

Homelessness

ISSUE STATEMENT

The 1980s saw an increase in homelessness, resulting primarily from slashed federal housing subsidies, rising housing costs, economic restructuring, the decline in family supports, the deinstitutionalization of people with psychological or developmental disabilities, and the inadequate response to the needs of veterans (Dreier, 2004; Ficene, 2011; Hudson, 1998). After several decades of disjointed efforts to address the crisis of homelessness in the United States, it remains a significant problem; however, recent years have shown progress in preventing and ending homelessness. In January 2013, more than 600,000 people were reported to be experiencing homelessness in the United States (Henry, Cortes, & Morris, 2013). Of these, 38 percent were unsheltered, struggling to survive on the streets and sleeping in cars, abandoned buildings, or other places not intended for human habitation (National Alliance to End Homelessness [NAEH], 2013). Individuals constituted 64 percent of the total homeless; families made up 36 percent. Since 2010, our country has seen a 6 percent reduction in the overall number of people experiencing homelessness, including a 24 percent reduction in homeless veterans; a nearly 5 percent drop in homeless individuals; a decrease of 8.2 percent among families; and a 15.7 percent decline in individuals meeting the U.S. Department of Housing and Urban Development's (HUD's) definition of being *chronically homeless*, that is, having been homeless multiple times or for longer than one year (Henry et al., 2013). However, even as the national number has declined, roughly half the states saw overall homeless populations increase between 2008 and 2013 (Keys & Peck, 2014).

Although federal resources allocated to ending homelessness were not increased in 2013, except for programs designed to assist homeless veterans, more effective strategies have been implemented, resulting in a drop in the numbers of people in homeless situations. These strategies include providing permanent supportive housing for chronically homeless people, the rapid rehousing of people so they exit from homelessness as quickly as possible, and focusing on people living in unsheltered conditions. Federal investments in such strategies have been working (NAEH, 2013).

Tempering these encouraging data, however, is the fact that homelessness continues to exist. Even with more effective strategies and more targeted spending, the lack of adequate funding to fully address the problem means that many people in the United States still experience episodes of homelessness. The persistence of homelessness is routinely recognized as evidence that poverty and the lack of affordable housing and other resources in the United States still persist and are likely to remain critical policy issues throughout this century (National Coalition for the Homeless, 2009).

The issue of homelessness is complex, and people experiencing homelessness are not a homogeneous group. In many cases, the only common factor among people in homeless situations is that they do not have a safe, decent, and affordable place to live. Even individuals who are working full-time, and families with at least one member working full-time, may not earn enough money to maintain their housing. There is a lack of decent, affordable housing in a wide range of urban, rural, and tribal communities (Bravve, Bolton, & Crowley, 2013).

The economic downturn in the late 2000s, including the bursting of the “housing bubble,” led to a housing crisis as well as an economic crisis, leaving homeless or at risk for homelessness people who were previously financially secure. The postrecession homeless crisis now affects more families than at any other time in recent history, with people who just a few years before had jobs, housing, and relatively stable lives becoming the “new face of homelessness in America” (Raz, 2010).

The economic turmoil has also resulted in more people becoming renters rather than homeowners. But salary erosion and the failure of incomes to keep up with increases in rent have led to record numbers of households “paying excessive shares of income for housing” (Joint Center for Housing Studies of Harvard University [JCHS], 2013, p. 1). “Nearly half (46 percent) [of renters] have incomes below \$30,000, including 22 percent with annual incomes below \$15,000 (roughly equivalent to working year-round at the minimum wage) and 24 percent earning between \$15,000 and \$30,000” (JCHS, 2013, p. 12). Homelessness can be understood in the context of economic factors and housing market factors (NAEH, 2013). Demographic and household factors include examining the rates of individuals living “doubled up” with friends or family because of economic need, the number of single-person households with low incomes, and the number of family households headed by a single adult who are living in poverty (NAEH, 2013).

