

Homelessness: Knowledge At Work

Unit 1: Homelessness In America: The Big Picture

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Handout 1: The Future of Homeless Services: A Paradigm Shift? An editorial by Jeff Olivet and Kristen Paquette

Introduction

Outreach and engagement, housing first, prevention, trauma-informed care, evidence-based practices, supportive services, plans to end homelessness, systems thinking, health care access—a national debate is underway about the most effective ways to address homelessness in the United States. Resources are limited. Needs are complex. The workforce is undertrained, underpaid, and overworked. State and local budget cuts have begun to take their toll on organizations serving people experiencing homelessness. The foreclosure crisis has driven more people—mostly renters whose landlords were foreclosed upon—out of their homes. Tent cities have begun to pop up on the edges of communities and down by rivers on a scale the nation has not witnessed since the Great Depression. Natural disasters—floods in the Midwest and hurricanes along the Gulf Coast—have created new groups of individuals and families moving from church basements to motel rooms to the couches of family and friends to FEMA trailers...and often to the streets.

In the face of these challenges, much good is being done. The American Recovery and Reinvestment Act of 2009—the federal stimulus—has drawn a tight focus on homelessness prevention and provided substantial resources for rapid re-housing and educational support for homeless children. The Veterans Administration and the U.S. Department of Housing and Urban Development have provided 20,000 HUD-VASH supportive housing vouchers for veterans. The housing first model has gained traction across the country fostered progress in providing housing and supportive services for people experiencing homelessness, mental illness, and physical health problems, and is now also beginning to serve families. More programs are working to understand the connections between trauma and homelessness, and striving to become more trauma-informed in their practices. The National Housing Trust Fund was established as a provision of the Housing and Economic Recovery Act of 2008 and several states have also created state level housing trust funds. While many of these trust funds lack permanent streams of dedicated funding, the structures are now in place to expand the stock of affordable housing.

These efforts reflect a dramatic change from the response to the national spike in homelessness in the 1980s, when most programs focused on emergency services such as food, shelter, clothing, and basic health care. This emergency response created a system that met the survival needs of people living on the streets, but accomplished little in the way of permanent solutions.

As the conversation has shifted in recent years from emergency responses to ending homelessness, some have suggested that we focus limited resources primarily on housing subsidies rather than supportive services—that simply by providing housing, we will end homelessness. No one disputes the central role of affordable housing in ending homelessness at the individual and societal level, but without the range of supportive services necessary to prevent homelessness and to support individuals and families to transition back to housing and thrive in the community, our efforts will fall flat. It is not a question of housing or services. It is a question of housing **and** services—how we support people to exit homelessness successfully and how we provide flexible support in the areas of child care and child development, mental health and substance use treatment, health care access, supportive employment, and other critical services. Our success or failure in addressing homelessness as a nation will be judged by how well we can provide enough high quality affordable housing and enough high quality support services to meet the need.

In this editorial, we explore the difficult question of whether or not current trends in homeless services mark the beginning of a paradigm shift in how our nation approaches this seemingly intractable problem. To understand where we are heading, though, we must also understand how we have come to where we are now.

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The Past: A Brief History of Homelessness in the United States

Homelessness in America did not begin in the late 1970s or early 1980s. It did not start when the back-wards of state mental hospitals were closed, or when tens of thousands of veterans returned from Vietnam, physically and mentally ravaged. Homelessness did not begin when federal cuts in housing resulted in the loss of massive numbers of affordable housing units. While these factors have certainly contributed to the wave of contemporary homelessness we currently face (Leginski, 2007), the history of homelessness in this country is much deeper, and much, much older.

The first documented cases of homelessness appear in colonial records from the 1640s (Kusmer, 2002). English poor laws and Elizabethan attitudes about “worthy” and “unworthy” poor governed how communities responded to those in need and those without homes. Strict settlement laws provided a framework for deciding who was allowed to join the community and who was “warned out,” forcing them to move on to the next town hoping for a better result (Caton, 1990). These judgments about who was worthy to receive financial support by churches, individuals, and public aid programs created an under-class of extremely poor, homeless wanderers who could be found in the cities and in the countryside of the new colonies “because in place after place they were denied settlement rights” (Rossi, 1989, p. 17). These policies served as a precursor to late 20th century “bus therapy” or “Greyhound Relief”—providing bus tickets so people would move on to the next town.

Public policy and public attitudes were not the only causes of homelessness in seventeenth century America. Strained relations between the European settlers and those who they displaced—the Native Americans—created homelessness on both sides. King Phillip’s War, named for the Indian leader who led this rebellion in New England—displaced many in the Massachusetts and Rhode Island countrysides. Many colonists ended up homeless in Boston and Newport (Kusmer, 2002). Displacement of colonists and native people due to frontier violence continued through the French-Indian Wars and the American Revolution. Indeed, there has long been an intimate connection between war and homelessness.

