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Nature and purpose of research

Homelessness, and its related ills, presents serious concerns for policy makers and social service providers. In order to effectively plan for the provision of housing for all demographic, economic and social brackets, an understanding of the more prevalent factors that contribute to homelessness, those that put persons at risk of becoming homeless and the strategies that have best served to return individuals to a housed conditions is essential. Further solutions to housing have to be considered in order to determine what alternatives are the more effective and what new approaches can be taken to address a specific demography.

A comprehensive study was conducted of seven published articles addressing the issue of homelessness and housing from various perspectives. The studies sampled cover a wide time frame from the 1980s to more recently (2007) in order to analyze changes in trends over time. The studies also examined various populations in different locations across the United States including New York, Chicago and Washington.

Different sample sizes were used consisting of either individuals or families and ranging from around 50 families to as much as 1426 individuals. Studies were both longitudinal and short term in nature running from as little as a month to as much as five years. Various demographic features were analyzed including income, marital status, mental and physical health, criminal history, drug abuse, housing status and family history.

This research is therefore a review of established findings on the issue in order to understand patterns, predict trends and suggest strategies that would best deal with issues that arise as a result of data findings. Recommendations can therefore be proposed for management decisions based on these findings.

Relevant findings

Generally it was discovered that ethnic minorities, particularly African Americans, are more at risk of being homeless. Additionally economic constraints such as lack of financial support, joblessness or simply poverty are the highest predictors of homelessness. Furthermore persons in the over 44 age bracket and those with a criminal history, mainly recently released prisoners, are more at risk of being homeless and also less likely to return to stable housing in the short run. Two-parent families and not only the single-parent families are also prominent among the homeless and are more likely to be long-term homeless.

Factors that mitigate against persons becoming homeless include having a wide scope of social supports. This variable has been noted to be negatively correlated with homelessness suggesting that social support is effective in helping to decrease homeless rates. The provision of housing subsidies is effective in helping persons return to stable residence.

In addition health service provided to the homeless has proven to be effective in improving the physical and mental health of homeless individuals who show marked improvement in health overtime as compared to when they are initially homeless. Informal social networks in the form of family and friends have also proven to be quite helpful in decreasing the strains posed on services by the homeless. Families and friends are noted to be accommodating homeless individuals to a large degree.

Proposed actions

First and foremost affordable housing for the poor must be developed. Funds designated for housing the homeless should be geared primarily at providing housing subsidies even to the rate of 100% so that basic housing needs are covered. Once this need is met individuals will better be able to target their income at providing the other necessities of food and clothing which are not as costly compared to housing. Further agencies should be sourced to help in providing these subsidized facilities, and services should be targeted particularly at African Americans and other minority groups that are at the greatest risk.

A similar housing assistance or subsidy should be provided for families willing to house homeless relatives. As far as possible concessions should be given to those families decreasing the strain on already limited services. The restrictions placed on public assistance programs for individuals who house adults who are not related to them should be relaxed.

Persons should have the option of declaring that they are housing an individual who would otherwise be homeless and no penalties should be levied against them. They should have the same access they would usually have to public assistance benefits. Further social service providers should aim to develop programs to mend or develop social ties among homeless persons and other individuals so that some of the issues related to homelessness could be alleviated.

Support programs should be developed to properly integrate former prisoners back into the community so they can access housing and other necessary services. Additionally more attention should be paid to securing assistance for the older homeless population and those that are two-parent families since these groups seem the least likely to become stably housed in the short run. Solutions should be developed to help these individuals locate and be able to afford stable housing in less time. Moreover two-parent families should be encouraged and allowed equal access to welfare programs.

Evidently there are some policy issues that would need to be adjusted as well as programs to better educate stakeholders need to be developed. However adopting these strategies can go a far way in addressing at least some of the more prominent concerns that arise with the issue of homelessness and housing.

Abstract

Homelessness in the United States is a public health problem. A combination of societal, familial, economic, health and behavioral factors contribute to homelessness. Individuals who are unable to provide affordable living accommodations for themselves and their families resort to either accessing shelters, living on the streets or staying with families or friends. Certain features put individuals at a higher risk of becoming homeless but more so being African American or having recently been released from prison.

Social supports are important in helping people avoid or come out of homelessness. Shelters provide adequate health services for the homeless but many individuals cannot access adequate or subsidized housing and therefore remain homeless for extended periods of time. Government, policy makers and supportive organizations can play are greater role in better addressing the needs of the homeless.

Shinn et al (1988). Predictors of homelessness among families in New York City: From shelter to request to housing stability.

