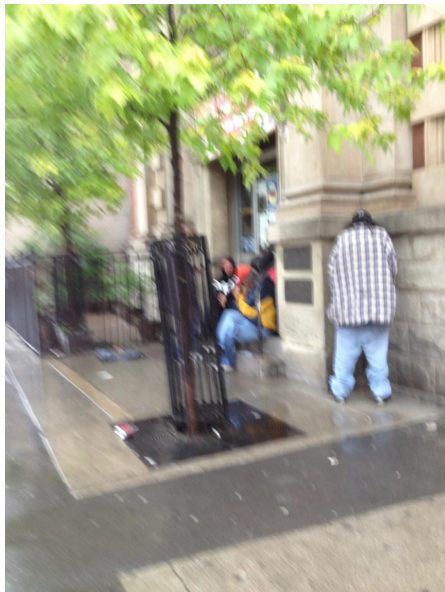
Realities

Kenny has fallen off the bench and onto the floor. Mark's sitting in his wheelchair, soaked in pee. Angie's yelling at Fiona: "She started it, She better watch it. Or I will fucking kill her. I don't give a fuck if I get kicked out of here." Bill is trying to calm Angie down: "Angie, come on, if you don't stop, I ain't gonna marry you." Emerald's on the phone, tracking down her parole officer. "I just got out of jail, you know, and I gotta get my stuff back. WHERE IS MY STUFF?"

I've been here for 8 minutes.

I organized the ethnography by cold-calling the Director of the Drop-in center and proposing a day of observation and feedback. At the time, this ethnography was not part of a bigger project. It's now the basis for our *St. Chris Stories project*.

Here is a drop-in Center. In a sturdy building off a busy Toronto street. The stale smell of the street follows you inside. A commingling of sweat, dirt, beer, cigarettes, marijuana, coffee. The air is thick, almost combustible. Giving way to bursts of yelling, crying, and laughing. Anger and exuberance co-exist with a kind of numbness.



7 men sit alone, at foldable tables. One reads the newspaper. Another flips through a worn-out novel. Others are lost in their own thoughts. "I'm just minding my own damn business," a man mutters as I walk by.

Another 3 men gather in the corner to play cards. 2 men hover at the pool table. 5 men are in the computer room. 3 men are downstairs in the showers or doing their laundry. And 2 heavy set women are in a heated conversation by the coffee counter.open aside

The coffee counter is where you can pour yourself some java in a real porcelain mug. Not a plastic one. This is no temporary place. There is some permanence, and continuity. That's even reflected in the Center's terminology: user are called members. Because, as the staff tell me, this 'place' isn't just physical. It's a tight-knit community.

Today, I am a new and unrecognizable face in the community. Upsetting the predictable unpredictably. "Hey, who are you? Emerald yells out between phone conversations with her parole officer. Bill wanders over, "I've never seen you before." So much for my silent observer role! A small circle forms around me. There's a flurry of questions. The talkative types seem to enjoy engaging in a conversation that's not the same-old, same-old. They want to hear about where I've lived. "Most of us have never lived anywhere else but around here," they say.

I react to the sudden interest around me by trying to test an emergent hypothesis: that Center members weren't all that used to having conversations with people from very different backgrounds and geographic places. I asked them: Why are you interested in me? What makes me different?

I get the sense there are a lot of reoccurring conversations in this community.

Reoccurring conversation starters from staff to members include:

- “Why don’t you go take a shower downstairs?” “Is this your bag of stuff? You can’t leave it here.”

Given how frequent I hear staff members say this, I wonder: What are other ways to ‘enforce’ the rules of the community? How could staff time be protected? How might the community have more of a ‘self-policing’ and ‘self-reinforcing’ function?

- “Calm down or I’m going to have to ask you to leave”
- “Are you coming to Group today?”

Reoccurring conversation starters from members to staff include:

- “Did you see the cops pestering us yesterday? I keep saying to them: go get a molester. We’re minding our own business.”
- “Don’t look at me like that. She/ he started it...”
- “Did you hear about what happened to”

(Some) of the characters

My conversation with Rita starts with, “Did you hear about what happened to Lucy, Autumn, and all the others?”

When I shake my head, Rita continues, “Lucy was murdered. So was Autumn. 14 of our people died in the past few months. Autumn was our baby on the corner.”

★ How could Elizabeth Kubler Ross’ work on grief & loss be used to help Rita and other members process the spate of recent deaths?

Rita is a fixture on the corner. She likes to drink beer with friends. It’s about acceptance, she says. “We come because of the drugs, of the alcohol, because we see ourselves as bricks. In our minds, people walk by us or on us. Here there are people like us, who respect us.”