By the 1730s, the problem of homelessness had become so visible that New York established its first almshouse, in 1736, on the site where City Hall now sits (Beard and Kapsis, 1987). Almshouses and poorhouses sprung up across the colonies to provide “indoor relief,” as opposed to “outdoor relief”—firewood, food, clothing, money—that people received while staying in their own homes. Many almshouses had work requirements, again a policy that would repeat itself in the welfare reform act of 1996. Life inside these institutions could be dehumanizing. One law for New York Almshouses decreed that “None shall ever swear, abuse, or give ill-language to one another or be clamorous, but all shall behave themselves soberly, decently,



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Photo Courtesy of NOAA

and courteously to each other and be submissive to their superiors and Governors" (qtd. in Pimpare, 2008, p. 43). People living in poverty and without homes were constantly reminded of their station in society.

In the decades after the American Revolution, the country's economic structure began to shift. The industrial revolution and mass movement of people from the countryside to the cities caused a new urban poverty that often resulted in homelessness, panhandling, and run-ins with the police. Economic downturns in the 1830s and 1850s caused many to slip over the edge and lose their jobs and homes. The de facto shelter system by the 1830s included not only almshouses, but also police stations, which set aside space to house homeless individuals at night. In the middle decades of the 19th century, tens of thousands of people without homes lived in police stations by night and in the streets by day. But even this inadequate shelter system was not enough to meet the need: Kusmer (2002) writes that "in the winter of 1858, hundreds were turned away nightly from overcrowded station houses and left to 'walk the streets or find repose in the public markets'"

(p. 26). During this same decade, youth homelessness emerged, with adolescent boys in particular leaving home and family to look for work, make it on their own, and ease the financial burden so that younger siblings could survive. Many ended up living on the streets. Youth homelessness—in New Orleans, San Francisco, Cambridge, and Seattle—is not new.

While states and cities addressed homelessness through almshouses, food and clothing assistance, and police crackdowns on street begging, the weak, newly formed federal government did little. With the exception of inadequately funded pensions for veterans (Pimpare, 2008), no major federal initiatives would emerge to respond to homelessness until the 1930s. So other

players stepped onto the stage to fill this void. Local philanthropic groups, or "organized

charity," such as Western Soup Society and the Philadelphia Society for Organizing Charity, the Children's Aid Society and the Night Refuge Association, served meals, built shelters, and offered classes and job training. The results were not all good. These groups often perpetuated the notion of "deserving" and "undeserving" poor, made judgments about people's motivation, blamed people for their poverty, and worked hard to dismantle the meager system of public welfare that did exist (Kusmer, 2002; Beard and Kapsis, 1987).

Faith-based organizations also came to the forefront during the years between the 1850s and 1870s. Evangelical missions began to open in poor parts of large cities, providing shelter and a meal in exchange for a sermon and some hymns. In 1880, the Salvation Army was organized. During these years, tensions rose among the faith-based organizations, philanthropic groups, and publicly funded programs regarding the best way to address homelessness. A century and a half later, these tensions are still alive and well in cities across America.

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Westward expansion and the gold rush also tie into our national story of homelessness. Baum and Burnes (1993) describe a rugged life of dashed hopes and plentiful alcohol and opium. Many who moved west in hope of a better life ended up homeless on the streets of San Francisco.

From 1861-1865, the Civil War threatened to tear the nation apart. In the years following, as the north and the south worked to put the pieces back together, homeless veterans who had survived the mental and physical anguish of the war put their hard-earned survival skills to work. In the army, southerners and northerners had learned to scavenge for food and clothing. They had learned to “go out on a tramp,” or to “go bumming” for what they needed to survive until the next battle (Depastino, 2003). The terms that emerged—“bum,” “tramp,” “hobo”—described not just the activity, but also the people who lived this way. Jobs were scarce. The economy was wrecked. But these veterans knew how to survive. In the years following the Civil War, train travel expanded and sped up, allowing people to “ride the rails” in search of new opportunities or new adventures. For the first time, the United States became a truly mobile society. As a result, homelessness was no longer limited to the large cities of the east coast, but also began to appear in small towns across the Midwest. The stereotypical image of the tramp was born. Public reaction was swift. Editorials in newspapers across the country describe people who were homeless as “leeches,” “lepers,” “wolves,” “depraved savages,” and “reptiles” (Kusmer, 2002). Such dehumanizing language aroused dehumanizing behavior: in one Indiana town in 1885, citizens took the problem into their own hands, “removed four tramps from the local jail, ‘whipped [them] until they bled,’ and chased them out of town” (qtd. in Kusmer, 2002, p. 42-43). Individuals—mostly men—

who were riding the rails from town to town looking for work did receive some kindness—a sandwich at the back porch, a bed for the night at the mission. But these acts of compassion seem to be lost in the venom of the day, in the “us-them” mind-set that emerged.

Homelessness persisted in the big cities too.

Illustrations from Harper’s Weekly and Frank Leslie’s Illustrated Newspaper from the 1880s show homeless families walking



Image: Library of Congress

the streets of New York or huddled on a corner trying to survive the cold. They show the squalid conditions of “underground lodgings for the poor” where people with no other options paid a few cents to sit up all night in a crowded room or to lie down on a triple-decker plywood bunk with no mattress. Photographers Jacob Riis and Louis Hine also

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documented poverty, homelessness, child labor, and life in the slums as the country moved from the 19th into the 20th century.