This article investigated the social, behavioral, demographic and economic factors that contributed to homelessness and stability among 256 families in New York over a five-year period. The primary objective of the research was to determine which of four variables of persistent poverty, behavioral disorders, impoverished social networks or loss of affordable housing, were the strongest contributors to homelessness. The research therefore aimed to determine the causes of homelessness among these families, identified factors that facilitated or impeded them obtaining adequate housing and highlighted the variables that contribute to housing stability.

It was discovered that demographic characteristics and housing conditions were the most significant determinants of homelessness. Racial minorities, particularly African Americans as well as individuals who had previously resided in overcrowded or unstable homes were at a higher risk of becoming and remaining homeless over the long term.

Additionally individuals who were teen mothers and those who had low academic achievement were also at a greater risk of homelessness. Experience with domestic violence, being in a steady relationship influenced requests for housing, negatively and positively respectively. Individuals who received some amount of subsidy towards housing were more likely to be stable after a period of homelessness and therefore less likely to return to the streets.

Findings reveal that poverty continues to put a significant proportion of the population at risk of homelessness. African Americans, above any other group, are among the highest homeless population testifying to the debilitating effects of poverty on this group. However the provision of housing subsidies plays a significant role in helping individuals return to stable residence as they are 20 times more likely to remain stable with this assistance.

Marin & Vacha (1994). Self-help strategies and resources among people at risk of homelessness: Empirical findings and social services policy.

The research investigated doubled-up informal housing among individuals at risk of homelessness focusing on low income houses in Spokane, Washington. Researchers examined the extent to which homeless people access social networks such as residing with friends or relatives as alternatives to public shelter. The researchers also sought to determine how effective or successful these housing alternatives are and strategies policy makers could adopt to take advantage of these social networks to help in diminishing the rates of homelessness.

Demographic and economic data was collected on persons who were doubling up. Variables of race, number of children, previous housing arrangements, gender and relation to the person doubled up with. Data obtained from the 47-item survey administered randomly to 470 persons accessing energy assistance programs in Spokane, reveal that 82% of homeless respondents doubled up with either friends or relatives and 17% provided shelter for someone else in their home.

It was found that more individuals double up with family than friends. Moreover doubling up is more prevalent among women who are also more likely to double with family as compared to men who double up less and mainly with friends. Doubling up by individuals with children was noted to be prominent as well as doubling up within all-white homes. In terms of income those persons doubling up with families were shown to receive public assistance more often than those residing with friends.

The family is apparently an important source of housing for the homeless. The researchers suggest friends are not as likely to provide assistance because of requirements for public assistance which reduces benefits when unrelated adults reside in the home. Nevertheless informal housing solutions do contribute significantly to reducing the demands for shelter by homeless individuals.

Bassuk & Rosenberg (1988). Why does family homelessness occur? A case-control study.

In this research Bassuk and Rosenberg (1988) examined factors that contribute to homelessness. Homeless female-headed families (49) were compared to poor housed female-headed families (81). Interviews were conducted with mothers and children and data collected included demographics, family background, violence patterns, housing, income and employment histories, nature of social relationships, parenting, medical and psychiatric histories and use of services.

Data reveal that ethnic minorities are more largely represented in homeless than housed families. Surprisingly the homeless mothers were more educated and the employment history of both groups reveals minimal or no previous employment. Homeless mothers were more unstable and more dependent on others or services for shelter. Less homeless mothers than housed mothers were born into initially female-headed homes but by adolescence two thirds of both groups were in female-headed homes due to change in family patterns.

Fathers were more present in the lives of homeless mothers, less prone to abuse alcohol, have mental or physical illness, and also fathered the siblings of the homeless women. Mothers of the homeless had accessed AFDC less than mothers of housed. The housed mothers listed more available social supports than the homeless. There were comparative cases of mental illness, substance abuse and psychiatric problems among both groups.

Apparently childhood or current family situation does not predict homelessness neither the relationship with parents makes a difference in later housing status. It does appear, however, that having social supports in the form of people on whom they can call in times of stress does make the difference between the housed and the homeless as the former had a lot more social supports than the latter.

Schanzer, Dominguez, Shrout & Caton (2007). Homelessness, health status, and health care use.

The article by Schanzer et al (2007) sought to analyze the health status of 351 newly homeless individuals over an 18 month period to investigate their use of health services and to determine the effects of long-term homelessness on health and health care use. Mental health, homelessness history, housing status, education, employment, marital status, citizenship, insurance status and other demographic data were analyzed.

At entry to homeless shelters respondents reported high rates of medical, mental health and substance use complaints. Respondents homeless after 18 months had higher rates of physical and mental illnesses and more prevalent substance use disorders than those who found housing.