Poverty creates a tenuous existence, whereby an illness, accident, or loss of a paycheck can destroy the ability to pay for housing. HUD defines a household as having a “rent or cost burden” if the household pays more than 30 percent of its income for housing costs, including utilities. Households have a “moderate rent or cost burden” if they pay between 31 percent and 50 percent of their income for housing, and a “severe rent or cost burden” if they pay more than 50 percent (Office of Policy Development and Research, 2000, p. A-20). In 2012, 21.1 million households, representing more than half of all renters, experienced a cost burden. For households with a housing cost burden, money spent on housing and utilities means less money to spend on food, transporta-

tion, health care, and retirement savings—all critical for surviving, working, and planning for the future. For people with a low income, even “inexpensive” housing absorbs a large proportion of funds and is too often abandoned when economic resources are insufficient to meet basic needs. Consequently, the cost and difficulty of trying to find affordable housing can present tremendous obstacles, and well-meaning policies not supported by adequate resources exacerbate this problem.

The National Low Income Housing Coalition’s (NLIHC’s) 2013 *Out of Reach* report found that “the cost of housing is simply too high for our lowest income neighbors to afford” and that affordable housing is “a cost-effective and proven solution to homelessness” (Bravve et al., 2013, p. 1). In 2013, extremely low income (ELI) households had incomes of no more than \$19,810, meaning they could afford to spend no more than \$495 per month on rent, even as the national Fair Market Rent (FMR) for a two-bedroom unit was \$977, and for a one-bedroom unit \$783. As a result, many households spent more than 30 percent or even 50 percent of their income on housing (Bravve et al., 2013). About 8 million people received Supplemental Security Income (SSI) because of a disability and lack of economic resources, and the maximum SSI payment in 2013 was \$710 per month. “Among those reliant on SSI, there is not a single county in the U.S. where even a modest efficiency apartment, priced according to the FMR, is affordable” (Bravve et al., 2013, p. 4). In 1960, 25 percent of renters faced a housing cost burden, but by 2013, that number grew to 53 percent, more than half of all renters (Bravve et al., 2013).

Homelessness continues to be further exacerbated by eroding work opportunities, a decline in public assistance benefits, inadequate health care insurance, disabling behavioral health disorders, and domestic violence (Home Aid, 2014; Institute for Children, Poverty & Homelessness, 2013). Household median income declined between 2000 and 2011, postrecession job growth has consisted of primarily low-wage jobs (a trend expected to continue through 2020), and the 2013 federal minimum wage (\$7.25 per hour) was “worth about 30% less than it was in 1968, based on purchasing

power" (Bravve et al., 2013, p. 5). "With the exception of a handful of counties in Washington and Oregon (where the state minimum wage is \$9.19 and \$8.95, respectively), there is no county in the U.S. where even a one-bedroom unit at the FMR is affordable to someone working full-time at the minimum wage" (Bravve et al., 2013, p. 5).

Homelessness is also a human rights issue. The 1948 Universal Declaration of Human Rights (United Nations, n.d.) included a right to housing, but that right has not become a reality for many in the United States. Framing the right to housing as a means to ensure basic human dignity and expanding government expenditures to ensure that right as "government's basic obligations to its citizens" can advance the cause of providing adequate housing for all people (National Law Center on Homelessness and Poverty, 2011).

A variety of research methods are used to research and measure homelessness on regional, local, and national levels, and methodological problems can negatively affect funding for existing and new programs to serve people experiencing homelessness. These problems also inhibit accurate predictions regarding the need for emergency shelter and transitional housing beds. The methodology selected can significantly influence everything from our understanding of the magnitude and dynamics of homelessness to the crafting of policy and the development of interventions. For example, point-in-time counts provide a "snapshot" of homelessness as they only include those who are homeless in a single 24-hour period. Over time, however, some people will find housing and new people will become homeless, so point-in-time studies do not accurately identify the intermittently homeless people, and therefore tend to overestimate the proportion of people who are "chronically homeless," particularly those who experience severe mental illness or addiction disorders and therefore have a much harder time finding and retaining permanent housing (National Coalition for the Homeless, 2009). Narrower definitions of homelessness tend to exclude people who have previously been or are at risk for being homeless, those living in doubled-up situations, those living in transient housing (such as motels), or

those who are intermittently living with friends and family members.

In the late 2000s, HUD began encouraging, and then requiring, local clusters of homeless services providers, Continuums of Care (CoCs), to collect and report data on people served with CoC-funded services. HUD designed specifications for the Homeless Management Information System software, which numerous software vendors created and marketed to CoCs. Over the past several years, data voluntarily gathered year-round from people participating in homeless services have become a rich source of information that has led to an increased focus on program performance and effectiveness, evidence-based practices, and proven funding strategies (HUD Exchange, n.d.).