The first two decades of the new century propelled the country toward a Great World War that would force political leaders, the media, and the general public to look outward across the oceans. Homelessness in the U.S. receded but did not disappear. During the period between the turn of the century and the Great Depression—even during the “roaring twenties” and the era of *The Great Gatsby*—homelessness stubbornly persisted (Depastino, 2003; Kusmer, 2002). Hopper (2003) describes the “rise of the municipal lodging house” and the ongoing need for shelter and services through these years.

studies *The Hobo: The Sociology of the Homeless Man* (1923) and *Men on the Move* (1940). As the titles indicate, these early studies focused on the largest and most visible group of people experiencing homelessness—men—to the exclusion of women, families, the elderly, and, for the most part, minorities. They did however contribute substantially to the understanding of a complex set of social issues at a time when the country was looking the other way.

In 1927, the Mississippi River flooded its banks from the Midwest to the Gulf of Mexico, displacing millions (Barry, 1998). While those with means were able to return home to rebuild, this terrible natural disaster left more than 30,000 African Americans in Mississippi, Louisiana, and Arkansas homeless for months, even years. The flood contributed to the mass migration of African Americans to the large cities of the north and shaped race and class relations in the south for decades to come. The 1927 Mississippi River flood was the worst natural disaster the country had seen. It was like Hurricanes Katrina, Rita, and Wilma, all wrapped into one.

Then came 1929.

The bottom fell out. People who thought that there would always be work and money found that confidence to be an illusion. People who had never thought of the possibility of poverty found themselves swallowing their pride to stand in bread lines. People who thought they had job security now found themselves competing with hundreds of others for new jobs with the Tennessee Valley Authority and the Civilian Conservation Corps.

Homelessness during the Great Depression

has been well documented. In addition to the academic historical accounts, Woody Guthrie sang songs about dust bowl families heading to California and about hard working homeless men trying to scrape through each day. John Steinbeck painted a picture of the Joad family heading west in *The Grapes of Wrath*. The Works Progress Administration



Image: Library of Congress

It was also during these years that the emerging fields of sociology and social work began to turn their attention to homelessness. In 1911, Alice Solenberger published 1,000 Homeless Men, the first large-scale systematic study of homelessness in America. Nels Anderson added to the academic understanding of homelessness in his sociological

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funded writers and photographers like James Agee, Walker Evans, and Dorothea Lange to capture the problem with words and images.

The Great Depression also sparked the first large-scale federal response to homelessness. In 1933, the Federal Emergency Relief Act created the Federal Transient Service (FTS). At its peak in 1934, the FTS was serving over 400,000 people annually through shelters, job training, meals, medical and dental care, and arts programs (Kusmer, 2002). In 1935, after significantly reducing homelessness and equipping people with new skills and opportunities, the program was dismantled.

in skid row areas of the nation's urban centers. Hoch and Slayton (1989) argue that although many skid row residents suffered from mental illness and addiction, the problem was at its core economic: people were on skid row because they were extremely poor. As Anderson (1923) shows in his sketch of Chicago's "main stem," skid rows tended to be filled with rescue missions, pubs, second hand clothing stores, day labor offices, cheap restaurants, fortune tellers, and gambling halls. People on skid row often lived off and on in "cage motels." A few dollars a week could rent a small plywood space just large enough for a bed, with a padlock on the door and chicken wire over an open ceiling. Most contemporary shelters are more fit for habitation than were these human kennels.



Image: Library of Congress

As the depression ended and World War II began, most of the country went back to work. Homelessness again became less of a crisis, but it did not disappear completely. From the 1940s to the 1960s, the homelessness problem was focused

The main staple of affordable housing on skid row was the single room occupancy (SRO) motel. Many lament the loss of SRO units as one of the drivers of contemporary homelessness. In the mid 1960s, as "urban renewal" was sweeping cities across the country, skid rows were destroyed in one community after another to make way for highways, government buildings, and, later, gentrifying neighborhoods.

That brings us to the contemporary wave of large-scale homelessness in the U.S., or the period many mistakenly mark as the "beginning of homelessness" in America. The 1970s and 80s certainly witnessed dramatic changes. Baum and Burnes (1993) identify dramatic cuts in federal housing funding, stigma, decriminalization of alcohol, decrease in the stock of SRO units, deinstitutionalization of state mental hospital patients, and the aging of the baby boom generation as key drivers of contemporary homelessness. Leginski

(2007) adds the nation's poor economy through the 1970s and early 80s, and a shift from industrial to service economy as additional causes. Much attention has also been paid to the large number of veterans returning from the war in Vietnam,

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and more recently, the first Persian Gulf War and the current wars in Iraq and Afghanistan, only to find themselves homeless on the streets of the country they served. In the next section of this paper we will more fully address the current state of homelessness in the U.S.

Leginski (2007) states that “while there have been temporary lulls, from colonial times forward there has been no period of American history free of homelessness” (p.1). The question becomes not when and how did homelessness begin, but what can we learn from the past, and how can we use that wisdom to inform the present and shape the future. We can learn much from the history of homelessness in the United States:

- Homelessness has been endemic throughout American history. At times it has become epidemic. Now is one of those times.
- Homelessness is and always has been about class, race, gender, and disability.
- War, natural disaster, and poverty have been consistent causes of homelessness.
- People experiencing homelessness have routinely been thought to be one homogeneous group, but they never are.
- Ultimately, homelessness is about the unequal distribution of wealth and the lack of affordable housing.