Unlike some of the other members, Rita’s got a house. Well, a room in a house. Some days, she works as a cleaner in empty office buildings. But she’s a real people person. She’s interested in caring for older people, or maybe for people with disabilities. Rita’s had some practice. She has 10+ grand babies, and another on the way. She helps out where she can. So too does her own mama. “My 6 kids grew up with my mama, their grandma.” There’s a lot more to the story, but Rita doesn’t want to dwell on the past. She wants to feel alive now, to have a good meal, and to be around honest folks.

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The whole idea of the ‘corner’ as a place gets me thinking: How might we apply social identity theory to building a sense of belonging beyond the street corner? What interactions could be designed to formulate new ‘categories’, new ‘routines’ and new ‘comparison points’ (the 3 aspects of the theory)? What about life swaps - where people can see that their identities and sense of belonging to particular groups isn’t as fixed as they might think?



Members of the Drop-in Center having a conversation.

Angie is nothing if not honest. She's 46 years-old, with jet black hair and a broad, mischievous smile. Most of her teeth are missing. It's raining outside. And her fleecy blue sweater is drenched. She's wandered over, her yelling match with another member now over.

As I observe this scene take place, I jot not in my notebook: What are typical triggers for anger and fighting at the Center? For other difficult behaviors? How could you design the space and interactions differently to minimize these sorts of outbursts? How might you also build reflective capacity amongst members to recognize triggers? Could 'playbacks' (like in sports games) be a prompt for reflection and learning?

"I know I sometimes get too upset. I don't like it when it gets too violent here cuz then I get into it. I've got a short fuse. I will fight you."

For 17 years, Angela's been coming to the Center. Just about every day. The Center helps find her temporary housing. She's in a Women's Rights shelter at the moment. When she's not at the Center, she tries to go to church. As much as she likes the Center and church, she acknowledges it can be a bit boring. She likes bowling, gambling, going out places as a group. "I wouldn't mind bingo, or arts and crafts, or just getting to see more places. Not just standing around and talking."

Bill and Angela often talk. Bill loves to chat, and he's pretty good at diffusing tension. It's a skill. Acquired from 30+ years of driving a cab around Toronto, and dealing with all types of passengers in the backseat. He's been dropping into the Center for at least 7 or 8 years, he says. "I just like the people here. Particularly the native people." A long time ago, Bill married a native woman. They had 2 sons. She left with their sons, and they both grew up in the far north. One of his sons is into the drink. "I'm trying to get him to move here. There's nothing up there."

Seth knows. He's from up north. He was on the street for years. On the drink. For the past several years, he's been working at the Center. About 45% of the Center's 1600 members are Aboriginal.* "I use my life experiences every single day," he tells me. He also uses his physical presence. Seth's a big guy. He's the one that often has to break up the fights: "I wish I didn't have to bar people

from the Center, but sometimes its necessary. You have to stand your ground.” You also have to clean up the ground, a lot. In the course of two hours, Seth rolls out the mop three times. To clean up other people’s urine, throw-up, spilt coffee. The members stand around and watch. Paul’s another worker. He’s new, pretty fresh out of social work school. He’s motivated by using

★ A presentation on Aboriginal homelessness in Toronto can be found here: www.ontarioshores.ca/UserFiles/Servers/Server_6/File/PDFs/Research/ResearchDay/2013/A1%20-%20Stewart.pdf

his relative privilege for others. By trying to counterbalance things. Just this morning at Tim Horton’s, a man sleeping on the street walked in, asking to use the toilet. The barista said only paying customers could use the toilet. So Paul bought him a coffee, and turned him into a paying customer. “He didn’t say thank you. And I didn’t expect him to.” In a short amount of time, Paul’s learned not to expect much. Particularly from other services and professionals. He spent several hours today on the phone with the treatment facility trying to wrangle a bed for a 45-year old member who is bi-polar and an alcoholic. His family is slipping away. Paul succeeded. Tomorrow, he’ll bring the guy a bible and hope he stays committed long enough to see the benefits of staying sober.

Leona’s been sober for just about the same amount of time she’s been a worker. Over and over again, she sees members go into treatment. For a few days, or a few weeks. Only to find their context hasn’t changed when they get out. They return to the Center to see their friends, to catch-up on the gossip they’ve missed. And they tend to fall back into some self-destructive patterns.

“Members often tell me they want to move forward,” Leona acknowledges. “And so I help them as best I can get into treatment. But sometimes I feel like saying, I can send you to treatment, but when you get back, I’m going to contribute to you relapsing because you will be coming back to the same place.”

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A few interactions

The place is a combination of informal, peer-to-peer interactions. And more formal, client-professional interactions. On Monday afternoons, there’s a legal drop-in session. On Tuesdays, there’s a medical clinic. On Wednesday’s, there’s a therapy group. On Thursdays, there’s an addiction support group. And around the sessions and groups, there’s 1:1 support from a social worker. They can help you fill out forms, get benefits, and where possible, locate a bed.

