



An Overview of Global Homelessness and Strategies for Systemic Change

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Introduction

Homelessness is a global problem. The United Nations Human Settlements Program estimates that 1.1 billion people live in inadequate housing, and the best data available suggest that more than 100 million people have no housing at all (Office of the High Commissioner 2001). It is a problem that sits at the intersection of public health, domestic violence, mental illness, urbanization, racial discrimination, housing affordability and infrastructure, and unemployment. But it is a problem that can be solved, with the right mix of program interventions, well-coordinated local systems, and effective policy. We know homelessness can be ended because there are cities that have ended it. Others have seen meaningful reductions in homelessness among certain targeted populations, such as chronically homeless individuals or veterans.

In broad terms, the processes and interventions required to end homelessness are known, though there are adaptations required across cultural, political, and geographical contexts. Some challenges, such as those surrounding rural-urban migration, are more prevalent in developing contexts; others, like homelessness among veterans, are more visible in North America. Still, patterns emerge across countries related to who experiences homelessness and the obstacles to addressing it. These are complex problems that call for shared solutions tailored to local contexts.

This paper will discuss the definition, demographics, major themes, known solutions, and unanswered questions of unsheltered homelessness on a global scale. First, it will explore the necessity of shared vocabulary and suggest the use of the IGH Global Framework for Understanding Homelessness. This framework lays the foundation for comparable data to understand the scope of homelessness in a certain place. The paper will then lay out what is already known about global homelessness, including root causes and key demographics. From there, the paper will discuss the major debates and themes of global homelessness, such as criminalization, and questions of rights and enforcement. The final sections examine effective strategies for systemic change and identify gaps and opportunities for sustained success.

Defining Homelessness

Globally, homelessness has varied and sometimes conflicting definitions. This absence of shared vocabulary leads to ambiguous policy, difficulty understanding scope, and lack of analogous data. In some countries, national censuses rely on one definition while states rely on another. For example, the 2011 Indian national census considered homeless anyone living anywhere other than a “census house,” defined as a “structure with a roof.” But some Indian states use more nuanced definitions; the state of Karnataka uses a definition with five categories and includes families and individuals spending the night in their workplaces (Mahamallik 2016; European Action Coalition for the Right to Housing and to the City 2016).

Furthermore, national definitions are frequently incompatible with one another. In South Korea, homelessness is divided into “vagrants,” and “rough sleepers.” In Russia, legislature defines the term as people without fixed abode or place of stay; Greece simply refers to “insufficient accommodation” without defining what qualifies as insufficient; and Zimbabwe considers homeless anyone who does not own their own home in an approved residential area.

In 2015 the Institute of Global Homelessness commissioned three international homelessness measurement experts to address these challenges. Professors Volker Busch-Geertsema, Dennis Culhane, and Suzanne Fitzpatrick¹ worked with experts across thirty countries on six continents to create the IGH Global Framework for Understanding Homelessness, which offers shared vocabulary for comparison and discussion even when countries may be concerned with different types, levels, or subsets of homelessness.

The Framework draws from the European Typology of Homelessness and Housing Exclusion (ETHOS), developed by the European Federation of National Organizations Working with the Homeless (FEANTSA) and the European Observatory on Homelessness (EOH); work by Graham Tipple and Suzanne Speak, scholars on defining and measuring homelessness in developing contexts; research on homelessness in specific national contexts; and the 2015 Homelessness in a Global Landscape conference, convened by IGH to consult 100 researchers and practitioners and receive their feedback on the framework.

Rather than prescribe one strict definition to be adopted everywhere, the Framework captures three broad categories of people who may be understood to be experiencing homelessness, defined as “lacking access to minimally adequate housing.” Any country or city can adopt those categories within the Framework that best reflect their own local

¹As of the time of this research, Volker Busch-Geertsema was Project Manager at the Association for Innovative Social Research and Social Planning (GISS) and Head of the European Observatory on Homelessness. Professor Dennis Culhane was Director of Research at the National Center on Homelessness among Veterans and professor at the University of Pennsylvania. Professor Suzanne Fitzpatrick was Professor of Housing and Social Policy in the Institute for Social Policy, Housing, Environment and Real Estate (I-SPHERE).

conditions in order to express with clarity and precision the scope and nature of the issue in their community.

The Framework divides the relevant populations into three broad categories to allow for wide application even among disparate economic, cultural, and institutional contexts. The categories avoid prescribing a uniform notion of what “housing” must be or look like, as this concept is open to cultural interpretation and, if narrowly defined, may exclude too many people to be of practical use.

People without accommodation	People living in temporary or crisis accommodation	People living in severely inadequate and insecure accommodation
<p>1A People sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)</p> <p>1B People sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)</p> <p>1C People sleeping in their cars, rickshaws, open fishing boats and other forms of transport</p> <p>1D ‘Pavement dwellers’ - individuals or households who live on the street in a regular spot, usually with some form of makeshift cover</p>	<p>2A People staying in night shelters (where occupants have to renegotiate their accommodation nightly)</p> <p>2B People living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room)</p> <p>2C Women and children living in refuges for those fleeing domestic violence</p> <p>2D People living in camps provided for ‘internally displaced people’ i.e. those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed international borders</p> <p>2E People living in camps or reception centres/temporary accommodation for asylum seekers, refugees and other immigrants</p>	<p>3A People sharing with friends and relatives on a temporary basis</p> <p>3B People living under threat of violence</p> <p>3C People living in cheap hotels, bed and breakfasts and similar</p> <p>3D People squatting in conventional housing</p> <p>3E People living in conventional housing that is unfit for human habitation</p> <p>3F People living in trailers, caravans and tents</p> <p>3G People living in extremely overcrowded conditions</p> <p>3H People living in non-conventional buildings and temporary structures, including those living in slums/informal settlements</p>
IGH FOCUS AREA IN BOLD		

For the purposes of this paper, the term “homelessness” will be used to denote families and individuals that fall within categories 1A – 2C in the Framework. We have decided to focus on this group because these types of “literal homelessness” are generally more prevalent across countries and continents than some of the other categories, which often apply to specific areas. Despite being at the most extreme end of the housing deprivation spectrum, these groups are often neglected in discussion at global and local levels.

However, in narrowing the scope of this paper to these categories, we do not mean to suggest that other categories cannot or should not be considered homeless in local contexts.

Causes, Risk Factors, and Impacts of Homelessness

Though classifications vary across countries, homelessness can generally be broken into long-term, more entrenched and shorter-term categories. United States (U.S.) researchers Randall Kuhn and Dennis Culhane identified three categories of homelessness: chronic homelessness, which describes individuals whose experience is entrenched in the shelter system; transitional homelessness, which describes individuals whose experience involves using the shelter system as a relatively brief stepping stone to find permanent housing; and episodic homelessness, which describes individuals who cycle frequently in and out of homelessness over an extended period of time (Kuhn and Culhane 1998). In the U.S., those experiencing long-term homelessness are the smallest group of users of homeless services but account for a disproportionate amount of service use and associated costs (Culhane and Metraux 2008). There are indications that this is broadly true outside the U.S. as well, for example in Europe and Canada.

In any form, homelessness happens because people cannot access the housing and supports they need. This can be the result of economic and socio-structural factors, like shortage of affordable housing, extreme poverty, and discrimination; it can occur when systems of care and support fail; and it can occur in response to individual or relational factors, such as relationship violence or personal trauma (The Homeless Hub 2013). The immediate cause is often an exogenous shock, such as a health crisis, unexpected lack of employment, or abrupt housing loss due to eviction or domestic violence. But socio-structural factors make certain people especially vulnerable, and gaps in the social safety net and homelessness services systems can extend homelessness or make it more difficult to remain housed.