This brief examination of homelessness as a common experience throughout our nation's history paints a seemingly bleak picture. Yet current trends in our collective response to homelessness may point toward new, innovative ways to confront this deeply entrenched social problem—and ultimately to end homelessness as we know it.

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The Present: Homelessness in America in 2010

Today the problem of homelessness has been compounded by the recent economic crisis. Wages remain low. Housing remains out of reach for too many Americans (NLIHC, 2009). Everyday, more individuals and families are pushed out of their homes because of foreclosures, unemployment, and poverty. Already overburdened service agencies are facing increasing demand while experiencing resource shortages themselves. In many ways, the homelessness field is in a state of emergency.

Service responses during the current wave of contemporary homelessness has been fragmented. The past three decades have witnessed the emergence of a quasi-clinical, not very well coordinated system of shelters, treatment programs, health centers, supportive housing programs, employment support, clothing banks, soup kitchens, and other services. While many agencies provide excellent care on an individual level, services have often sprung up haphazardly to meet pressing needs facing a community. Fragmented funding streams have often inadvertently created redundancies or major gaps in services. Competing or uncoordinated priorities persist among government agencies, faith-based providers, secular service organizations, drug and alcohol treatment, and the mental health system.

Who is Homeless?

In recent years, much debate has focused on who is homeless and how best to meet their needs. Researchers and policy makers have tried to understand the scope of the problem by counting people and documenting their characteristics and needs. The concept of counting people who are highly mobile, may not enter service systems, and have complex needs is challenging at best. Some counts miss large segments of the population such as children, youth, or families. Others include people residing in shelter or on the streets but miss people who are temporarily staying in motels, in vehicles, or with friends. Varying federal definitions of homelessness make it difficult to draw comparisons and assess progress over time.

The most comprehensive research to date on the numbers of people experiencing homelessness was conducted as part of the National Survey of Homeless Assistance Providers and

Clients (NSHAPC) in 1996. This study found that approximately 2.1 million adults and 1.3 million children experience homelessness each year (Burt et al., 1999). This study, though now over a decade old, is still commonly cited to estimate the extent of homelessness in the U.S.

Last year, the US Department of Housing and Urban Development (HUD, 2009) released its most recent Annual Homeless Assessment Report (AHAR), estimating that **664,414** people were homeless on a given night in January 2008, and 1.6 million people used the shelter system during the course of the year. Between 2007 and 2008, the overall AHAR estimates only decreased by 1%. The number of homeless families, however, increased by 9% (HUD, 2009). Due to methodology and narrow definitions, this is certainly an underestimate of the extent of homelessness. Another recent study for example, found that 1.5 million American children—or 1 in 50—experience homelessness each year, far surpassing the numbers estimated in HUD reports (National Center on Family Homelessness, 2009).

To date, homelessness research has focused on three subgroups:

- 1. single individuals;**
- 2. families; and**
- 3. unaccompanied youth.**

These distinctions are somewhat artificial given that 35% of “single” women who are homeless and an even larger percentage of men are in fact parents, but their children are not currently with them (Burt et al., 1999). Additionally, these three groupings ignore the impact that family members have

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on youth who have left home. However, the existing research provides important insights into the needs of the population.

The largest segment of the sheltered homeless population is comprised of single adult men, typically of minority ethnic groups and older than 31 years of age (AHAR, 2009). Prior research has confirmed this finding, with over 50% of the homeless population in the 1990s identified as single adult men (Burt et al., 1999). Among this subgroup, about 10% live in shelters and use more than half of available homeless service resources (Culhane & Kuhn, 1998). People in this group have

been defined as “chronically homeless,” and tend to have complex medical, mental health and substance use issues.

About one-third of the homeless population consists of families (AHAR, 2009; Burt et al., 1999). Research on homeless families has focused mostly on the commonly visible family unit that includes a single mother and two children. However, this stereotype ignores the complexity of family structures and networks. Often, homeless families realistically include partners, ex-partners, fathers, grandparents, siblings, or fictive kin who do not present in shelters but impact family functioning (Barrow and Laborde, 2008). Family homelessness research has also typically focused on the needs of mothers, children, or fathers, and not on the functioning of the family unit. The critical role of parenting is largely ignored (Paquette & Bassuk, 2009).

The National Center on Family Homelessness (NCFH) attempted to quantify the number of children ages 0-17 who experience homelessness. Based on a broader definition of homelessness adopted by the Departments of Education and Health and Human Services, America's Youngest Outcasts: State Report Card on Child Homelessness estimates that one in 50 – or 1.5 million - children experience homelessness in the course of a year, as stated previously (NCFH, 2009).