It’s Thursday. So I join the addiction support group. We crowd into a room that’s part meeting space, part storage. Faded posters with inspirational messages are affixed to the wall. “First things first.” “Keep an open mind” “Remember when?” “Easy does it.” “Live and let live.” “Keep it simple.” “Keep coming back.”

Only 3 members have come back today. Usually there are about 8. Leona explains how the group works. “We repeatedly go over the 12-steps. The problem is the language. It’s can be pretty alienating. So we discuss and we apply the lessons to our lives.”

The group is on Step 6: We’re entirely ready to have God remove all these defects of character. “Now, just because we have defects, does not mean we are defective,” Leona clarifies. She offers up a metaphor to explain: “I used to have a truck, which I loved, but it was missing a piston. That didn’t make the truck defective.”



The 12-Steps

Samantha, a young woman with puffy eyes, long blond hair and a sparkly sweater, interjects: “I have defects, sometimes. I am struggling with my forgetfulness. I’ve been on acid for a week. I am a lioness....” Samantha’s words turn into an increasingly jumbled soliloquy. Leona forcefully steps in: “Samantha, I’m going to have to ask you to leave group. You are not in the right mind for this.”

“I don’t have to take this,” Samantha screams. She gathers up 2 extra-large garbage bags stuffed with clothes and stumbles to the door.

Leona tries to regain some control. She talks about how defects of character can be defining features. And how hard it can be to give up a defect that we might find beautiful. Like impulsiveness, or being the life of the party.

Celine, an older woman wearing a boyish baseball cap, looks up from her note-taking for the first time. She’s spent the meeting intently copying, word-for-word, the AA bible into her

own notebook. “Yes, when you don’t drink, you do feel lonely. Like you’re not you. Your friends throw you away. They want sex. I have no where to go.”

Bess, sober for 16 years, confirms it can be lonely. “Oh, I know what it’s like Celine. My friends and I used to go from bar to bar. Then I had no where to go. But, you don’t have to keep drawing friends from this pool. You can go to one of the aboriginal centers. They do art and activities there.”

“I don’t make plans no more,” Celine curtly replies. “But I do want to meet a man with a car and lots of money. Where do I meet me one of them?”

“I don’t know,” Bess says, “but I do know you can get some joy out of the small things. Like eating good food. Or being able to buy something nice for yourself. Now when I go shopping, I think that purse costs the same as a case of beer!”

There’s continued banter back-and-forth. Soon, the two hours are up. Leona reminds the group that next week, they’ll move to steps 7 & 8. “Let’s rustle up our other members,” she says.

We walk out of the storage closet and into the main hall. With all is commotion. Celine scans the room, looking for someone to talk to. Bess wanders off. And Samantha is no where to be found.

I wonder aloud what will happen to Samantha. Leona and her fellow staff shrug. They’ve encountered that behavior so many times before. “Hopefully she’ll find somewhere to sleep it off.”

Like all communities, there are limits. Once members of the Center leave the building, staff have few resources to help. And all members must leave the building by 4pm. That’s when staff finish up their paperwork, and get the place cleaned up for the next day.

Staff point out that there’s more and more paperwork. It’s part of a trend towards more clinical, professionalized practice. Their funders have asked them to use the ‘common assessment form’ to document details about members’ lives. That’s translated into staff spending a lot of time on the computer. They are finding it’s taking about 4 hours to fill out the form per new member.

The questions are mostly technical - about housing status, income, medicare numbers, family members, etc. And they find many of their members' situations don't neatly fit into the boxes.

The paperwork is meant to smooth the transition between services - and to help their members' access needed assistance. And it's clear to all the staff that members' needs are fast increasing.

As I listen to staff express their concerns about the paperwork, I wonder: could the paperwork be turned into a reflective experience that's not just about collecting data, but about developing a profile to understand which mix of services & experiences might be most useful to this person?

One staff member tells me: "De-tox needs are really intensifying. So are other health needs - diabetes, kidney failure, early-onset dementia. People are a lot sicker now than they were when I started in this business. The population is ageing quickly, and they need more than what any of us can give."

Ideals

"You can't be too idealistic about what we can do," social worker Paul declares. "You got to be humble. Modest. A good day is connecting with people, getting them something, 1 thing that might help. A bed, a bible, an ear."

Humble is an often repeated word amongst staff. As Leona says, "You've got to understand the trauma that our members come from - many were removed from their communities, raised in foster care, without stability. I've been around long enough to see how that effects a person, to be humbled by it. So I'd say a 'good outcome' is people have more stability, feel a part of the community here at the Center."

