Homelessness is an endemic social problem in the United States, with approximately 643,000 people now living without a place to call home on any given night. Over the course of a year, the number of people residing in emergency shelter and transitional housing exceeds 1.5 million. More than one third live on the streets or in places not fit for human habitation. Of these, a disproportionate number are single men. During times of economic recession and high unemployment, the numbers of people experiencing homelessness, especially those in families, tend to climb. Driven by extreme poverty and the lack of decent affordable housing, homelessness occurs in every state in the nation, but it tends to concentrate in urban areas and in large coastal states (e.g., California, New York, Florida).

Homelessness is more than the lack of housing. It can be seen as a metaphor for disconnection from family, friends, caretakers, reassuring routines, belongings, and community. Once people become homeless, the road back to stable housing is tortuous and fraught with peril. Because of the relative lack of affordable housing and difficulties obtaining housing vouchers in most communities, many individuals and families languish in emergency shelters, in transitional programs, and on the streets for long periods. The experience of homelessness is invariably traumatic and may lead to adverse long-term outcomes related to health and well-being.

Why are People Homeless?

This question has led to numerous and often heated debates, often biased by political ideologies and personal beliefs. In part, this has occurred because the factors leading to homelessness are complex, interwoven, and multilayered. Structural issues create the context for homelessness but do not explain who is most vulnerable to losing his or her homes. Structural, or macrolevel, factors include the supply of affordable housing, poverty levels, unemployment and foreclosure rates, family composition, and availability of benefits. Extreme poverty is by far the greatest driver, and in combination with the relative lack of affordable housing, explains why so many individuals and families are homeless or at risk of homelessness.

As described by the National Low Income Housing Coalition in 2010 in Out of Reach, the confluence of extreme poverty with the absolute shortage of affordable housing units is especially challenging for extremely low income (ELI) renter households—or those earning 30% or less of their area's median income. With 9.2 million ELI renters and only 3.4 million affordable and available units, it is easy to understand why homelessness is a major social problem. Many of these renters pay more than half of their incomes for housing costs and are designated as having "worst case housing needs." They carry the highest risk of becoming homeless. As their purchasing power decreases, they often must choose among rent, food, clothing, child care, transportation, and other essentials.

This situation has worsened in recent decades as poverty rates have soared. According to the U.S. Census, 43.6 million people were living below the federally established poverty line in 2009. For a family of four, this means income of about $22,000. The poverty rate of 14.3% (a 15-year high) placed
many more people at risk for becoming homeless. In fact, in every state, housing costs outpace wages. An individual working a full-time job at minimum wage cannot afford a two-bedroom apartment for himself or his family anywhere in the United States. Similarly, with the exception of some counties in Puerto Rico, the same worker would be unable to afford a one-bedroom apartment at fair market rent anywhere in the country. In most states, the hourly wage needed to afford rent for a two-bedroom apartment is 2 to 3 times the minimum wage. Furthermore, one potential solution, housing vouchers, meet only one quarter of the need.

**Who is Most Vulnerable in the Current Housing Market?**

In an attempt to answer the question of who is most likely to become homeless, researchers have explored the contribution of individual level factors, such as medical problems, domestic violence, mental illness, and substance abuse. Although these issues are disproportionately represented among people experiencing homelessness, researchers have been unable to document a one-to-one correlation. Instead, they found that these factors were more often part of a complex set of issues, processes, and circumstances that together increased the risk of homelessness. Studies have shown that any constellation of factors that compromise an individual's economic and social resources or decrease the ability to buffer the unremitting stresses associated with poverty decreased the ability to compete in a tight housing market.

With this in mind, it is understandable that the U.S. Department of Housing and Urban Development (HUD) reported in 2009 that 78% of all sheltered persons experiencing homelessness are adults, 61% are male, and 62% are members of a minority group. In fact, the most common demographic description among people experiencing homelessness is an African American adult male. Almost 40% had a disability—more than 2.5 times greater than a single adult male in the general population. They were also more likely to be veterans. Before becoming homeless, they tended to live alone in single-person households with limited supports to help them through a crisis. Many of these men had histories of mental health issues, substance abuse, and related incarcerations, and they did not qualify for various safety net programs. Only one quarter of single adults experiencing homelessness are women—many of whom have a combination of medical, mental health, and substance abuse issues.

Since the mid-1980s, the face of homelessness has changed, with a growing number of families becoming homeless. The percentage of families in the overall homeless population has grown from less than 1% in the early 1980s to approximately 32% in 2010. With the economic recession of 2008 to 2009, their numbers are likely to continue increasing. Most homeless families are headed by women alone. They tend to be poorer than two-parent families, people with disabilities, and the elderly—putting them at high risk for homelessness. On average, they have two young children, more than half of whom are less than 6 years of age. In general, the mothers lack high school diplomas and have limited job skills. They often have histories of physical and/or sexual abuse as children and domestic violence as adults. It is not surprising that compared to their housed counterparts, many homeless mothers have medical, mental health, and substance use problems. Furthermore, women who are homeless and have experienced recurrent traumatic stresses also have difficulty accessing help for themselves and their children.

