What is homelessness?

The starvation and lack of shelter I encountered constituted a chronic condition of misery that is never wiped out even in periods of greatest prosperity.

(Jack London, The People of the Abyss)

Homelessness is an extreme form of poverty, deprivation and social exclusion, and one of the most momentous manifestations of social inequality in magnitude and gravity across both poor and rich nations today. By the turn of the millennium the total number of people in the world without any housing had already grown to more than 100 million. When those living in substandard shelters were included in the estimate, the size of the global homeless population exceeded 1 billion, more than one out of every seven people in the world. A decade later, 1.6 billion people were homeless or inadequately housed, including 5.3 million households living in substandard housing conditions in the USA, one of the wealthiest nations in the world, and one of the most highly unequal (Brandmeir et al. 2016; Habitat for Humanity n.d.; United Nations Centre for Human Settlement 2000; United Nations Economic and Social Council 2005).

Like other disparities, homelessness is very closely linked to gender, race, ethnicity, age and sexual orientation, with long-standing and disproportionately higher rates among the same disturbingly familiar groups in most countries. As with poverty, there is no universal definition of homelessness. Indeed, across nation states – and, in some cases, across the subnational regions and districts within them – there can be considerable variation in the ways that official organizations and research institutes conceptualize, define and measure homelessness and collect data on their resident homeless populations. This can render comparative, cross-national homelessness research especially challenging.

Conceptualizing and measuring homelessness

The United Nations distinguishes two broad ways of conceptualizing homelessness – absolute and relative – paralleling the dominant approaches commonly employed to understand poverty (see Chapter 6). Absolute homelessness refers to the absence of any shelter at all. It encompasses
people who live on the streets and in parks during the day, and sleep on sidewalks, under bridges and in tunnels, abandoned buildings, vehicles and other public places at night. This circumscribed understanding fits closely with the popular, and often negative, image of ‘acute’ or ‘literal’ homelessness frequently portrayed in the mainstream media, although the majority of people in this group typically try to stay out of sight. Relative homelessness is a much broader, more inclusive category, encompassing several other forms of homelessness that may be hidden as well, including people who live in temporary accommodation, such as shelters, ‘welfare hotels’, refuges, missions and lodging houses, or people who temporarily and involuntarily ‘couch surf’ or ‘double up’, living in the basements and sleeping on the floors and couches of friends and/or family members, with no space of their own. Strictly speaking, they are not without shelter, but their residence is often short-term and unstable, and it may not provide the privacy, security or other basic amenities and conditions conducive to good physical and mental health that we commonly associate with a ‘home’.

Homelessness is a multifaceted concept. In an effort to better apprehend its complex nature, many national and supranational organizations have developed typologies that identify different manifestations of homelessness. The European Federation of National Organizations Working with the Homeless (FEANTSA), for example, has proposed a useful approach that clearly identifies various categories and forms of homelessness and ‘housing exclusion’. FEANTSA’s European Typology on Homelessness and Housing Exclusion (ETHOS) goes well beyond a narrow focus on people living on the streets or in homeless shelters to include people whose housing does not meet basic criteria considered essential for health and human development, and an orientation broadly similar to it has been adopted in many nations around the globe today. FEANTSA’s approach conceptualizes a ‘home’ in relation to three central domains: the physical domain, the social domain and the legal domain. To be considered a ‘home’, a dwelling should meet the criteria of all three domains for individuals and their families. It must: (1) be adequate, and allow them to exercise exclusive possession (the physical domain); (2) allow them to maintain privacy and enjoy social relations (the social domain); and (3) provide legal title to occupation (the legal domain). Based on their relationship to these domains, ETHOS sets out seven different conceptual categories of homelessness and housing exclusion that address variations in the character, extent and depth of homelessness. It provides operational definitions that allow for the identification of various forms of homelessness within and across its categories (see Table 34.1) (Edgar and Meert 2006).