The decades-long failure to adequately respond to the needs of homeless individuals has led to an even greater crisis in the 21st century, particularly among special populations such as veterans. Veterans make up just 9 percent of the total U.S. population, but are 13 percent of the people experiencing homelessness (Arnold, Bolton, & Crowley, 2013). HUD has estimated that 57,849 veterans are homeless on any given night. According to the U.S. Department of Veterans Affairs (VA), the nation's homeless veterans are predominantly (92 percent) male (National Coalition for Homeless Veterans (NCHV), n.d.). Data show the veterans of color are also disproportionately represented within the population of veterans experiencing homelessness (NCHV, n.d.).

The U.S. Interagency Council on Homelessness (USICH) has prioritized efforts to end homelessness among America's veterans by 2015. Data from recent homeless counts suggest that investments in effective, evidence-based programs, along with unprecedented collaboration between service providers and funders, has yielded substantial reductions in veterans' homelessness. From 2010 to 2012, the number of veterans experiencing homelessness on a single night decreased by 18 percent (from 76,329 to 62,619). Whereas the number of sheltered homeless veterans dropped both years, the number of unsheltered homeless veterans dropped between 2010 and 2011, but stayed the same from 2011 to 2012 (USICH, 2013).

Other subpopulations at risk for homelessness that have been identified as needing special attention are survivors of domestic and dating violence, sexual assault, and stalking; adults with serious mental illness; adults with substance use disorders or dual diagnoses; unaccompanied youths and children (such as those aging out of foster care); lesbian, gay, bisexual, and transgender youths and adults; and people recently released from prison. Interventions for these subpopulations within the larger homeless population should address and support their specific needs and circumstances.

Acknowledging that no single remedy exists, a philosophical shift has occurred nonetheless on the federal level, from emphasizing shelters and temporary or transitional housing to focusing on rapid rehousing, Housing First, and permanent supportive housing. These practices have effectively reduced the number of people in homeless situations, decreased the length of time people remain homeless, and increased the stability of people in housing after exiting a homeless services program. Rapid rehousing involves getting a homeless individual or family back into permanent housing as quickly as possible, and working with them to successfully remain in that housing (NAEH, 2014b). Housing First is the philosophy of providing housing to people without any preconditions, such as the requirement for sobriety or sufficient income (NAEH, 2014a). Permanent supportive housing provides housing with supportive services, such as case management, education, and employment assistance, available to residents, and without an occupancy time limit (Wong et al., 2006). Homelessness prevention methods have shown mixed results in studies, but some communities have found them effective in decreasing the number of people falling into homeless situations, helping families to avoid the disruption in their lives that homelessness brings (Messeri, O'Flaherty, & Goodman, 2012; Wong et al., 2006).

The Homelessness Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (S. 896), which was enacted by Congress in May 2009, mandated that the USICH produce a "national strategic plan" to end homelessness (USICH, 2010). The plan, released in a report

titled *Opening Doors* (USICH, 2010), was presented to Congress and the president in 2010. This first-ever federal strategic plan to prevent and end homelessness set goals for ending homelessness for four subpopulations on the following timetable: veterans and people who meet HUD's definition of chronically homeless, by 2015; and families or households with children and homeless youths, by 2020. The plan also called for all USICH member agencies on the federal level to work with state and local entities to make progress toward ending homelessness for everyone.

So far, such progress has been painfully slow and sporadic. Nevertheless, the positive results from the implementation of initiatives such as Housing First and CoCs have been sufficient to establish the value and efficacy of federal and state leadership and increase investment in the development of comprehensive systems of services and supports for the homeless.

POLICY STATEMENT

Given both the moral responsibility for ending homelessness and the practical possibilities for doing so, NASW advocates for the expansion of these efforts, including the needed research and training supports. Because "the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty," and because "social workers promote social justice and social change with and on behalf of clients" (NASW, 2008, p. 1), the profession of social work has a mandate to address the issue of homelessness from the dual-pronged approach of improving the lives of people experiencing homelessness and advocating for systems change, and social workers can—and should—be leaders in anti-homelessness efforts.