Housing Deficits & Affordability

As cities grow, the need for affordable housing often does not keep pace. In London, where the population has reached 8.6 million people and is expected to continue growing, the housing shortage is urgent: City Hall estimated that up to 62,000 new homes per year would be needed to meet current and future needs (Office of the Mayor of London 2014). This is especially true in countries like India, where population growth in urban centers has outpaced housing stock, and in cities in Russia, where highest-density housing is often on the periphery of cities and has not migrated markedly inward (Becker, Mendelsohn and Benderskaya 2012).

Even where developers are required to keep a percentage of new units affordable, wages often have not risen alongside cost of living. In Australia, houses have increased in price by roughly 2.7 per cent per annum, while wages have increased only 1.9 per cent per annum (Yates 2008). Additionally, the advent of what Australia calls “infrastructure charges,” (known as “impact fees,” in the U.S., “development charges,” in Canada, “planning gain/obligation,” in the U.K., and “exactions” in India) increase development costs to companies and have contributed to rising costs for the buyer/renter (Bryant and Eves 2014).

The National Low Income Housing Coalition reports that in no U.S. state can a person working full-time at the federal minimum wage afford a one-bedroom apartment at the Fair Market Rent (the 40th percentile of gross rents for standard units). These numbers are calculated using “Housing Wages,” the hourly wage that a full-time worker must earn to afford a modest and safe rental home without spending more than 30% of his or her income on rent and utility costs (National Low Income Housing Coalition 2016). In 2016, that number in the U.S. was \$16.35 per hour for a one-bedroom or \$20.30 per hour for a two-bedroom; the federal minimum wage is \$7.25 per hour.

Beyond rent, affordability includes associated costs of living—utilities, energy costs, transportation costs or transit access. Housing prices tend to decrease further from central hubs of activity, but so does access. As people move further out, they may be faced with scarce public transit and food deserts that require additional transportation expenditures, such as car insurance, parking, fuel, and registration. A 2015 study from the Netherlands indicated that the lowest-income households were paying the highest percentage of their income to these associated housing expenditures (Haffner and Boumeester 2015).

Urbanization and Rural-Urban Migration

Rapid urbanization and city growth have drawn segments of the rural population inward to urban centers. The global population was split evenly between rural and urban areas for the first time in 2008; by 2050, it is expected that 70% of the global population will be concentrated in urban areas (Population Reference Bureau 2009). These population increases in urban areas may be accompanied by housing deficits and insufficient or overburdened social services.

In Indian cities like Delhi, Mumbai, Chennai and Kolkata, unplanned and rapid urbanization has resulted in as many as one-fifth of urban residents residing in marginalized spaces, either in informal settlements or on the street (Singh 2017). Half the total population in sub-Saharan Africa lives in cities; much of this growth is tied to rural-to-urban migration and is occurring in slums (Yeboah, Codjoe and Maingi 2013). In South China, the appearance (and destruction) of illegally constructed temporary housing reflects a disconnect between need and availability of housing stock.

Rural-urban migration patterns can be either voluntary or involuntary. Involuntary in-migration is often the result of populations being pushed out of their communities to make room for development and infrastructure; voluntary resettlement occurs in response to the pull of economic opportunity, such as employment (Kaida and Tofail 2015). Though the populations in both categories are at risk for unemployment homelessness, food insecurity, education loss, and social isolation, the forms these risks can take are varied.

Involuntary resettlement can affect populations in urban and rural populations, but studies suggest movement from rural to urban environments is among the most traumatic. Kaida and Tofail’s 2015 study in Bangladesh showed that rural-urban migrants face “intensified

impoverishment risks of landlessness, homelessness, and increased morbidity as compared to urban-urban and rural-rural relocation,” as migrants are less familiar with the challenges of life in an urban setting. Lack of adequate education or training can prevent access to the social, educational, and economic opportunities that attracted migrants to cities, resulting in low-paying and unstable employment.

Rural-urban migration is more prevalent in, but not exclusive to, developing contexts. The viable job market for rural-urban migrants narrows to employment that is “highly variable, seasonal in nature, and low paying,” according to a survey of Aboriginal people experiencing homelessness in Canada’s Northwest Territories, and can lead to unpaid rent and, ultimately, eviction (J. Christensen 2012).

In recent years, China has reported more than 200 million rural-to-urban migrants, many of whom are excluded from socio-economic welfare systems; they are viewed as illegal vagrants, rather than a population needing welfare supports (Tipple and Speak 2005). Additionally, migrants who maintain their rural housing registration are often denied the option of social or state-subsidized housing (Moya 2012). In Ghana, the three most reported reasons for voluntary rural-urban migration are poverty, lack of employment opportunities, and family disruption, and the majority of these migrants are unable to secure accommodation (De-Graft Aikins and Ofori-Atta 2007). In Cambodia, reports suggest that families losing land to large-scale plantations are driven toward Phnom Penh in search of new income streams, but often don’t possess the identity documents that are required for paid employment in Cambodia, leaving many without work or a place to stay.

In India, rural-urban migration includes permanent, semi-permanent, and seasonal migrants. Seasonal migrants are typically following employment such as brickmaking, construction, and crop-cutting, and will stay in urban centers for anywhere between two months and a year, sending remittances back home. These migrants often cannot afford the rent required to live in slums, and as such live at “their workplaces, shop pavements, and open areas in the city,” until they return home at the end of their employment (Abbas and Varma 2014).

Evictions

Evictions occur for many reasons: nonpayment of rent, illegal activity, property damage, expiration of lease, and lease violation. In the U.S. and Hong Kong, anything from extended guests to nuisance and noise complaints can constitute a lease violation. In Russia, the language simply cites a “valid cause,” which is left to the discretion of the court (EAC 2016). In the U.S. city of Milwaukee, the third most common nuisance complaint is related to domestic violence and involves a party who does not live in the home but has come to harass its occupants. Between 2008 and 2015, Spain reached a peak average of 532 evictions per day. England and Wales reported 42,000 evictions in 2014, across both the social and private housing sector (EAC 2016).

The numbers above do not account for illegal forced evictions. In 2013, Kenyan courts ruled that forced eviction without providing alternative housing or compensation was illegal, but did not provide legislation to enforce this ruling (Miyandazi 2015). Similarly, movements by the Zimbabwean government to demolish illegal settlements have left hundreds of thousands vulnerable to homelessness, despite a constitutional guarantee of safety from eviction without a court order (Human Rights Watch 2005). But illegal evictions are not all mass demolitions; often they take the form of landlords changing locks, harassing tenants, and threatening violence if they do not move out. In these cases, the burden of proof, court time and lawyer fees can prohibit tenants taking legal action.

Of course, not all evictions result in homelessness, and not all evicted persons end up on the street or in shelters. People with access to other affordable options, emergency savings, or family members who can help during the transition may not experience homelessness. Though many individuals experiencing homelessness have also experienced eviction, and report eviction as the primary reason they are experiencing homelessness, individuals almost always exhaust other options before resorting to a night on the street (Gottesman 2007). This may mean sleeping in the houses of family members and friends before running out of options. That is, many people experiencing homelessness have been evicted, but not all people who are evicted experience homelessness.

Unemployment and Underemployment

Employment barriers take many forms: lack of adequate jobs, a criminal record, illness, and inconsistent employment history. Moreover, the daily reality of homelessness is itself a barrier, as people living without reliable access to laundry, showers, space for adequate sleep, and requisite technology face difficulty submitting applications and completing successful interviews. This is to say nothing of the mental demands of housing insecurity, which make it more difficult to function successfully in the workplace (Poremski, Whitley and Latimer 2014).

In Spain, 75.7% of people experiencing homelessness in 2005 were unemployed, and 49.6% of these were consistently searching for work while seeking stable housing (Fundación San Martín de Porres 2007). A 2007 study in Canada showed that low-income families forced to move to new communities seeking reemployment were at high risk for becoming homeless. That study concluded that housing and employment “are directly related, both having a direct impact on well-being of individuals, families, and entire communities” (Shier, Jones and Graham 2012).