People who live on the streets, perhaps occasionally staying in a night shelter or emergency accommodation, are essentially entirely excluded from all three domains. This group of absolutely homeless people is referred to as roofless. However, other people may be excluded from two, or only one, of the three domains. People in the houseless category – such as those living in short-term shelters; hostels, refuges and other temporary accommodation; or in penal institutions or care centres with nowhere to live when they are discharged – have a ‘roof’, and they typically live in adequate lodgings (the physical domain). But they are not legally entitled to stay under that roof; nor do they have a private space for social relations. Thus, they are excluded from both the legal and social domains. The inadequate housing category comprises people who live in housing that is unfit for human residence, often without basic amenities, and may be declared hazardous to their health and well-being by legislation or building regulations. The insecure housing category includes people without legal tenancy or living under the threat of eviction or foreclosure, or whose circumstances render them vulnerable to physical or sexual abuse and violence. They are excluded from the legal domain and, although their living conditions may be acceptable, they are at great risk of becoming houseless or absolutely homeless. Still others live in housing that, while both adequate and secure, does not provide them with private and safe personal space for social relations. As illustrated in Figure 34.1, some homeless categories
<table>
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<tr>
<th>Conceptual category</th>
<th>Physical domain</th>
<th>Legal domain</th>
<th>Social domain</th>
<th>Operational definitions</th>
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| 1 Rooflessness       | no dwelling (roof) | no legal entitlement to space for exclusive possession | no private and safe personal space for social relations | • ‘living rough’ (on the streets)  
• staying in overnight shelters or emergency accommodation  
• living in homeless shelters, hostels, refuges, and other temporary accommodation  
• due for release from institution/residential care centres (penal, medical, children’s) |
| 2 Houselessness      | has a place to live, fit for habitation | no legal entitlement to space for exclusive possessions | no private and safe personal space for social relations | • living in tents, makeshift shelters, shacks or shanties, overcrowded housing, or other dwellings not intended for human residence or deemed unfit by legislation or building regulations  
• temporarily living with family/friends  
• living with no legal (sub)tenancy  
• illegally occupying land  
• eviction or repossession orders underway |
| 3 Inadequate housing (with secure tenure) | dwelling unfit for habitation | has legal title and/or security of tenure | has space for social relations | • living in overcrowded conditions |
| 4 Insecure housing (with adequate housing) | has a place to live | no security of tenure | has space for social relations | • unlawfully occupying shelters unfit for human habitation (e.g. barns, sheds)  
• families doubling up in inadequate dwellings |
| 5 Social isolation (with secure and adequate housing) | has a place to live | has legal title and/or security of tenure | no private and safe personal space for social relations | |
| 6 Insecure and inadequate housing | dwelling unfit for habitation | no security of tenure | has space for social relations | |
| 7 Inadequate housing and social isolation (in a legally secure context) | dwelling unfit for habitation | has legal title and/or security of tenure | no private and safe personal space for social relations | |

Source: adapted from Edgar and Meert (2006).
reflect an intersection or overlapping of exclusion from two (or all three) different domains. The categories based on exclusion from only one domain have been referred to as forms of ‘housing exclusion’ rather than homelessness in ETHOS, but several researchers note that these living conditions can be just as extreme and difficult as those endured by the roofless and the houseless (Sahlin 2012; Amore et al. 2011).

While some national studies conceptualize homelessness broadly, with a more comprehensive range of homeless, ‘precariously housed’ and ‘at-risk’ categories, others restrict their focus to a few more familiar forms such as living on the streets (‘living rough’) or in conventional homeless shelters. The US Census Bureau, for example, addresses only one homeless category in its decennial census – people using emergency and transitional shelters – and thus greatly underestimates the prevalence of homelessness there. Statistics Canada’s focus on the sheltered homeless also minifies and underappreciates the severity of homelessness in the nation. But other research agencies, such as the Canadian Homelessness Research Network (CHRNR) and, to a lesser extent, the US Department of Housing and Urban Development (HUD), employ more encompassing typologies (Smith 2015). However, even more inclusive approaches may miss significant numbers of particular groups of homeless people such as women, whose identification as victims of domestic violence – a central cause of homelessness for them – may conceal or overshadow their identification as homeless (Bretherton 2017). Within the EU, definitions of homelessness tend to be broader in Northern than in Southern states. The national homelessness counts in the Nordic nations, for example, include people staying temporarily with family or friends if they are in contact with the welfare system. But, in the Southern nations, people staying with family or friends are not typically considered homeless, reflecting the prominent role of the family in their ‘welfare systems’.