Children who are homeless face distinct disadvantages related to physical and mental health, development, and education. 42% of children in homeless families are under the age of six (Burt et al., 1999). Homeless children are sick four times more often than low-income housed children (NCFH, 1999) and also experience high rates of hunger and nutritional deficiencies (NCFH, 1999; Grant et al., 2007; Schwartz, Garrett, Hampsey, & Thompson, 2007). In addition to physical violence, children who are homeless experience high rates of emotional



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and behavioral problems (National Child Traumatic Stress Network, 2008; Bassuk et al., 1996) and are more likely to show developmental delays and learning disabilities as compared to low-income housed children (NCFH, 1999).

Research on the prevalence of unaccompanied youth who are homeless is extremely limited. The most recent AHAR estimated about 2% of all sheltered homeless people to be youth (HUD, 2009). Earlier research among youth ages 12-17 found that 5-7% - or up to 1.6 million - experienced homelessness at least once (Robertson & Toro, 1998).

Among youth who are homeless, about 20% identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) (NAEH, 2009). These youth often leave home because of family rejection or conflict. They are highly likely to experience physical or sexual assault and exploitation on the streets, and more mental health problems than heterosexual peers (NAEH, 2009). LGBTQ youth are also likely to engage in high-risk behavior such as survival sex in order to meet their needs while homeless.

About 200,000 veterans enter the shelter system over the course of one year (HUD, 2009), representing 13% of the total population. This estimate is likely higher given that many veterans may experience homelessness but are not captured by HUD's homeless service system data. One estimate has found closer to 26% of the homeless population are veterans (NAEH, 2007). With the increasing numbers of returning veterans with PTSD, Traumatic Brain Injury, substance use and other mental health issues, these numbers are likely to grow.

The Homeless Services Workforce

While efforts to count people who are homeless have continued to improve, efforts to understand the people who serve them are lacking. The National Survey of Homeless Assistance Providers and Clients (NSHAPC) took place in 1996 and was the last study of its kind to enumerate the number of homeless service programs in the U.S. Mullen and Leginski (2009) use these data in combination with current data from the Bureau of Labor Statistics to project that today's homeless services workforce could be as large as 202,300 to 327,000.

Little is known about the characteristics and needs of homeless service workers. However, the needs of the homeless population are complex and require complex skills to respond. Because of high rates of co-occurring health, mental health, and substance use problems, providing care for people who are homeless can be challenging. One study revealed that about 37% of men and 32% of women who are homeless have co-occurring Axis I mental health and substance use disorders, rates that have increased since 1990 (North, Eyrich, Pollio, and Spitznagel, 2004). Service providers in the homelessness field also need to navigate multiple fragmented systems, provide services in non-traditional settings (e.g., on the streets, in soup kitchens); overcome stigma about people who are homeless; and survive on low wages (Mullen & Leginski, 2009). As we strive to understand the size and complexity of the homeless population, we must be careful not to neglect the people who serve them everyday.

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The Future: A New Paradigm?

par·a·digm (*par'-ə-dime*) n.

1. One that serves as a pattern or model.
2. A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline. (American Heritage Dictionary, 2000)

Are we in the midst of a paradigm shift? Some have argued that there is no paradigm from which to shift, while others have said that the language of “paradigm shift” is meaningless unless there are substantial resources to drive such a shift (SAMHSA, 2008). Some experts believe that the convergence of the trends described above do indeed represent something new—a response unlike anything we have previously attempted. Our position is simple: many of the critical pieces are in place, but they do not yet come together into a coherent whole. In other words, we have most of the threads, but the tapestry has yet to be woven.

What are the key elements of a coordinated response to homelessness, and how might they come together to create a future that looks different from our past? A new paradigm in our national response to homelessness would be:

1. **Person-centered**
2. **Recovery-oriented**
3. **Trauma-informed**
4. **Evidence-based**
5. **Prevention-focused**

1. Person-centered values have been defined in SAMHSA's Blueprint for Change (2003) to include choice, voice, empowerment, dignity and respect, and hope. People should be offered “real choices in housing, treatment, and supportive services” (p.29). The homelessness field can also learn much from rallying cries of the mental health consumer movement: “Nothing about us without us.” People experiencing homelessness should have a voice in how services are designed, delivered, and evaluated. People involved with housing and supportive services should be empowered to help shape their own goals, treatment plans, and range of supports. All people who are homeless should

be treated with dignity and respect—they should be seen as complex human beings with hopes, skills, strengths, and weaknesses. They are much more than the sum of their problems or diagnoses.

A person-centered system of care also implies meeting people where they are, both geographically and emotionally. Outreach and engagement are critical first links for many people to begin reconnecting to housing, supports, and relationships with others. Person-centered services take into account diversity of culture, race, and language, and develop culturally and linguistically competent staff, materials, and programs.

A person-centered approach views housing, health care, and services as basic human rights, as defined in Article 25, Section 1 of the United Nations Universal Declaration of Human Rights (1948):

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

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It is not sufficient, though, simply to declare the right to housing, health care and supportive services. Adequate financial resources are needed to fund programs to ensure that those basic human rights are fulfilled. Service systems should also be easily navigated and coordinated to ensure minimal duplication. They should strive to find common ground among all providers of care and support—publicly and privately funded agencies, philanthropy, the faith community, the business community, and others.