It is important to note that in every region, many people experiencing homelessness work. Unable to find formal employment, many turn to the informal economy for income, particularly in developing contexts. This undeclared work can constitute up to 20% of the national GDP of some southern and eastern European countries, as well as, 48% of non-agricultural employment in North Africa, 51% in Latin America, 65% in Asia, and 72% in sub-Saharan Africa. But these numbers can rise sharply when the agricultural economy is considered—in India, the informal economy can make up as much as 90% of the GDP

(Brusa 2007). The World Bank estimated in 2007 that the informal economy makes up an average of 13.4% of the GDP in high-income Organization for Economic Co-operation and Development countries (Schneider, Buehn and Montenegro 2010).

Substance Abuse

A 2008 study in Melbourne, Australia showed that 43% of the sampled homeless population struggled with substance abuse; for one-third, these problems pre-dated their experience with homelessness. For the other two-thirds, they developed during their time on the street (Johnson and Chamberlain 2008). In the 2013 Point-in-Time Count of homelessness in the U.S., one in five people experiencing homelessness said they had a chronic substance use disorder. It is generally understood that this proportion is higher for people experiencing chronic homelessness. Another study, in Illinois, indicated that a “multi-directional model” best describes the interaction between substance abuse and homelessness, rather than a simple cause and effect (Johnson, et al. 1997).

A complicating element of this relationship is the interaction between substance abuse and social support: as the social circle and support network shrink in response to substance use, vulnerability to homelessness rises. Substance abuse plays a critical role in the breakdown of social bonds as well as institutional relationships, which in turn limits access to crisis housing (Vangeest and Johnson 2002). Additionally, substance use can render social and economic obligations such as employment more challenging, and act as a barrier to housing services with sobriety requirements. (McAll, et al. 2013)

Other perspectives suggest that drugs and alcohol are a coping mechanism for life on the street. Youth seem to be particularly vulnerable to this kind of coping; a recent study of “street-living children” in New Delhi reported a high degree of substance addiction as a result of peer coercion or escapism (Dilip 2017).

Mental illness

The difficulty of accessing consistent care and medicine, the prevalence of episode or cycle triggers, and the increased struggle of holding steady employment while enduring an episode all render individuals with mental illness especially vulnerable to chronic homelessness (World Health Organization 2009; Fazel, et al. 2008).

Mental illness can make pathways out of homelessness more difficult, as mental illness is widely stigmatized and can interfere with an individual’s ability to navigate service systems. This is especially true when stigma leads individuals not to seek treatment (Rowe, et al. 2001). Common mental illnesses include depression, bipolar disorder, schizophrenia, and often posttraumatic stress disorder, seen often in the case of veterans and victims of domestic and sexual violence (Lincoln, Platcha-Elliot and Espejo 2009).

Part of the issue is the high rate of comorbidity within populations of individuals experiencing homelessness of mental illness with other debilitating problems, such as

substance abuse, which frequently goes untreated. One study from the U.S. found that for individuals experiencing homelessness with both substance abuse disorders and serious mental illness, 80% did not receive substance abuse services and 50% did not receive mental health services, often rendering what treatment they did receive ineffective (Pearson and Linz 2011). Many programs require sobriety before accessing services, and the coupling of addiction with mental illness can complicate access to care for both.

People who struggle with substance abuse or mental illness are overrepresented in homeless populations, and these are risk factors for homelessness. However, most people with challenges around substance abuse and mental illness do not become homeless, so these factors alone cannot explain someone's homelessness. Access to housing and appropriate services can prevent and end homelessness for people with these challenges. In the section "Effective Strategies for Systemic Change: Policy and Practice," we will discuss approaches to addressing substance abuse, mental illness and homelessness.

Health

Homelessness is deadly. Studies show that living on the streets contributes to rapid health deterioration, increased hospitalization, and, in some cases, death—a global study from the National Health Care for the Homeless Council determined that regardless of borders, cultures and geography, a chronically homeless individual is three to four times more likely to die than someone in the general population (O'Connell 2005). For vulnerable subgroups, such as street youth, people with mental illness, young women, and the elderly, that number is even higher. For example, the study revealed that young women living on the street have a chance of dying between five to thirty times higher than the housed population of the same ages.

Simply put, life on the streets makes the healthy become sick and the sick become sicker (Seiji 2016). Homelessness makes it difficult to manage chronic illness and adhere to treatment regimens; healthy, nutritional meals are few and far between; exercise and access to hygiene care are rare; exposure to harsh elements and violence are constant; and comorbidity of health issues is common. The adverse effect of homelessness on both physical and mental health has been well- documented. Homelessness has also been shown to trigger relapses in detrimental behavior, such as substance use and abuse.

Violence

Violence and homelessness have a reciprocal relationship, particularly for women: most women living on the streets have experienced family, sexual or relationship violence at some point in their lives, and most will experience it again while living rough. Paula Meth's 2013 study on the concept of "domestic" violence among women experiencing homelessness in South Africa argues the existence of an often invisible group experiencing partner or relationship violence *while* living rough, particularly in the developing world.

People experiencing homelessness of any gender and age are at a higher risk of encountering psychological and verbal violence. A 2015 study of violence against women experiencing homelessness in São Paulo found that most women report a high level of instances of verbal and psychological violence that caused “major suffering,” but considered them less of a priority than physical forms of violence (Rosa and Bretas 2015). A 2012 study reported that half the participants—in this case, primarily men experiencing homelessness—screened positively for PTSD as the result of experiences with physical and/or sexual aggression or witnessing aggression or murder (Lalonde and Nadeau 2012).

Violence comes in many forms for people experiencing homelessness. In 2000, the leading cause of death among young men using homeless shelters in Toronto was homicide (Hwang 2000). People experiencing homelessness in Hungary report avoiding shelters due to lack of space and perceived danger of violence (Zakim 2014). The threat of sexual violence leads many women and youth to avoid shelters. The high percentage of individuals with untreated or undertreated mental illness and substance abuse can lead to instances of violence between people experiencing homelessness, rendering certain spaces and points of service undesirable.

Finally, family violence is one of the strongest predictors of future homelessness, and can hold a family in a cycle of impoverishment, unstable housing, and violence for generations (Jordan 2012; Swick 2008). A study of trauma history amongst people experiencing homelessness in Jacksonville, Florida revealed that most traumatic events had occurred during childhood and adolescence, and that these events were directly tied to the participants’ instances of chronic homelessness (Christensen, et al. 2005).

Demographics

Though only a subset of all people who experience homelessness, below we briefly consider patterns of homelessness among LGBT youth; the relationship between ethnicity, race and homelessness; and homelessness among elderly people and families.

LGBT Youth

In the U.S., the percentage of Lesbian, Gay, Bisexual, and Transgender (LGBT) youth experiencing homelessness is at least three times greater than the percentage of LGBT youth in the general population. LGBT youth represent between 20% and 40% of the homeless youth population. This pattern is consistent across regions: the 2015 U.N. Human Rights Council’s report on sexual orientation and gender identity discrimination and violence found that LGBT persons worldwide were at high risk for discrimination in access to housing due to familial rejection, discrimination by private landlords, and evictions from public housing. In a survey spanning 115 countries of 3,340 young men who had sex with men, 24% had no stable housing (Arreola, et al. 2015).

A significant proportion of LGBT youth are homeless due to familial rejection; in the U.S. as many as 46% of homeless LGBT youth ran away after rejection, and 43% became homeless

as a result of forced eviction from the home by their parents (Durso and Gates 2012). It can be difficult for transgender and genderqueer youth to access shelters, as many impose binary gender classifications, such as gender-segregated night shelters.

Complicating these factors are issues of substance use, mental illness, neglect, abuse, and turbulent family life. LGBT adolescents experiencing homelessness are more likely than their heterosexual, cisgender counterparts to have a major depressive episode, posttraumatic stress disorder, and suicidal ideation; they are also more likely than non-LGBT homeless youth to use cocaine, crack, or methamphetamines (Keuroghlian, Shtasel and Bassuk 2014).