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**Figure 34.1** The domains of homelessness/housing exclusion (ETHOS).


**Notes**

1. Rooflessness.
2. Houselessness.
3. Inadequate housing (secure tenure).
4. Insecure housing (adequate housing).
5. Social isolation within a secure and adequate context.
6. Insecure and inadequate housing.
7. Inadequate housing and social isolation within a legally occupied dwelling.
The number of homeless people in a given year is also difficult to gauge accurately because they lack permanent addresses, are highly mobile, and often live in abandoned buildings far from human traffic or stay with friends – all of which render them very difficult to locate and identify. Consequently, researchers canvas streets, shelters, soup kitchens or other homeless services to obtain a ‘snapshot’ estimate of the number of unhoused people on a particular night (‘point prevalence’ measures) or over longer periods of time (‘period prevalence’ measures). But they miss the large numbers of the ‘hidden homeless’ who do not use these facilities, as well as people who are no longer homeless but were immediately prior to the canvassing period, and who may become homeless again afterwards, underestimating annual rates of homelessness. Telephone surveys provide better accounts of homelessness over longer periods and produce higher estimates, but exclude many people who are currently homeless and unreachable by phone (Toro et al. 2007).

**Beyond housing deprivation**

Housing is necessary, but not necessarily sufficient, to solve the problem of homelessness. This is because homelessness is associated with a broad constellation of tightly interrelated and compounding factors beyond housing deprivation. These include unemployment, poverty, low income, poor health and a range of other privations and indignities – many of which can be both causes and consequences of homelessness, and serve to sustain it. Unemployment, poverty, low income and the stress caused by low-wage, insecure jobs, for example, often leads to bankruptcies, foreclosures and evictions due to rent arrears that can culminate in homelessness. In the USA, the number of families involuntarily forced out of their homes each year is in the millions, and many of them are left homeless (Desmond 2016; Gerull 2014; Kenna et al. 2016; Stenberg et al. 2011).

After people become homeless, the anxiety, strain and myriad harsh conditions they face – including poor nutrition, walking and standing for prolonged periods, exposure to severe weather, subjection to violence and discrimination, and restricted access to healthcare – directly and dramatically compromise their physical and mental health. They have higher mortality rates, suffer many more injuries and have a much higher incidence of almost all health conditions than their housed counterparts, including: cancer, diabetes, hepatitis C, HIV, hypothermia, seizures, pulmonary disease, oral health problems, skin problems, ‘street feet’, respiratory ailments such as asthma and bronchitis, hypertension, drug and alcohol dependencies, and numerous other chronic and acute problems. With hundreds of people regularly cycling through them, the shelters upon which many homeless people rely are often overcrowded repositories of communicable diseases, infested with parasites and unsafe (e.g. Hu 2015; Raoult et al. 2001).

Access to healthcare is especially difficult in nations without a universal, comprehensive healthcare system, like the USA. But, even in nations with national healthcare systems that provide services free of charge at point of delivery, as in Canada, the UK and across Europe, other barriers can make it very challenging for homeless people to obtain treatment and access ongoing care. Given their marginalization, isolation in often distant and deprived areas of urban districts, and their transience, many of them cannot easily get to a physician. Doctors and other healthcare practitioners may regard them as ‘problem cases’ that make their staff and other patients feel uncomfortable, and hence may be reluctant to register them or treat them. The dense networks of interlocked and mutually exacerbating privations and hardships endured by the homeless, and their greatly diminished freedom, rights and control over their lives, conspire to keep them in place (Anderson et al. 2006; Lester 2001; National Health Care for the Homeless Council 2011; Riley et al. 2003; Street Health 2007).
Causes of homelessness: individual, institutional and structural