Finally, a person-centered approach recognizes not just the need for clinical services and housing, but also the deep human need all people have to find connection and meaning.

reshaping treatment for mental health, addictions, and trauma services. Extending this vision to homeless services is an urgently needed next step.

What would it mean to bring a recovery orientation to homeless services? As we move beyond the emergency shelter model and recognize the successes of permanent supportive housing, a recovery-oriented system of homeless services would help people recover and regain a place in the community. Recovery from homelessness is a process that may require ongoing support, and one that does not end with the provision of housing. A homeless service

2. A second component of a new paradigm in homeless services is a recovery-oriented system of care grounded in a deep belief in each person's potential for recovery from mental illness, addiction, trauma, and the profound experience of homelessness itself. Recovery is not simply an absence of symptoms. The notion of recovery asserts that people can exercise self-determination and lead satisfying, meaningful lives even within the limitations of mental illness (Anthony 1991). In 2004, an expert panel identified ten fundamental components of recovery: self-directed, individualized and person-centered, empowerment, holistic, non-linear, strengths-based, peer support, respect, responsibility, and hope (SAMHSA, 2004).

Belief in recovery has long been a core tenet of drug and alcohol treatment, and emerging practices of trauma-informed care integrate recovery principles to empower trauma survivors. This shared vision of recovery is currently



Photo: Courtesy of Jeff Olivet

system based on the fundamental recovery principles of empowerment, self-determination, consumer involvement, respect, and hope, would offer a powerful model for supporting people on their journeys home.

3. A system of services that is person-centered and recovery-oriented will by nature also be trauma-informed. Hopper et al. (2009) offer a consensus definition of trauma-informed care:

"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness

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to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Homelessness and trauma are inextricably linked. Many people experiencing homelessness have histories of physical and sexual abuse, rape, combat or other military experience, and may also have head injuries from physical attack. In addition to these experiences that may precede homelessness, the daily experience of homelessness itself is traumatic. People are subject to physical and sexual violence. They are more likely to be victims of violence crime. The live day to day in survival mode, constantly watching their backs and wondering where their next meal will come from, where they will sleep tonight, and if they will make it to see tomorrow.

Trauma-informed systems of care train staff to understand the connections between homelessness and trauma, revamp policies and procedures to minimize the possibility of re-traumatization, and strive to create environments in which people are treated with dignity and respect—environments in which people feel empowered after deep experiences of disempowerment.

4. These values are all essential to high-quality services, but decisions about policy, practice, and program design should also be evidence-based and guided by the best research knowledge available. A gap currently exists between research and practice in homeless services. While the body of research to support positive outcomes has grown, homeless services have often been guided not by that emerging knowledge base, but by intuition and anecdotal experience. While much more research is needed to prove the efficacy of some practices, such as outreach, recovery-oriented care, and trauma-informed services, much is known about supportive housing, services for

veterans, case management and mental health outcomes, and primary care for people experiencing homelessness. What is often missing is the translation of this research into practice, a process that involves the development of manuals and training curricula, and ongoing support as agencies and staff begin to practice in new ways.

SAMHSA's National Registry of Evidence-Based Programs and Practices (www.nrepp.samhsa.gov) currently lists five practices or programs designed to serve people experiencing homelessness: Adolescent Community Reinforcement Approach (A-CRA), Critical Time Intervention (CTI), Modified Therapeutic Community (MTC) for Persons with Co-occurring Disorders, Pathways to Housing, and Trauma Recovery Empowerment Model (TREM). While this number of practices specific to homelessness is small, other practices listed on the Registry have also been applied extensively in homelessness settings, such as Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Double Trouble in Recovery, and others. In addition to NREPP, the Dartmouth Evidence-Based Practices Center



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(<http://dms.dartmouth.edu/prc/evidence/practices/>) has identified six practices for which SAMHSA has begun to develop and release tool kits for implementation. These include: Assertive Community Treatment (ACT), Family Psychoeducation, Illness Management and Recovery, Integrated Dual Diagnosis Treatment, Medication Management, and Supported Employment. While these practices, and those listed on NREPP, do not address every issue, they do provide a start in bridging the research-practice gap and improving the lives of people experiencing homelessness.

Much more work needs to be done before we have a service system that is truly evidence-based. More research needs to examine new and innovative programs. More resources need to be dedicated to dissemination, training, and ongoing support for programs as they implement new practices. And more emphasis needs to be placed on recruitment and retention of a skilled workforce so that hard-won experience and wisdom do not dissipate in the wake of staff turnover.

(HPRP). This large infusion of resources gives communities the opportunity and the responsibility for planning and executing a range of services that not only support people in housing but also minimize the length of time people are homeless. This represents a dramatic shift in federal priorities and could possibly help shape how we as a nation think about the connections between homelessness and poverty.

In July 2009, the National Alliance to End Homelessness published *Homelessness Prevention: Creating Programs that Work*, a report on best practices related to homelessness prevention. The document makes the case for prevention, outlines principles for prevention efforts, and adds to the growing consensus that homelessness prevention must be a key piece of the solution.

