

HOW TO SUPPORT PEOPLE WHO ARE EXPERIENCING HOMELESSNESS

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Nearly forty years ago, the U.S. government began defunding social support services. Over the last several months, the COVID-19 pandemic put the consequences of these funding decisions at the center of public debate. Following these cuts in the 1980s, rates of homelessness in the United States increased so significantly (800% in places like Chicago) that researchers have since called the change “The New Homelessness.” These stark rates of homelessness have maintained since the budget cuts were made and threaten to worsen as the country attempts to recover from the ongoing pandemic.

When the average person thinks about someone who is experiencing homelessness, they usually envision a dirty, single, addicted, mentally ill, or lazy, adult man. However, research shows that this image does not depict reality. An unprecedented number of women, children, and families experience homelessness every year since the rise of The New Homelessness. Some research attributes the increase of visible homeless populations to the closing of state mental hospitals, but the increase happened at least ten to fifteen years after the exodus from these facilities. Alternately, an abundance of research shows that increasing rates of homelessness can be linked to federal budget cuts made in the 1980s, which defunded food stamps (now Supplemental Nutrition Assistance Program), Aid to Families with Dependent Children, and the Department of Housing and Urban Development – which experienced an 85% budget reduction.

As a result of these cuts, access to programs that are essential for reducing homelessness became restricted to certain types of people. The many people who do not fit neatly into these categories are now left without housing services, or are forced to wait almost ten years on average (twice as long in NYC) before they can access affordable housing options. If action is not taken soon, the COVID-19 pandemic and related economic downturn will increase homelessness substantially, and leave people who do not fit the narrow eligibility criteria without access to vital support.

Barriers to Essential Housing Services

Current policies help only specific types of people who are experiencing homelessness. Social service workers tasked with helping people who are experiencing homelessness report that there are substantial barriers that impede their attempts to help their homeless clients navigate the housing system.

Our research on the topic shows that the social service workers who are tasked with helping people find housing report that they have to “fit” their clients into categories that are exclusionary in order to help the clients gain access to housing vouchers and other programs.

It is also difficult to accurately count the number of people experiencing homelessness. Most people experiencing homelessness are “hidden,” meaning they are difficult to locate, and many go

uncounted in “official” census counts. In turn, those who are hidden are also often unreached by essential services and under researched. Exacerbating this uncertainty, most studies limit their sampling to hospitals, shelters, public housing, jails, or other forms of “institutional” settings, which shapes their results by only engaging with people who experience homelessness in a medical setting. Our research findings highlight the importance of the work policymakers, advocates, and social service workers must do to improve data collection and ensure streamlined access to housing services for a broader range of people.

A Proven Path Forward

Research shows that people in the United States are more likely to experience temporary (two months or less) poverty and homelessness than any other developed country. However, those who experience poverty in the United States are also more likely to recover than in other developed nations. It is clear that services in the United States work when they are funded.

There have been some successful initiatives. Mass homelessness was successfully avoided during the Great Recession thanks to the American Recovery and Reinvestment Act of 2009 – called the ARRA for short. The ARRA allocated an additional \$1.5 billion in Homelessness Prevention and Rapid Rehousing, which prevented thousands of households from impending homelessness.

With the funding boost and a reduction in restrictions for accessibility, cities across the United States used these funds to efficiently connect people on the verge of and already experiencing homelessness with the appropriate housing services. Without the increase in funding and broadened accessibility criteria, many people would likely have been pushed into homelessness or had to wait years for support. Unfortunately, the federal Homelessness Prevention and Rapid Rehousing funding expired in 2012.

Various local municipalities across the United States have implemented continued funding and improved housing stability by extending a rapid re-housing and “housing first” approach with more localized funding sources. If policymakers genuinely care about the lower and middle-class people most impacted by the COVID-19 pandemic, they should work to ensure funds are available for flexible programs that emphasize rapid re-housing and housing first approaches.

If human cost of homelessness is not enough, perhaps a cost-benefit analysis will provide the motivation required to spur policy change. Research shows that the cost to local, state, and federal governments who will have to deal with a wave of homelessness will likely be far greater in the decades to come than the cost would be to fund these programs now.

Read more in Curtis Smith (Under Contract) *Red-Tape Warriors: Housing the Homeless through Aggressive Advocacy*. Routledge. New York City; and Curtis Smith and Ernesto Castañeda, “Sick Enough? Mental Illness and Service Eligibility for Homeless Individuals at the Border,” *Social Sciences*, 9 (8), (2020): 145.