Ethnicity and Race

As homelessness is often the result of a series of systemic failures, groups who are marginalized in mainstream systems are generally overrepresented within the homeless population. In the U.S., this is reflected in the disproportionate number of Black individuals experiencing homelessness; in other contexts, the relevant local ethnic, social or racial minorities tend to be overrepresented among the homeless population. Across Europe, Roma populations have been shown to be more at-risk for homelessness than non-Roma groups (Manzoni 2014); in Canada, research indicates that urban Aboriginal Peoples are eight times more likely to experience homelessness than non-Aboriginal groups (Belanger, Awosoga and Weasel Head 2013); in India, members of historically disadvantaged groups such as Scheduled Castes, Schedules Tribes, and Muslims are significantly more likely to face housing exclusion and homelessness than non-minority populations (Farha 2016). A U.K.-based study indicated that ethnic minority households are roughly three times more likely to be considered homeless than non-ethnic minority households (Netto 2006).

In other words, people who are the most affected by structural inequalities are also typically the most affected by homelessness (Whaley 2002). These groups often face multiple points of exclusion: discrimination in the housing market, prejudice and administrative barriers when trying to access services, and increased financial strain.

Elderly

Causes and consequences of homelessness among the elderly differ across cultural and political contexts, but broadly speaking, elderly people face limited housing options and income supports, lack of accessible community health services, and complications due to chronic illness or infirmity. Additionally, elderly people experiencing homelessness have higher mortality rates than their younger counterparts and are more prone to memory loss, which may make it more difficult to navigate complicated housing and service systems.

Elderly people experiencing homelessness can be split into two types: chronically homeless individuals who have aged into this category, and elderly individuals experiencing homelessness for the first time. Typically, newly-homeless elderly individuals have

experienced a life shock of some kind, such as economic depression and health crises, loss of family members, or disintegration of family relationships (Donley 2010).

Families

The most typical configuration of families experiencing homelessness is a single mother with young children. Usually women are fleeing domestic or family violence and are unable to find housing or steady employment. Alongside this repeated exposure to violence, many families are coping with trauma-related health conditions, broken social networks or support systems, and frequent evictions and housing instability (Brush, Gultekin and Grim 2016). In India, it is more difficult for a woman to find a landlord willing to lease to her, forcing many families to the streets (Farha 2016).

Another common configuration of families experiencing homelessness, particularly relevant in developing contexts, is migrant families who have moved from rural to urban environments in search of work. These families are often called “pavement dwellers,” and reside on the street in a regular spot, usually with some kind of cover. The issues facing them include low education, unemployment, and debt. In every region, childhood experiences with homelessness are a strong predictor of episodes of adult homelessness.

Major Debates in Homelessness

This section will cover the contours of major debates around criminalization, law enforcement and questions of rights and homelessness.

Criminalization and Law Enforcement

Laws against begging and panhandling, loitering, vagrancy, and sleeping in public disproportionately affect people experiencing homelessness. There is growing evidence that criminalization of homelessness may not only fail to properly address homelessness, but likely exacerbates it. A 2016 report from the U.S. National Law Center on Homelessness and Poverty (NLCHP) notes that:

“Criminalization strategies not only cost cities millions in wasted resources, they also fail to address the root causes of homelessness. Arrests, incarceration, fines, and convictions prolong homelessness by creating new, sometimes nearly insurmountable barriers to obtaining employment and stable housing.” (National Law Center on Homelessness & Poverty 2014)

Typically, criminalization comes in the form of laws prohibiting what the NLCHP calls “unavoidable behaviors,” such as sleeping in public. That same report noted that such sleeping bans have increased by 31% in the U.S. since 2006, and some cities go even farther, prohibiting sitting and lying down at all in public. Bans prohibiting living in legally-parked vehicles have increased by 143% since 2006.

In some countries, criminalizing measures are more severe. In Hungary, the 2013 Anti-Homelessness Law makes “habitually residing in public spaces, or storing one’s belongings in such spaces, a crime punishable by imprisonment and/or fine” (Zakim 2014). In Cambodia, a push for “beautification” has led to reports of “routinely rounding up and exiling homeless people from the capital and detaining them in what authorities refer to as ‘re-education’ or ‘rehabilitation’ centers” (Springer 2016). In India, the Bombay Prevention of Begging Act of 1959 gives discretionary powers to the police, who can pick up anyone on a hunch that the individual is a beggar. If convicted by a court, a person can spend between one to 10 years in jail (Shaikh 2016). The Human Rights Law Centre in Australia reported in 2014 that all Australian states and territories had laws in place that effectively criminalized homelessness (Human Rights Law Centre 2014).

Many government institutions have moved against criminalizing homelessness. In January 2014, the European Parliament adopted a Resolution on Homelessness as part of the Europe 2020 strategy, stressing: “homelessness is neither a crime nor a lifestyle choice” (European Parliament News 2014). In 2016 the U.S. Department of Housing and Urban Development, in its ranking of local applications for funding toward homelessness programs, awarded a small scoring bonus to applicants that “demonstrate their communities have implemented specific strategies that prevent criminalization of homelessness.” In India, the central ministry of empowerment and justice has presented a bill to remove the Bombay Prevention of Begging Act of 1959 referenced in the paragraph above (Shaikh 2016).

Still, law enforcement officers and direct service agencies face practical challenges balancing the rights of people experiencing homelessness; immediate health risks and progress toward permanent housing; and the rights of all city residents to access public space. In a 2000 editorial on enforcement of begging laws in London, Jeremy Swain, CEO of Thames Reach, wrote, “The reason why some frontline agencies working with rough sleepers will countenance an enforcement approach... is because they have experience of such actions leading to the person accepting help and treatment and as a result making big strides away from drug misuse and the street” (Swain 2003).

Some advocacy groups have fought for the right of individuals to sleep on the street, typically as a defense against police harassment and sweeps. For example in 2015 in Abbotsford, British Columbia, the advocacy group B.C./Yukon Association of Drug War Survivors took a case to allow homeless people to camp in public spaces to the province’s Supreme Court. Tim Richter, President and CEO of the Canadian Alliance to End Homelessness, argued the focus should be on helping people leave the street, rather than enshrining their right to stay there: “The very people who need to be inside, who are the most vulnerable, are the ones we’re giving the ‘right’ to camp ... the answer to homelessness is a home, not a tent in a public park” (Richter 2015).

In the later section “Effective Strategies for Systemic Change: Policy and Practice,” we will consider alternatives to criminalization.

Right to Housing

A rights-based approach to housing aims to create policies, laws, and regulations centered around what services rights-holders are entitled to, as well as what must be done to fulfill that duty and by whom (Kenna and Fernández Evangelista 2013). The Right to the City framework, which argues that cities are public spaces and must therefore be inclusive of the public and responsive to its needs, situates housing as a key component. In this framework, housing ought not be viewed as a commodity but as a fundamental right, enshrined in law and guaranteed by local and national governments.

In 2016, United Nations Special Rapporteur on the Right to Adequate Housing Leilani Farha argued that homelessness “is caused by States’ failures to respond both to individual circumstances and to a range of structural causes, abandoning responsibility for social protection and allowing unregulated real estate speculation and investment to exclude a growing number of people from any form of housing” (Farha 2016). She argues that approaching the issue of housing through the lens of human rights will increase State investment and responsibility.

Approximately 40% of countries have the right to housing written into their constitutions, either as a direct right or as an indirect acknowledgement of the State’s responsibility toward ensuring decent living conditions, but these measures are difficult to enforce. States with robust rights guarantees struggle to live up to those promises, as they often do not come with specific approaches. Other countries make no mention of housing as a right but have implemented robust national strategies to combat homelessness, like the U.S.’s Open Doors strategy.