This brings us back to the question we posed at the beginning of this section: Are we in the midst of a paradigm shift in how the United States responds to homelessness in 2009? We respond with an unqualified "maybe." The true answer depends on whether we collectively can capitalize upon the opportunities laid out before us. The pieces are in place. Service providers are increasingly making efforts to become more person-centered, trauma-informed,

and recovery-oriented. Researchers have advanced the understanding of what works in terms of housing and services. And recent efforts focused on homelessness prevention aim to reduce dramatically the number of people who become homeless in the first place.



Photo: Courtesy of <http://www.sxc.hu/photo/677803>

5. All of the most effective programs for housing and support services will not solve homelessness unless a new paradigm is also prevention-focused. Recent trends are encouraging. The recent federal stimulus package included \$1.5 billion for the Homelessness Prevention and Rapid Re-housing Program

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That said, it would be premature to declare that we are living in a new paradigm. What is required to bring the pieces together into a coherent, coordinated solution to homelessness? Several things:

Public awareness that results in changes of attitude. As long as people are blamed for their own poverty—for “choosing to be homeless” or suffering the consequences of “bad decisions”—the public commitment to ending homelessness will rest among a small number of consumers, advocates, and allies. Strong public education efforts can help the general public understand not only the individual vulnerabilities that make people susceptible to homelessness, but also the structural and economic factors that cause homelessness in the first place. The resulting awareness will drive real change—and a realignment of public policy priorities.

Political will is essential to ending homelessness. We see in many cities and states how one champion on city council or one ally in the state legislature or the governor's office can create momentum and target resources and creativity toward addressing homelessness. Courageous leaders willing to speak openly about the national disgrace of homelessness and offer new solutions are critical to solving the range of complex problems that contribute to homelessness in our society.

Promotion of best practices may be the most immediate step in ensuring that current resources target programs and practices that offer the best care possible and lead to the most meaningful outcomes. We carefully choose the term “best practices” because the current body of evidence is limited on many emerging practices. Certainly those practices with a solid body of research to prove efficacy should be widely disseminated, but we should also identify, study, and promote other innovative practices as they prove to be effective. We should be on the hunt for the next housing first, the next CTI, the next motivational interviewing. Then we must marry state of the art technologies with the best research on adult learning and professional development to ensure that the homeless services workforce is being trained to provide the best care possible.

As advocates, consumers, researchers, and policy makers learn from the past and look to the future, as we explore creating new approaches to ending homelessness, we have much to learn. We have much to learn from our country's past efforts to eradicate polio and smallpox—how a national commitment can achieve dramatic results. We have much to learn from the abolition of slavery after three centuries as a deeply embedded American institution. We can learn from the civil rights movement how strong leaders outside the political establishment and courageous champions within it can come together to pass the Civil Rights Act and the Voting Rights Act, shifting the playing field towards equality. For more recent models, we can learn from Cleve Jones and the NAMES Project—the enormous and beautiful quilt that memorializes and humanizes those who have died of AIDS-related causes. And we can learn from Al Gore and his Inconvenient Truth how to take a complex problem, and through relentless effort, multi-media savvy, and great messaging, raise public awareness of and commitment to confronting global warming. These guides from other domains can help show us the way, and help open our minds, to innovative new ways to end homelessness in America.

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References

- The American Heritage Dictionary of the English Language, Fourth Edition (2000). Houghton Mifflin Company.
- Anderson, Nels (1923). *The Hobo: The Sociology of the Homeless Man*. Chicago: University Of Chicago Press.
- Anderson, Nels (1940). *Men on the Move*. Chicago: University Of Chicago Press.
- Anthony, W. A. 1993. Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11-23.
- Barrow, S.M. and Laborde, N.D.(2008). Invisible mothers: Parenting by homeless women separated from their children. *Gender Issues*, 25, 157-172.
- Barry, J. (1998). *Rising Tide: The Great Mississippi Flood of 1927 and How It Changed America*. New York: Simon and Schuster.
- Bassuk E, Franklin D. (1992). Homeless past and present: the case of the United States, 1890 -1925. *New England Journal of Public Policy*; 8:67-85.
- Bassuk, E., Buckner, J., Weinreb, L., Salomon, A., and Bassuk, S. (1996). The characteristics and needs of sheltered and homeless low-income mothers. *Journal of the American Medical Association*, 276(8), 640-646.
- Baum, A.S., and Burnes, D.W. (1993). *A Nation in Denial: The Truth About Homelessness*. Boulder: Westview Press.
- Beard, R., and Kapsis, S.M. (1987). *On Being Homeless in New York: A Photographic Essay*. In *On Being Homeless: Historical Perspectives*, Ed. Rick Beard. Museum of the City of New York.
- Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., and Iwen, B. (1999). *Homelessness: Programs and the people they serve*. Washington, DC: Urban Institute.
- Caton, C. (1990). *Homeless in America*. Oxford: Oxford University Press.
- Culhane, D. and Kuhn, R. (1998). Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia. *Journal of Analysis and Management*, 17(1), 23-43.
- Dartmouth Center for Evidence-Based Practices. <http://dms.dartmouth.edu/prc/evidence/practices/>. Accessed 8/5/09.
- Depastino, T. (2003). *Citizen Hobo: How a Century of Homelessness Shaped America*. Chicago: The University of Chicago Press.
- Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., and Redlener, I. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54, 173-187.
- Gillis, L., Dickerson, G., Hanson, J. (2009). *Recovery and Homeless Services: New Directions for the Field*. Pending Publication.
- Goodman, L., Saxe, L. & Harvey, M. 1991. Homelessness as Psychological Trauma: Broadening Perspectives. *American Pscyhologist*. November 1991.