Children and youth are an invisible but growing part of the homeless population. The National Center on Family Homelessness has documented that one in 50 (over 1.5 million) of our nation's children go to sleep without a home each year. Many reside in unsafe and chaotic environments and are exposed to

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many traumatic stressors. Although data are limited, at least one quarter have been exposed to violence in their families, and many more have witnessed violence in their communities. Rates of separation from families are high and increase the longer the family is homeless. Research indicates that residential mobility and homelessness lead to increased rates of medical, emotional, and academic difficulties. Children experiencing homelessness have poor school performance, repeat grades, drop out, and have low rates of high school graduation.

In addition to children in families, approximately 12,000 unaccompanied homeless youth were counted in the 2007 point-in-time counts. More than 50,000 youth accessed services in the homelessness assistance system during that year. Because these young people are difficult to locate, the actual number of youth experiencing homelessness is likely much higher. In addition to the structural factors contributing to homelessness, these youth are most often on the streets because of family breakdown and conflict. Many are fleeing abusive homes or have been abandoned by caretakers. Others are transitioning out of foster care or the juvenile justice system and lack the supports necessary to find and maintain stable housing. Once on the streets, their situation is perilous. To survive, many participate in risky and illegal behaviors.

**The Impact of Homelessness**

The impact of homelessness on individuals, families, and children is devastating, often leading to long-term adverse outcomes. Home provides safety, comfort, privacy, and a sense of belonging. Without a place to call home, people suffer from unpredictability, dislocation, chaos, and violence. Frequently stigmatized and blamed for their circumstances, people experiencing homelessness can feel alone, alienated, and isolated. Sadly, the road back into the community and stable housing is typically a long one.

While the process of reconnection and rebuilding can be long, the term *homeless* does not describe a type of person or a permanent set of circumstances. Homelessness is a housing situation, not a label. It is a state, not a trait. For most people, the experience of homelessness is brief or episodic. As the nation’s response to homelessness has evolved in recent decades, service agencies and funders have increasingly targeted resources toward efforts that end homelessness rather than manage it.

**Responses to Homelessness: Emergency Shelter to Housing First**

In the 1980s, as the United States witnessed large-scale homelessness, efforts initially focused on emergency responses, such as shelter, food assistance, and crisis medical care. The goal was to keep people from dying on the streets. Cities, states, the faith community, and philanthropic groups funded programs, created agencies, and mobilized volunteers dedicated to serving people experiencing homelessness. Advocacy groups exerted pressure on lawmakers—some sleeping outside the nation's Capitol to illustrate the immediacy of the issue. As a result, in 1987, Congress passed the first comprehensive legislation in response to the crisis of homelessness—the McKinney-Vento Homeless Assistance Act. The McKinney Act aimed to consolidate all federally funded homelessness efforts, supporting programs to address housing, health care, education, employment, and substance abuse and mental health services.

While this legislation represented a major step forward, funding remained limited and implementation fragmented. Reflecting the lack of coordination at the federal level, agencies within local communities
competed for limited resources, struggling to carve out "turf" and disagreeing about appropriate philosophical and treatment approaches. Faith-based groups disagreed with government-funded programs on service requirements, and abstinence-based treatment programs argued with harm-reduction programs on how best to support people with substance abuse and mental health issues.

In an effort to streamline and coordinate funding for homeless services, HUD introduced the Continuum of Care (CoC) in 1995. The process emphasized community-wide planning for housing and services and introduced a consolidated application process for HUD homelessness funding. While some CoC funded services were permanent, many were transitional housing programs, with time limits of 24 months or less, and various requirements; these included a period of sobriety before moving into housing, compliance with psychiatric medications, and rules about work. "Housing readiness" underpinned this approach and implied that in order for a person to become self-sufficient, he or she had to have a range of skills often learned in transitional programs. These strict service requirements resulted in admission of people with the fewest service needs, excluding many with severe mental illness and substance abuse issues.

In recent years, Housing First has emerged as the predominant model for providing permanent housing and supportive services for people experiencing homelessness. Pioneered in New York City by Pathways to Housing, then quickly spreading to communities across the country, Housing First is based on several key principles. With the belief that housing is a basic human right, Housing First moves people directly from street to housing without requiring service compliance. This approach targets the most vulnerable people experiencing homelessness and aims to engage people in services and treatment through assertive engagement rather than coercion. Housing is permanent, and services are available but not required.