The outcomes of constitutionally-enshrined rights may depend on legal, cultural and enforcement contexts. In her study of women in South Africa, Dr. Sindiso Mnisi Weeks noted that although constitutionally-enshrined rights “necessarily correlate to duties,” individuals drew a distinction between those formal rights and rights guaranteed to them through cultural responsibility. Subjects in Weeks’ study held their culturally-conferred rights in higher regard than those guaranteed by local and national law (Weeks 2012).

Effective Strategies for Systemic Change: Policy and Practice

Agencies seeking to end homelessness should support work across their cities and countries to address housing affordability; discrimination based on race or sexual orientation; stigma around mental health and substance abuse; and unemployment, and should build partnerships with those who are doing this work well. Although homelessness may be triggered by a life event, a failure of a local social services system, or a personal or family conflict, structural factors make some people more vulnerable to homelessness than others. Once people experience homelessness, structural factors can make it more difficult to access pathways out.

At the same time, many of the structural factors that cause homelessness are not easy to solve outright, and countries that have meaningfully reduced and even ended homelessness show we can do so in cities where other challenges exist. In this section we will look at high-level strategies for addressing homelessness across a system. Suggested frameworks to end homelessness vary across countries, but typically include the following elements: a well-coordinated system that plans for outcomes; a citywide strategy that weaves together prevention, emergency response, and housing and supports; and resources to support this work and to provide an adequate supply of safe, affordable accommodation.

For example, in 2000 the U.S. National Alliance to End Homelessness released four elements of a successful 10-year plan to end homelessness. First, “plan for outcomes”: use data to set strategies for each subpopulation, and bring all agencies to one table. Second, “close the front door”: intentionally plan to prevent homelessness before it begins. Third, “open the back door”: develop and support housing for people who are currently homeless. Finally, “build the infrastructure”: build the appropriate housing, income and services to support people in the long term.

The Canadian Observatory on Homelessness recommends a system of care that leverages inter-agency collaboration, individualized programming and community-based service provision. The overall system should focus on solutions within the areas of prevention, emergency services, and accommodation and supports – with the highest levels of investment in prevention and accommodation, and emergency services receiving decreased emphasis as the city makes progress.

The European Federation of National Organizations Working with the Homeless (FEANTSA) outlines ten approaches to guide an integrated strategy to end homelessness. These include an evidence-based approach; a participatory approach that includes all stakeholders and people experiencing homelessness in developing solutions; and a statutory approach underpinned by legislation that targets the causes of homelessness.

We will draw from these and other models, distilling solutions into three areas: 1) building a well-coordinated system that plans for outcomes; 2) effective solutions for prevention, emergency response and accommodation and supports; and 3) planning for the resources and policy necessary to support this work. To better illustrate these concepts, we will look throughout the section at their application to the case of Finland, broadly seen as one of the world’s success stories on resolving homelessness and driving toward ending it outright. By the conclusion of Finland’s National Programme to Reduce Long-Term Homelessness, known as PAAVO I and PAAVO II, the number of people experiencing homelessness throughout the country had fallen from 20,000 to 8,000 and was still declining (Pleace, Knutagård, et al. 2016).

The examples of success we have highlighted here are largely from North America and Western Europe. Though the principles can be applied in any context, we relied on countries and cities with documented, measurable reductions in homelessness where robust research is available on methods that led to success. Especially but not only in

developing contexts, homelessness is not always carefully tracked, measured or reported, making it more difficult to identify innovative success stories through desktop research.

Finally, the template below may be more difficult to apply step by step in some places than others. For example if resources are especially scarce, there is not political or public will to address homelessness, or there is a need to first address urgent and life-threatening harm, such as high numbers of people dying on the street or experiencing violence and harassment, it may be more difficult to imagine building a citywide system with reliable data that is faithfully implementing a housing first approach. We will speak more to ways in which global organizations like IGH and funders might support leaders in such contexts to move closer to ending homelessness in our final section.

Building a well-coordinated system that plans for outcomes

Clear, shared goals should form the basis for local or national agencies to come to the same table to share information and coordinate efforts. These coordinated systems should use shared local and national data to problem-solve, assess progress, and make the case for resources and political support. Setting targets with deadlines and tracking progress can change a system that manages homelessness into a system that ends it.

Clear targets

Reductions in homelessness do not happen by accident. Setting a clear goal, with a deadline, and tracking progress acts as a systemic health check, highlights areas that need attention and generates public will, galvanizing volunteers and political leaders.

In 2009, the Obama administration in the U.S. announced its goal to completely end veteran homelessness by 2015. During that period, the U.S. saw a 47% reduction in veteran homelessness nationwide and by 2016, two states and 27 communities had announced that they had ended chronic veteran homelessness citywide (National Alliance to End Homelessness 2016).

Medicine Hat, Canada is widely recognized to be the first city to achieve functional zero on homelessness. In 2010 the city launched a five-year plan to end homelessness, called *At Home in Medicine Hat*. The plan included five measurable targets for 2015: to house 290 people; to ensure that no more than 10% of those served by housing first programs returned to homelessness; to eliminate 50% of emergency shelter beds; to reduce the average length of stay in emergency shelters to 10 days; and to decrease the flow into homelessness from jails and hospitals (Medicine Hat Community Housing Society 2014). Every year, the city released a report to show progress toward these targets.

The U.K. introduced the Rough Sleepers Initiative (RSI) in 1999, with a set target of reducing rough sleeping in England by at least two-thirds by 2002. To do this, the Labour Government established the Youth Homelessness Action Partnership, which enumerated

homelessness numbers, helped form local strategy, and identified and disseminated best practice. The initiative met the goal a year early (Jones and Pleace 2010).

Finland's National Programme to Reduce Long-Term Homelessness (PAAVO I & II) set complementary concrete goals at national and local levels. Nationally, the program aimed to halve the number of "long-term homeless" by 2011 and end long-term homelessness entirely by 2015, and to convert homeless shelters in Finland's biggest cities into rental housing. Locally, programs set targets for the number of new housing units to be built by each participating municipality.

Coordination across systems

In their essay "Exploring Effective Systems Responses to Homelessness," Doberstein and Nichols note that "a key problem is that most services and programs within [the homelessness sector] have been developed incrementally and have evolved in parallel: housing separate from social services which are separate from health services, corrections, mental health or employment and each has a separate funding stream, different set of rules and usually a separate service location" (Nichols and Doberstein 2016). Cities or countries should leverage shared goals to bring city agencies, non-profits, people who have experienced homelessness and other stakeholders to the same table to align their work. This creates a more efficient system that better targets resources, and fosters a less chaotic experience for people experiencing homelessness.

Medicine Hat, Canada, similarly restructured their homelessness services delivery system using housing first principles (Medicine Hat Community Housing Society 2014). The city's strategy, *At Home in Medicine Hat*, focused on systemic, rather than programmatic, shifts: "Rather than relying on an organization-by-organization or program-by-program approach, [At Home in Medicine Hat] aims to develop a framework for the delivery of initiatives in a purposeful and strategic manner for a collective group of stakeholders." This new system included a plan for coordinated intake and assessment, an HMIS system (more below, under using national and local data), and integrating homeless services with other public systems, including justice and child intervention.

To achieve a more comprehensive system, some U.S. cities have looked to the Coordinated Access and Assessment model (sometimes called Coordinated Entry, Common Assessment, or Coordinated Intake), which forms the basis for a single point of entry for individuals experiencing homelessness into the service delivery system. The primary aim of this model is to improve system efficiency by reducing the likelihood that a client will move between different agencies, improve data collection and quality, and minimize new episodes of homelessness by providing diversion and prevention resources (National Alliance to End Homelessness, 2013). To accomplish this goal, communities implement a single point of entry into services: a centralized phone hotline, a physical point of assessment, or a decentralized coordinated system which all depend on the same assessment process.

Coordinated Assessment and Housing Placement (CAHP) systems take common assessment models a step further, linking them directly to housing placement services. Systems shaped by the CAHP model match clients to appropriate housing services using vulnerability assessment tools to determine placement priorities (Gibbs, 2015). CAHP systems incorporate four elements: assessment, navigation and case conferencing, housing referral with choice, and data collection and communication. In this way, clients interact with a single, comprehensive system rather than a loose network of separate agencies. Community Solutions in the U.S. has been a leader and coach on CAHP systems.