In keeping with an empowerment perspective, social workers can and must join with people who are experiencing or have experienced homelessness to advocate for changes in the social structures that surround them. To

adequately address the problems of acute, chronic, and episodic homelessness, policies should include changing social and economic conditions that allow extreme poverty and increase the risk of homelessness, preventing and reducing episodes of homelessness, and strengthening the capacities of the many people who are experiencing homelessness. Individual-level competency-building strategies should be carefully coordinated with strategies aimed at community building. Ensuring access to affordable housing, employment, income, health care, mental health services, nutrition, education, and transportation is essential to preventing and ending homelessness. NASW advocates the following supportive and long-term conditions for solving the problem of homelessness:

- An affordable and adequate home within a suitable, safe, and healthy living environment for everyone in the United States.
- Greater investment in permanent and affordable housing that is commensurate with need and that reduces housing precariousness for people with low incomes. The NLIHC estimates that 4.5 million units of housing stock is needed to close the gap between the demand for and supply of housing affordable to people with ELI (Bravve et al., 2013).
- Greater investment in housing strategies that reduce homelessness, including rapid rehousing, permanent supportive housing, and Housing First models.
- Active partnerships in national, state, and local coalitions between social workers, people in homeless situations, and housing officials or advocates to create networks and advocacy groups, to identify significant problems in localities, and to create linkages to address and alleviate these problems. Homeless coalitions and CoCs—which integrate housing, income maintenance, and supportive services—already exist in many areas. Involvement of people with current or former experiences of homelessness, social workers, service providers, governments, and mainstream resources is valuable and important.
- The expansion of education, job training, and related support services to prevent home-

lessness and promote housing stabilization and maintenance.

- Prioritizing services to homeless children, youths, and young adults with the goal of ending the cycle of homelessness. The McKinney-Vento Homeless Assistance Act of 1987 (P.L. 100-77) outlines rights and responsibilities related to educating students in homeless situations (National Center for Homeless Education, 2008). The Runaway and Homeless Youth Act of 2008 (P.L. 110-378) has enabled programs for youths experiencing homelessness, including street outreach, drop-in centers, and transitional living (Administration for Children & Families, 2014).
- Expansion of early intervention, treatment, and rehabilitative services for special populations, including people with mental health and addiction issues; youths aging out of foster care; lesbian, gay, bisexual, and transgender youths who are displaced from their families; and people released from incarceration. Such services should be evidence based; examples include the Program of Assertive Community Treatment, psychiatric rehabilitation, supported employment, integrated dual disorder treatment, permanent supportive housing, and Housing First programs.
- Continued development of national efforts to reduce the extent of homelessness.
- Living wage measures to reduce poverty and help prevent homelessness. Living wages ensure that any person working full-time earns enough money to meet minimum standards of living. Living wages vary by community (Glasmeier & Massachusetts Institute of Technology, 2014).
- Systemic building of natural support systems involving families, friends, neighbors, faith communities, civic groups, other such entities, and geographic communities.
- State and local resources, including voluntary efforts, such as homeless coalitions and public and private partnerships and homeless demonstration projects, to develop creative solutions and stopgap measures for protecting people who are precariously housed.

- The development and implementation of effective approaches for research on the dimensions of and solutions to homelessness, which can lead to more appropriate allocations of funding and the development and maintenance of programming to meet actual needs.
- Federal investment allocated based on need, toward resources that have been proven to help veterans become or remain stably housed, including increased investments in HUD-VA Supportive Housing, which provides a permanent rental subsidy and long-term case management for chronically homeless veterans (HUD, n.d.-d), and Supportive Services for Veteran Families, which provides short-term assistance with a focus on making connections to mainstream assistance to prevent homelessness for at-risk veterans and rapidly rehouse veterans experiencing homelessness (VA, n.d.).
- Investment in the Emergency Solutions Grant Program (HUD, n.d.-a), Temporary Assistance for Needy Families, (Office of Family Assistance, n.d.), and strategies included in the former Homelessness Prevention and Rapid Re-Housing Program (HUD, n.d.-b) to help to prevent and end homelessness.
- Increased access to housing and stabilization services, including for veterans and family members not eligible for VA benefits (that is, those with discharge from service status that renders them ineligible for VA services).
- Initiatives to develop and implement programs and services to address the unique needs of veteran households most likely to experience moderate to severe housing cost burden, housing instability, and homelessness, including those headed by women and people of minority races or ethnic groups.
- Funding the National Housing Trust Fund (NHTF). Enacted in 2008, the NHTF has yet to be funded. Once funded, 90 percent of funding would go toward increasing and preserving the supply of rental housing for ELI and very low income (VLI) households. The other 10 percent could be used for assisting ELI and VLI first-time homebuyers (HUD, n.d.-c).

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