There was no notable difference in healthcare use. Health status either improved or remained stagnant during homelessness but more positive improvements were demonstrated among those who eventually found housing. There was an increase in the number of individuals previously uninsured who became insured regardless of housing or homeless status. Results reveal that most people who become homeless experience very poor physical health and frequently use health care services.

This research reveals interesting data suggesting that individuals who become homeless often demonstrate a significant amount of health concerns. These concerns are, however, ameliorated overtime as temporary housing facilities and services also provide primary and mental health services. Therefore it appears that these services are adequately and effectively meeting the physical and mental health needs of homeless individuals.

Kushel, Hahn, Evans, Bangsberg, & Moss (2005). Revolving doors: Imprisonment among the homeless and marginally housed population.

The research aimed to determine the correlation of prior imprisonment status with health and illegal activities. A sample of homeless and marginally housed adults was studied to determine whether a history of imprisonment was associated with differences in health status, drug use and sexual behaviors among the homeless. Data were collected over a 12 month period in the San Francisco area. Information was obtained from a total of 1426 individuals within various kinds of facilities for the homeless on age, gender, ethnicity, relationship status, income, health and HIV status, prior imprisonment, housing status, substance use, sexual behaviors and mental health.

Approximately 23% of the homeless individuals reported having been imprisoned at some point in time. A significant proportion of respondent revealed that they had only recently been released in the past year and a further set were then on parole. Compared to other homeless individuals those that had been imprisoned were more likely to be in poor health, suffer from psychiatric disorders, abuse drugs, test positive for HIV. These individuals were also comparatively older than other homeless persons with lower educational attainment.

Data suggests that released prisoners are at a higher risk of becoming homeless probably as a result of or in addition to facing problems related to obtaining a job in order to earn an income. They also have little access to primary care and mental health services given that they demonstrate such poor physical and mental health. Furthermore it seems that older homeless individuals have much greater difficulty finding stable housing and thus resort to criminal activities.

Caton et al (2005). Risk factor for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults.

The objective of the article by Caton et al was to identify the factors that put individuals at risk for long-term homeless. The research traced 377 newly homeless individuals over an 18 month period seeking to identify the demographic, social, and health factors that contribute to initial homelessness, to understand the connection between these factors and the duration of homelessness and to identify those elements that predict the duration of homelessness. Antisocial personality disorders, psychiatric symptoms, demographic data, information on prior living arrangements, education, employment, childhood living arrangements, family history and family support, companionship, emotional support, prior substance abuse, mental health and criminal record were analyzed.

Data reveal that individuals who are younger, employed earning an income or being supported by family as well as those who refrain from using drugs and getting involved in criminal activities, are more likely to move out of homelessness quickly and thus are often homeless for shorter durations. Older persons with a criminal history were more likely to experience long-term homelessness as the duration of homelessness among this group compared to a younger age group was significantly longer. On the other hand neither marital status, level of education nor childhood family dysfunction seemed to make a difference in the duration of homelessness.

It appears therefore that programs set up to assist persons to return to a housed status are not effectively catering for older persons over 44 years of age. Additionally those with a previous criminal record are not receiving adequate support in helping them return to a housed condition. Basically the persons who are most frequently affected by homelessness are helped less frequently to obtain stable housing.

Wood, Valdez, Hayashi & Shen (1990). Homeless and housed families in Los Angeles: A study comparing demographic, economic, and family function characteristics.

The research reported by Wood et al (1990) explored the demographic, economic and family related factors contributing to homelessness among 196 families in Los Angeles, California compared to 194 poor housed families. Researchers conducted 45 min structured interviews at major shelters considering family make up, personal abuse, drug or alcohol abuse, mental illness, family history, quantity and source of income, rental expenditure and housing history.

Data reveal that the majority of homeless mothers were white, there was a majority of two-parent homeless couples that were together for over a year. Drug and alcohol abuse, mental illness and child abuse was prevalent among the homeless. A family history of similar abuses was also evidenced. Over 75% in both groups had income below the poverty level. Source of income for housed families was almost solely from welfare and only 61% among the homeless. Both groups spent more than 80% income on housing. Economic and housing problems were the main contributors to homelessness. There are more two-parent than single homeless families and most families both housed and homeless are unable affordable housing.

A significantly high proportion of homeless individuals are actually couples who are still together with their children and not primarily single persons as other research has suggested. However welfare and homeless policies are noted to target primarily single-parent families offering aid such as AFDC to these families. Two-parent homeless families are not able to benefit from this sort of assistance unless they hide their true family status.

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