Finland's PAAVO I & II involved national and city governments, private financiers, and nonprofit organizations working together toward the goal of eradicating long-term homelessness. In the international report reviewing the success of the program, researchers noted that, "this success could not have been possible without a coordinated approach among the different sectors, each playing their respective roles" (Pleace, Culhane, Granfelt, & Knutagård, 2015). The report highlighted that the strategy hinged on multi-sector coordination and "real, achievable targets." An example of this kind of coordination is the evolution of PAAVO I's aim to replace shared shelters with permanent supportive housing units, based on principles of harm reduction and housing first. As the program progressed, a comprehensive network developed to balance the roles and responsibilities of stakeholders: state financing of housing and services, local governmental provisions of land use and site development, and a system of cooperative NGOs performing outreach and providing services.

Finally, cities should engage people who have experienced homelessness to help clarify the experience of the housing process and inform solutions. This involvement should be substantive rather than symbolic. In Tshwane, South Africa, a 2015 citywide summit brought together universities, faith groups, the mayor's office and city officials, non-profits and over 200 people who had experienced homelessness. All these groups were integrated across tables to participate in facilitated planning discussions that informed the citywide homelessness strategy. During its 100,000 Homes Campaign in the U.S., Community Solutions asked cities to engage veterans who had experienced homelessness in mapping out the overall process of moving from the street into permanent housing. The formerly homeless veteran at the table was often the only person who could map the entire process, including paperwork and requirements of sometimes six or seven separate agencies. Laid out this way, city officials were surprised to learn the housing process took weeks and sometimes months longer than they thought.

Using national and local data

Reliable data is necessary to drive toward an end to homelessness. Aggregate data can offer a sense of scale, helping to demonstrate the impact of policy changes and aiding the case for allocating resources. At the local level, individual and person-specific, shared data help cities understand real progress toward ending homelessness, see what is working and improve strategies or problem-solve together.

In the U.K., a multi-agency database called the Combined Homelessness and Information Network (CHAIN) allows agencies and actors to share information about rough sleeping clients and their needs (Greater London Authority 2017). This includes data on evictions and abandonment, demographic information, contact with outreach workers, and indications of support needs. Inputs come from sources such as outreach teams; assessment and reconnection services; accommodation projects; and day centers. This allows agencies to track the effectiveness of their services and identify patterns and trends. This data has been used to shape public policy around rough sleeping.

U.S. communities use Homeless Management Information Systems (HMIS). These databases collect housing and client data for service providers, allowing users to evaluate the efficacy of housing provision services from outreach, prevention, and emergency shelters to permanent supportive housing (Hud Exchange n.d.). Additionally, users of HMIS systems are able to access the federal Department of Housing and Urban Development's (HUD) Homelessness Data Exchange, which is used for national analyses like the Annual Homeless Assessment Report, generated in part from annual Point-in-Time counts that help HUD enumerate homelessness nationally. These high-level aggregate counts help to inform legislation.

Cities in Community Solutions' Built for Zero campaign in the U.S. and the Canadian Alliance to End Homelessness' 20,000 Homes Campaign in Canada use centrally accessible databases which rely on a common assessment tool to create a by-name list of individuals experiencing homelessness. The list is stored in a centrally-accessible database that is updated continuously, allowing service providers to track the progress of individuals moving through the system (Gibbs 2015). The database also tracks housing vacancies and available resources to help match clients with appropriate supports.

In 2011, Chile organized a nationwide homelessness census and published the results in *En Chile Todos Contamos*, a report enumerating people experiencing homelessness and reporting on the causes and effects of life on the streets. This census required cooperation across the private and public sectors, as well as the inclusion of individuals with lived experience. Advocates have described the census as a key step toward the national government developing its national plan toward ending homelessness in Chile.

Models for prevention, emergency response and accommodation

A system's balance of investment in prevention, emergency services, and housing will depend on context. In a system moving toward ending homelessness, fewer resources will go to emergency services, with the balance shifting toward housing and prevention. In this section we will look separately at strategies for prevention, emergency response and accommodation and services.

Harm reduction and housing first

Harm reduction and housing first are effective approaches to addressing homelessness, especially for people with complex service needs. These approaches should inform work across a system, guiding the overall role of shelters, outreach services and permanent housing interventions.

Housing first is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. People experiencing homelessness are faced with few to no treatment preconditions or barriers. The approach, originally developed in the late 1990s in the U.S. by Dr. Sam Tsemberis, is based on overwhelming evidence that all people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate levels of services. Studies show that housing first approaches yield high housing retention rates, reduce the use of crisis services and institutions, and improve people's health and social outcomes (Bassuk, et al. 2014; McAll, et al. 2013; Medicine Hat Community Housing Society 2014).

One of the core principles of housing first is harm reduction, an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviors. In programs and accommodation following the harm reduction approach, the use of substances is accepted and the main focus is on reducing harm while use continues. A participant identifies goals and desired outcomes while working with a case manager to explore ways to achieve these goals. A review of 650 articles concerning harm reduction strategies for drug use indicated that strategies which follow the harm reduction approach, particularly for illicit drug use, are not only the most effective but also the most economical (Ritter and Cameron 2006).

Housing first and harm reduction models give individuals access to housing services regardless of their challenges related to mental health or substance use. This may mean permanent supportive housing where clients are not required to abstain from substance use in order to stay; in the emergency response system, “wet shelters” which do not require sobriety or which allow alcohol to be consumed on the premises. Such shelters are able to reach individuals previously ignored by the service system and start them on a pathway to housing. Evidence has shown that these approaches are the most successful in addressing clients’ unique challenges and needs; individuals in shelters without sobriety requirements have shown to decrease their alcohol use on their own “as a function of time and intervention exposure” (Collins, et al. 2012).

Prevention

The best outcome for an individual or family is never to experience homelessness at all. Prevention programs are designed to reduce the number of individuals who experience homelessness and, by extension, require program interventions. These programs can span a wide variety of preventative methods. Though more of a sliding scale than distinct

categories, we can think of prevention in primary, secondary, and tertiary forms (Culhane, Metraux and Byrne 2010).

Primary prevention aims to reduce risk through universal interventions directed at whole communities (for example, poverty reduction strategies, anti-violence campaigns, early childhood supports, and anti-discrimination work). These strategies target factors that can lead to homelessness down the line.

Secondary prevention programs work more directly with immediately at-risk individuals or individuals who have recently begun to experience homelessness, typically through attempts to help individuals or families retain their housing or assist in immediately finding new accommodation. Supports of this kind include family mediation, landlord-tenant mediation, and shelter diversion strategies. Key to secondary prevention strategies at a systems level is working on common points of inflow, such as the child welfare system, the criminal justice system, and healthcare institutions, to create or improve discharge and transition planning to ensure that individuals exiting those systems have the appropriate supports and resources to live independently.

Prevention targeting is also critical to the success of strategies. Using data like shelter use, household income, past evictions, previous homelessness episodes, employment status, and any kind of welfare assistance to track at-risk individuals and prioritize households with the most urgent need.

Tertiary prevention relates to reducing repeat episodes of homelessness by providing the appropriate program responses during an individual's initial experience leaving the street to minimize the likelihood that they will return to homelessness.

Emergency Response

Even in the most effective systems, individuals will experience crises and have short experiences of homelessness. Emergency services are thus a vital part of an overall homelessness response system. Typically emergency services are a network of crisis management options, including homeless shelters, drop-ins, meal programs, and outreach services. Shelters can serve as a point of contact for service delivery organizations as well as key fixtures in data intake and management. In systems set up to end homelessness, shelters are the first step toward stable and permanent housing for clients.