Homelessness: Knowledge At Work

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Hoch, C., and Slayton, R.A. (1989). *New Homeless and Old: Community and the Skid Row Hotel*. Philadelphia: Temple University Press.

Hopper, E.K., Bassuk, E., and Olivet, J. (2009). *Shelter from the Storm: Trauma-Informed Care in Homeless Services Settings*. Pending publication.

Hopper, K. (2003). *Reckoning with Homelessness*. Ithaca: Cornell University Press.

Kusmer, K. (2002). *Down and Out, On the Road: The Homeless in American History*. Oxford: Oxford University Press.

Leginski, W. (2007). *Historical and Contextual Influences on the U.S. Response to Contemporary Homelessness*. From *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Available at <http://aspe.hhs.gov/hsp/homelessness/symposium07/leginski/index.htm>.

Mullen, J. and Leginski, W. (2010). *Building the capacity of the homeless service workforce*. *Open Health Services and Policy Journal*. In press.

National Alliance to End Homelessness (2007). *Fact Sheet: What is a Continuum of Care?* Available at <http://www.endhomelessness.org/content/article/detail/1744>

National Alliance to End Homelessness (2009). *Homelessness Prevention: Creating Programs that Work*. Available at <http://www.endhomelessness.org/content/article/detail/2451>.

National Alliance to End Homelessness (NAEH). 2007. *Incidence and vulnerability of LGBTQ homeless youth*. Youth Homelessness Series Brief No. 2. Washington, DC: Author. Retrieved March 25, 2010, from <http://endhomelessness.org/content/article/detail/2141>

National Alliance to End Homelessness (2009). *A National Approach to Meeting the Needs of LGBTQ Homeless Youth*. Available at <http://www.endhomelessness.org/content/article/detail/2240/>

National Alliance to End Homelessness (2007). *Vital Mission: Ending Homelessness Among Veterans*. Available at <http://www.endhomelessness.org/content/article/detail/1837>

National Center on Family Homelessness. (2009). *America's youngest outcasts: State report card on child homelessness*. Newton, MA. Available at <http://www.homelesschildrenamerica.org>

National Center on Family Homelessness. (1999). *Homeless Children: America's New Outcasts*. Newton, MA.

National Child Traumatic Stress Network. (2005). *Facts on Trauma and Homeless Children*. Available at http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf.

National Low Income Housing Coalition (2009). *Out of Reach 2009: Persistent Problems, New Challenges for Renters*. Available at <http://www.nlihc.org/orr/orr2009/orr2009pub.pdf>.

North C., Eyrych K., Pollio D., and Spitznagel E. (2004). *Are rates of psychiatric disorders changing over time in the homeless population?* *American Journal of Public Health*, 2004, 94(1):103-108.

Paquette, K. and Bassuk, E. (2009). *Parenting and homelessness: An overview*. *American Journal of Orthopsychiatry*, 79(3).

Homelessness: Knowledge At Work

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Pimpare, S. (2008). *A People's History of Poverty in America*.
New York: The New Press.

Robertson, M. and Toro, P. (1998) *Homeless Youth: Research, Intervention and Policy*. 1998 National Symposium on Homelessness Research.
Available at <http://aspe.hhs.gov/ProgSys/homeless/symposium/3-Youth.htm>

Rossi, P. (1989). *Down and Out in America: The Origins of Homelessness*.
Chicago: The University of Chicago Press.

Schwartz, K.B., Garrett, B., Hampsey, J., and Thompson, D. (2007). High prevalence of overweight and obesity in homeless Baltimore children and their caregivers: A pilot study.
Clinical Nutrition and Obesity, 9(1), 48.

Substance Abuse and Mental Health Services Administration (2003). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*. DHHS Pub. No. SMA-04-3870, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at <http://download.ncadi.samhsa.gov/ken/pdf/SMA04-3870/SMA04-3870.pdf>.

Substance Abuse and Mental Health Services Administration (2008). *Expert Panel on Evidence-Based Practices in Homeless Services, February 11, 2008: Summary of Proceedings*.
Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at www.homeless.samhsa.gov.

Substance Abuse and Mental Health Services Administration. *National Registry of Evidence-Based Programs and Practices*.
www.nrepp.samhsa.gov. Accessed 8/5/09.

Solenberger, A. (1911). *One Thousand Homeless Men*.
New York: Russell Sage.

United Nations. *Universal Declaration of Human Rights* (1948).
Available at <http://www.un.org/en/documents/udhr/>.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2004. *National Consensus Statement on Mental Health Recovery*.

US Department of Housing and Urban Development (HUD). (2009). *The 2008 Annual Homeless Assessment Report to Congress*.
Washington, DC.