Where staff have seen members make the most strides is at their annual retreat. It's not long. But it's intensive. For just 3 days every year, staff invite a group of members to a residential retreat site. There, they eat good food, have deep conversations about their lives and addictions, and have fun. "It's pretty amazing when you take housing and food off the worry list for a few days and create an energizing and supportive atmosphere, how far you can come."

Leona characterizes this work as 'community building' mixed with 'deep counseling.' And she contrasts it with the kind of short, clinical interventions that the system is pushing for.

"I think what the system thinks wants is more clients plugged into all the different services, less emergency room visits, fewer health issues. We're getting the message that the way to do that is through practices like motivational interviewing and brief interventions, and things like that. Less about the community side."

For the members I speak with, their conception of 'good' is entirely in terms of community.

"It's pretty amazing when you take housing and food off the worry list for a few days and create an energizing and supportive atmosphere, how far you can come"

In order to encourage staff to talk about something abstract like 'good outcomes', I asked a series of more specific questions starting with: Tell me of a good day you've had recently? A bad day? Give me a story of somebody you think is doing well? Why?

They want to belong. To feel accepted. To not feel so alone. “They are my people,” one woman tells me. Going into treatment and leaving this community behind seems to be a lonely proposition. Members talk about not wanting to reject this makeshift family, nor do they want to be rejected. This family, for all of the chaos and the drama, is safe. A life without the chaos and the drama is what feels unsafe.

“We need high adventure. That’s been our whole lives,” Rita says.

My Take-Aways

Perhaps not surprisingly, the language Rita and others members use to describe what is good, what is safe, what is stable differs from the language of staff and the system. Here are some of the gaps and tensions I note during my day of observations and conversations.

These disconnects are my personal interpretations, and extractions. I got to them by re-reading my notes, taking two colored pens and highlighting contrasting points.

Stability-Change

Stability is a stated goal of the system and its social workers. Yet stability is perceived negatively by many members. These members see stability as leaving the drama and the adventure they crave behind. As exiting a community they identify with, that accepts them, that satisfies their need for belonging, connection, and yes, competence. In this way, the Center actually serves a stabilizing function. And many members, understandably, are resistant to upset the balance. Could it be that the very strength of the Center - its resilient community - is a barrier to change?

And how could we create more of a narrative around change? Of moving or transitioning members from one relatively stable community (the Center) to another? None of the staff or the members openly talk about people who have left the community and adopted a different lifestyle. I only hear about people who have left the community by death. Or who have temporarily entered treatment. There don’t seem to be readily sharable stories or myths about life post Center?

Bonding-Bridging

There’s a heck of a lot of social capital within the four walls of the Center. There is a whole ‘corner’ language - a shorthand that members use for talking about hanging out, drinking beer, being pestered by cops, finding places to sleep, etc. Lots of care and informal know-how is shared. And yet there is very little new input. The same conversations are repeated. Even with staff. Staff are part of what feels like quite a monolithic culture: similar reference points, stories, gripes, and resources. How could their be fresh reference points, stories, gripes, and resources?

What if Members had a different kind of conversation each time they came to the Center? With someone new? From a different perspective? With a different set of experiences? What if there were external guests or hosts for the day? What if we applied some of [the Art of Hosting principles?](http://artofhosting.org) (artofhosting.org)

Drop-in-Treatment

‘Treatment’ seems to be defined as a facility. With beds, and doctors, and medicine. Treatment doesn’t seem to come in different forms. It’s either all or nothing. In this conception, the drop-in Center has very little to do with treatment. If they are lucky, the Center can connect you to treatment. Could treatment come on a continuum? What if treatment wasn’t so separate?

Community - Clinical

Treatment, in its current conceptualization, is a clinical activity. Clinical activities have clout. Indeed, staff describe the system's preference for clinical, evidence-based interventions over more diffuse, community-building activities. They are presented as dichotomous directions. Are they? Interestingly, nearly all of the Center's planned activities are of a clinical or therapeutic nature: legal sessions, doctor's clinics, addiction recovery.

How could you turn activities like bingo or arts & crafts into interventions? In other words, into activities that enabled people to reflect on their situations, gain new insights into their behaviors, and get introduced to new people?

Access-Development

The premise of the drop-in Center is access. Access to social workers, to services, to showers, to laundry, to a cup of coffee, to food. These are activities to meet basic needs. They are not explicitly designed to develop new capacities or to awaken dormant capacities. Of course members are strengthening and gaining new capacities through the center, informally: survival skills; system navigation skills; and for some, ways to get a hold of drugs and alcohol. What if the premise of the drop-in center was development versus access?

How might you apply Montessori principles to a drop-in center environment? Where play and experimentation and exposure to new activities is encouraged?



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