Outreach services allow service providers to engage with individuals who may be alienated from mainstream services. These interactions help outreach workers develop understanding of an individual's challenges and barriers to services, including unsatisfactory or even traumatic past experiences with homeless shelters or mental health facilities. In other cases, outreach workers may be able to help individuals navigate access to services available to them that they are unfamiliar with or intimidated by. Outreach work should support transitioning people off the street and into housing.

In recent years, best practice for emergency shelter as a step toward housing has shifted toward removing barriers to access, particularly around sobriety; linking individual shelters directly to permanent housing resources; and making coordinated assessment and triage a key part of daily operations. This process has surfaced a relatively new model for shelter services, in which clients can arrive and depart at will, rather than requiring them to check in and out at designated times every day. This allows individuals to store belongings and provides greater access to services (Miller 2016).

Accommodation and Supports

Not all people experiencing homelessness require the same type of accommodation or support. For some, homelessness is tied to a crisis event, and interventions with a lighter touch, such as Rapid Re-Housing, will be enough to get them back on their feet and keep them from returning to the street. For individuals with more complex needs, additional supports may be required. For example, permanent supportive housing offers both housing and individualized services, such as counseling, mental health services, substance abuse services, and employment training.

In order to truly be effective, programs should be coordinated across the local system, targeted to the right subpopulations, and organized toward reaching a measurable target.

Accommodation and Supports: Rental Assistance and Housing Vouchers

In rental assistance programs, clients receive subsidies to manage the burden of rent and associated costs while they transition. The client assumes an increasing proportion of the rent responsibility, eventually taking it over completely. Some rent subsidy programs are very short term, lasting only a couple months, and others extend up to two years. This approach aims to minimize unwanted moves and instability, particularly for families with children whose schooling may be affected.

Housing vouchers have proven highly effective in the U.S.; a study conducted by the U.S. Department of Housing and Urban Development (HUD) between 2000 and 2004 suggested that vouchers “significantly reduced homelessness, crowding, household size, and the incidence of living with relatives or friends ... [they also] increased housing mobility, while reducing the number of subsequent moves, and resulted in small improvements in neighborhood quality.” (Wood, Turnham and Mills 2008)

Accommodation and Supports: Rapid Re-Housing

Rapid Re-Housing holds that the first step in any program must be to resolve the immediate crisis of homelessness, ideally through permanent housing. Recipients of Rapid Re-Housing interventions usually receive support for about six months, though that support can be extended if necessary to maintain stability. Rapid Re-Housing follows the philosophy of harm reduction, and recipients of Rapid Re-Housing initiatives are expected to engage in some way with support services. However, when a client signs a lease, that

lease does not stipulate participation in programming—so long as the individual or family follows the lease, they are guaranteed security of tenure.

These programs are often aimed at families and individuals experiencing episodic, rather than chronic, homelessness (The Homeless Hub 2016). The primary goal of Rapid Re-Housing is to minimize the amount of time any individual spends on the street by resolving the immediate crisis; when funding is available, Rapid Re-Housing programs may also include a more comprehensive set of services and programming for households that need additional assistance.

In the U.S. and Canada, this type of housing assistance program has cost-effective and highly successful. The U.S. Department of Housing and Urban Development reports that “initial research indicates that people assisted by rapid re-housing experience higher rates of permanent housing placement and similar or lower rates of return to homelessness after the assistance ends compared to those assisted by transitional housing or who only receive emergency shelter.” (U.S. Department of Housing and Urban Development 2014)

Accommodation and Supports: Permanent Supportive Housing

Targeted to individuals experiencing chronic homelessness, permanent supportive housing combines housing assistance with individualized and voluntary support services, particularly as relating to mental and physical health, substance use, and developmental disability. Housing affordability is ensured through rental assistance or regulation. Studies in multiple countries have shown that housing which provides both housing and voluntary, individualized services are the most effective at reducing chronic homelessness, particularly among individuals with a disability (Moulton 2013; Pleace, Culhane, et al. 2015; Lipton, et al. 2000).

Permanent supportive housing sites can be either scattered-site or single-site, but there is no time limitation for how long a tenant may occupy their unit. At single-site locations, apartment buildings are designed to give tenants access to additional supports such as community-based health care, treatment, and employment services. Clients using scattered-site units may be visited at home by staff or case managers. In the harm reduction model, these supports are voluntary and not tied to housing eligibility.

Resources, legal and policy frameworks

Finally, to enable a coordinated effort to move forward, communities must have the right policies and legal frameworks in place to provide support with funding and political will.

Legal and Policy Frameworks

As discussed in the “Major Debates” section, criminalizing unavoidable behaviors of individuals experiencing homelessness without offering alternatives can undermine solutions by creating a “revolving door that circulates individuals experiencing

homelessness from the street to the criminal justice system and back” (United States Interagency Council on Homelessness 2012).

Advocates have proposed various alternatives, such as strategies for positive collaboration between law enforcement and behavior health services. For example, a city might include law enforcement agencies in the overall system of care, training officers to act as emergency outreach workers to link individuals to housing and support resources, rather than arresting them. In Calgary, Canada, the Safe Communities Opportunity and Resource Centre (SORCe) brings together 20 organizations across multiple sectors—including the police—to act as a hub to connect people to housing, health, and employment services. SORCe emerged from a Police and Crisis Team Initiative, which trained police officers with mental health professionals to ensure that people received appropriate care, rather than cycling through the criminal justice system (Scheider 2013).

Some communities have sought to create alternative justice systems, such as homeless courts, mental health courts, and drug courts, which aim to help connect individuals to services and reintegrate into society. Elsewhere, citation dismissal programs forgive fines if individuals agree to participate in diversion programs or engage with appropriate services.

The foundation of any of these alternatives is a localized systems planning and homelessness strategy that can connect systems of care. Many countries have homelessness and housing plans for large cities and hubs, like London and Accra, but lack a broader unified, national strategy. Other countries, like Greece, drafted national homelessness strategies but never ratified them.

The United States Opening Doors policy, the nation’s first, leverages federal funding for proven effective programming to help communities design locally-based action plans that align with national goals. Similarly structured programs exist in Canada (the National Homelessness Initiative), Spain (the National Strategy for Homeless People) and Ireland (“The Way Home”). Finland’s PAAVO I & II concluded in 2015 but saw significant reduction in chronically homeless individuals.

Key to the success of these types of strategies is coordination between public and private stakeholders at the local systems level. These collaborations allow for additional funding and resource streams, innovation, and wider community engagement. The support of public policies and federal funding allow local actors to improve service delivery systems, strengthen data management systems, and broaden continuums of care.

This kind of multi-sector cooperation take can different forms, regardless of whether a country adopts a national strategy. In 2013, the Government of India’s Ministry of Housing & Urban Poverty Alleviation released an operational guideline for the National Urban Livelihoods Mission, which includes a component to combat urban homelessness (Ministry of Housing and Urban Poverty Alleviation 2013). The guidelines include a framework for shelter management of cooperation between all the government, NGOs, academic institutions, trade unions, homeless persons’ collectives, and private sector companies.

Resources

Federal funding used to back local housing initiatives is a common practice, sometimes aligned with a national homelessness strategy. Government resources are instrumental in regions where local organizations struggle to find independent funding. Typically, these funds can only be accessed when programs adhere to certain standards or agree to work in coordination with other federally-funded initiatives.

In Canada, an almost direct line can be drawn between cuts in federal funding, provincial spending on social and housing programs, and increases in the number of people experiencing homelessness and using welfare services like food banks (Gaetz 2010). A 2013 study on the relationship between federal funding and chronic homelessness reduction in the U.S. showed that a \$1 per capita increase in federal homeless funding is associated with a 1.80 person decrease in the number of chronically homeless individuals per 100,000 population (Moulton 2013).

For communities in the U.S. under the Continuum of Care (CoC) model, each year local continuums coordinate a single, consolidated funding application to the Department of Housing and Urban Development. The local CoC allocates the funds received according to the application submitted, putting resource allocation in the hands of local agents who are most familiar with local challenges and opportunities.