In 2009, two major legislative efforts dramatically shaped federal homelessness policy. First, passage of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) as part of the American Recovery and Reinvestment Act of 2009, infused the homeless services system with $1.5 billion, the single largest investment of homelessness service resources in our nation's history. HPRP emphasized shortening the time people are homeless through early identification and links to housing (rapid re-housing) and through preventing people from becoming homeless through brief, shallow housing subsidies designed to avoid eviction. This represented the nation's first major investment in homelessness prevention. Second, in May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. This law reauthorized all federal homeless assistance funding (previously authorized in the McKinney Act), broadened the federal definition of homelessness to increase eligibility, and restructured some funding streams.

Over the past decade, many cities and states have developed comprehensive 5- and 10-year plans to end homelessness among certain subgroups (e.g., chronically homeless) by targeting limited resources and coordinating funding streams. These plans have yielded mixed results. Some have generated new partnerships and new resources, thereby reducing the numbers of homeless people. Others have reallocated existing funding without significantly impacting the number of people experiencing homelessness, while still others have been shelved and forgotten. In 2010, the U.S. Interagency Council on Homelessness released Opening Doors: Federal Strategic Plan to End Homelessness. This plan sets specific goals for ending homelessness among various subgroups of homeless people primarily by fostering interagency collaboration and aligning mainstream resources. However, additional resources will be needed to provide the full range of housing, supportive services, and prevention programs to

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end homelessness. Ultimately, we must ask if there is the political will to end this tragic social problem.

The Role of Housing and Services

In response to the initial push for emergency services in the 1980s, advocates shifted the conversation from shelter to housing. The dialogue suggested that the solution to homelessness was "housing, housing, housing." Extreme poverty and the lack of affordable housing are the primary drivers of homelessness, and increasing the stock of safe, decent, and affordable housing is critical for ending homelessness. Although essential, housing alone is not sufficient. Most people experiencing homelessness also need services and supports to remain stably housed. Available services should include medical care, mental health support, drug and alcohol treatment, child care, education, and job training and opportunities. In addition to these formal supports, informal connections to family, friends, and neighbors are equally important for integration into the community.

Trends in Research, Practice, and Policy

Homelessness research is continuing to evolve. The earliest formal study of homelessness was Alice Solenberger's *1000 Homeless Men*, a 1911 sociological report of single homeless men in Chicago. Through the Great Depression, the focus became more descriptive in nature, with photographers and writers such as Dorothea Lange, Walker Evans, and James Agee capturing the experience of extreme poverty and homelessness. As homelessness increased in the 1980s, researchers studied the causes, correlates, and consequences of homelessness and its impact on various subgroups. Much research focuses on the needs and characteristics of specific subgroups (e.g., families, youth, veterans, people with mental illness, chronically homeless individuals). Recently, researchers have attempted to document the effectiveness of housing and service interventions through mixed methods studies that blend qualitative data and quantitative outcomes. Other studies seek to define the services and supports necessary for housing retention and to explore the cost-effectiveness of interventions. As the research base has grown, so has an understanding of effective practices, yet few evidence-based practices are specifically designed for homeless populations.

Although research on homeless services is growing, a gap persists between research and practice. Dissemination of effective practices is often slow, and the people who most need the research knowledge—service providers and program directors—lack the time or skill to access this vital information. However, several promising trends indicate a movement toward improved quality of care and measurable outcomes. Homeless service agencies are increasingly embracing service models that are trauma-informed—understanding and responding to clients’ experiences of trauma before and during homelessness. Similarly, more programs are moving to recovery-oriented care, involving formerly or currently homeless individuals as staff, board members, and volunteers. Finally, funders, program administrators, and service providers are beginning to understand the importance of implementing evidence-based practices (EBPs). As the evidence base grows for certain interventions, these interventions will likely be more widely utilized in coming years.

While these trends continue to have a major impact on how housing and services are provided, the homeless service system remains fragmented and underresourced—with growing concerns about the quality of care provided. The workforce is overworked, underpaid, and inadequately trained. Workers experience high rates of burnout leading to high rates of turnover. Recently, there has been a renewed focus on workforce development and additional support for training and technical assistance. Rather than providing single-session didactic training without follow-up, there has been a shift to providing...
ongoing, interactive, experiential training—often accompanied by the creation of communities of practice.

As discussed previously, local, state, and federal policy on homelessness has become increasingly coordinated, targeted, cost-effective, and aligned with mainstream resources. Promising shifts have occurred in recent years, including the movement toward Housing First, or rapid re-housing, and permanent supportive housing; the integration of housing and services; homelessness prevention; workforce development among homeless-service workers; and implementation of evidence-based practices. Ultimately, the structural causes of homelessness—lack of affordable housing and unequal distribution of income—must be addressed.

Without the political will, homelessness will continue to be a growing social problem.

See also Affordability

Further Readings


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