Communities may secure funding from a variety of streams—federal, foundation, and private. Private-public partnerships (PPPs) have gained traction in recent years as a way to improve accessibility to housing. Though research indicates PPPs have been less widespread with regard to housing in developing contexts, they have shown promise. Projects in Turkey, India, Kenya, Zimbabwe and Malawi “worked more effectively where the focus was on drawing in private investment rather than contracting out responsibilities to the developer by the government” in public housing projects (Ibem 2011). Kolkata, for example, made a significant shift toward PPPs in 1994 during the implementation of their National Housing Policy; with regard to affordable housing, government regulations help curb sale price and set minimum size requirements (Sengupta 2006).

To identify appropriate housing for people experiencing homelessness, communities must sometimes get creative, building relationships with landlords, leveraging social and public housing, and exploring local-national and public-private partnerships. Finland required municipalities to commit to producing new housing units when they signed on to be a part of PAAVO I & II. In some cases, organizations have converted hotels into permanent supportive housing, or partnered with private management companies to convert apartment complexes into affordable and supportive housing units. In these latter cases, management companies may receive a governmental incentive, such as loan forgiveness or subsidized renovations.

Many cities use housing vouchers to supplement clients’ rent expenditure. Others have ordinances that require new developments to reserve a percentage of the units at

“affordable” prices; what counts as “affordable” differs from city to city, but is typically based off citywide average incomes.

Countries may adopt policies of rent control designed to keep housing affordable and regulate the housing market. For example, in the Netherlands, where rent regulation covers all but 5% of total rental housing stock, policy sets a maximum rent for dwellings based on housing quality (Haffner, Elsinga and Hoekstra 2008). Low-income families in China can apply for rent subsidies alongside rent-controlled public housing (Gurstein, Patten and Rao 2015). These policies seek to protect tenants from sudden or unfair rent hikes that may cause them to lose their housing. In India however, the impact of rent control policies is limited, and can lead to increased off-the-books rental dealings (Kumar 2001).

Globally, the prevalence of public and social housing is decreasing, despite increased need; even places with robust public housing programs, like Hong Kong and Singapore, struggle to keep up with growing population demands (Gurstein, Patten and Rao 2015). In North America and Europe, public housing is oriented toward low-income and marginalized groups, and managed either by government agencies or non-profit housing associations. China’s low-income public housing is split into three streams: renovation of substandard housing, ownership-oriented affordable housing developments, and rent controlled units with available rent subsidy (Gurstein, Patten and Rao 2015). Nigeria’s public housing strategy can be similarly divided, though the country has struggled with availability of suitable land on which to build new units and the funding necessary to do so in recent years (Ibem 2011).

Gaps and Opportunities

It would be a waste of time and resources for leaders to tackle homelessness without drawing on lessons from countries and cities who have already done so successfully. We have shown that success includes naming a clear, measurable target and building a system whose long-term purpose is to end, rather than manage, homelessness. Service provision is more effective in cities where services are coordinated, targeted to those who need them, and informed by evolving evidence about what works. Certain approaches to prevention, accommodation, and emergency services are especially effective when integrated into the overall network of services in a city, with local input and adaptation.

Still, the factors leading to homelessness vary by location and even across time, as economic and political realities change. In 2017, cities across Europe and in Latin America face new challenges around homeless migrants, and some cities in the United States are working to manage a growing number of homeless encampments. Cities especially in developing contexts are facing dramatic rises in urbanization and in rural to urban migration. As solutions come into focus for one subpopulation, homelessness may rise for another. Community Solutions, who lead the Built for Zero campaign in the U.S., write that homelessness is a “complex” rather than a “technical” problem – a challenge with characteristics such as constantly changing information and fragmented ownership.

Complex problems do not have a set of technical instructions; instead, their solutions lie with leaders' ability to learn and adapt.

The previous section, "Effective Strategies for Systemic Change," suggests several principles for structuring a response to homelessness. These are strategies governments and funders should support at local levels. However, there are opportunities to invest on a global scale in ways that will support cities everywhere to do this work. Below are our recommendations on the top three areas where investment is needed at a global level to support cities to access, tailor and test strategies to reduce and end homelessness.

Identify what works under what conditions and for whom.

Ending homelessness globally will require weaving together what we are learning as a sector with local knowledge about data, context and changing conditions on the ground. It is not always clear how effective practice transfers from one context to another, nor is research always available in forms that are accessible to policymakers, funders and practitioners. Further, our understanding of what is most effective will evolve as more cities and countries succeed. Given these complexities, a static inventory of best practice will never be a useful solution, and any database that relies exclusively on formal, published research will be regionally biased.

Instead of fixed libraries, a rigorous ongoing system is needed to identify learning across countries, and compile and share it in formats that are clearly organized by challenges and solutions, easy to read, and offered in appropriate languages. While this might have an online home, learning should be activated regularly through integration with in-person and virtual conferences and meetings, and a proactive communications strategy. In addition to gathering formal, peer-reviewed research, investment is needed to identify effective practice from regions where less formal research is available.

Give leaders a structure to try and revise effective strategies, and a way of knowing what is working and where changes must be made.

In "Scaling Up Excellence," Stanford professors and experts on scaling effective practice Robert I. Sutton and Huggy Rao write, "a good general rule is to start with a complete model or template that works elsewhere and watch for signs that certain aspects of the model aren't working and need to be rebuilt, replaced or removed" (Rao, 2014). The best available information on what is working across contexts can offer cities a workable template, ideally for a system-wide approach or even for a specific program or piece of the homelessness system.

With templates in hand, leaders need a structure in which to apply, test and revise existing models, and access to experts who can round out content expertise and shed light on what adaptations might be effective. A global effort would add value would by providing the structure for this work to take place and connecting cities to do it together. This would involve working with cities to set a shared goal; bring actors to the same table; gather useful, reliable data to rigorously assess progress; and share learning with other cities in a

facilitated setting. Connecting cities to others who are working toward the same goal and timeline can help foster political will, as high-level political leaders become engaged with their peers in other cities. Any such effort should include in its first phase cities from diverse contexts, to gather learning about adaptations that are most successful across regions. Finally, lessons from this work should feed back into the online and in-person system of capturing effective practice referenced above.

Create a sense of urgency at the global level.

Finally, support is needed to raise the urgency of homelessness in global conversation, so that country and city leaders are better able to make the case for solving this problem at home. Homelessness is an urgent problem. In previous sections we saw the impacts of homelessness on substance abuse, mental health, violence, physical health and even mortality. Still, though global agencies exist to address topics like informal settlements and refugee resettlement, global policy organizations have almost entirely excluded street homelessness from debate.

For example, while the United Nations' Sustainable Development Goals include indicators around the percentage of people living in slums, there is no mention across any goal or indicator of street or shelter homelessness, which exist in nearly every country. The United Nations Human Settlements Programme (UN-Habitat) similarly focuses on human settlements. There has been progress in this area, as the agenda developed from the third United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in October 2016 included a provision on homelessness: "We will take positive measures to improve the living conditions of homeless people with a view of facilitating their full participation in society and to prevent and eliminate homelessness, as well as to combat and eliminate its criminalization." However, there is more work to do to ensure people experiencing street homelessness are not left behind in global debate.

Conclusion

If we write the same paper ten years from now, we hope it will look quite different from this one. Perhaps more will be understood about how to prevent homelessness, or how to offer emergency services in a way that is more cost effective. There will be more documented examples from Asia, South America and Africa. Most importantly, there will be so many cities and countries who have deeply reduced and even ended homelessness that our most challenging task will be determining which to draw from. It is our view that funders have a role to play in getting there. There is a clear need to support work at a global level to identify and activate effective strategies that work across contexts; to connect cities and give them a structure to apply effective strategies, learn, and adapt; and to restore a sense of urgency around homelessness as a crisis for individuals and the communities around them – and one we can solve.

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