Discussions and accounts of most aspects of homelessness are often explicitly or implicitly ‘political’. Governments may want to define homelessness very narrowly to minimize the gravity of the situation in their nation, or to overestimate the impact of the policies and programs they have introduced and promoted to address it. When combined with very restricted forms of homelessness measurement – such as the number of people using a shelter or soup kitchen on a given night – a momentous and consequential national homelessness problem may be concealed, greatly depreciated, or even appear to be receding when it may actually be growing. The ‘causes’ of homelessness and poverty that are identified as central may also be politically driven. Popular accounts of homelessness in the media, and typically advanced by conservative or neoliberal parties and incumbent governments today, often blame the destitute themselves; they are lazy, lack drive, are of low intelligence or mentally impaired, and substance abusers (De Rooy 2014; Lee et al. 1992; Wright 1993). Or, as US President Ronald Reagan suggested, they ‘choose’ to live on the streets (Roberts 1988). While popular explanations focused on individuals are not always entirely irrelevant, they miss crucial factors ‘behind the scenes’ that can lead to a lack of drive, low levels of education or alcohol/substance abuse. Homelessness is a complex, multidimensional problem with many causes at different but very tightly intertwined levels – the individual, the institutional and the structural.

Consequential individual-level factors often involve traumatic events and circumstances. These include the loss of a job with few employment prospects in sight; serious illnesses, health problems and disabilities and inadequate healthcare; and family breakdowns due to divorce or the death of family breadwinners with few available services and supports. Domestic violence, sexual abuse and discrimination and social stigma, especially among women and LBGT youth – often inflicted by other family members – have also resulted in eviction or flight from home. These precipitating factors and contexts, especially in concert, can render people vulnerable to homelessness and trigger its onset.

Other closely related ‘institutional’ factors also promote and sustain homelessness over protracted periods. These include a critical shortage of affordable, safe and adequate housing. This situation is often aggravated by the ‘gentrification’ of older, working-class and low-income neighbourhoods – and a consequent increase in rents and property values there – culminating in the displacement of poorer families by wealthy outsiders. Inadequate social supports for some groups (such as programs for people with addictions), cutbacks to income maintenance and income security measures (including unemployment insurance, disability benefits and social allowances), the retrenchment of existing social services (including healthcare, employment services, public housing, the provision of emergency shelter, case management and landlord mediation), and the enervation of rent controls and laws governing evictions and foreclosures, have also exacerbated and perpetuated the problem of homelessness in many nations. So too has inadequate discharge planning for people leaving hospitals, prisons and mental health and other institutions. Many of these factors, in turn, have broader origins.

At the structural level, the lack of stable, well-paying jobs – often due to capital flight, the relentless introduction of new ‘labour-saving’ technologies and the weakening of unions – are also important causes of homelessness. Some of these outcomes are systemically generated and promoted by the ‘demands’ of competitive market systems. But they are also the result of deliberate choices and actions taken by states, developers, financial institutions and corporations, and the soaring levels of income and wealth inequality that they have generated.
The historical roots of homelessness policy

Poverty and homelessness are abiding, durable and deeply rooted social problems, and the legacy of the initial attempts to address them through the range of private and public measures that mark the ‘prehistory’ of the welfare state is still very much in evidence in many nations today. During the high middle ages in Europe, as the seeds of capitalism were sown, the eviction of entire communities of peasants and serfs through successive waves of enclosures of communal lands, and the ravages of wars, plagues and famines, created rapidly expanding populations of homeless paupers and vagabonds. Many of the early social policy responses to these large-scale social dislocations – including vagrancy ordinances and statutes in the UK (such as the Vagabonds and Beggars Act of 1495) and similar legislation elsewhere in Europe – restricted the migrations of the poor, and limited begging to certain areas. Much of this legislation, and other related practices, such as the establishment of poorhouses, workhouses and public relief offices, would later be transplanted and adapted to suit local conditions in European colonies in North America, Australia, New Zealand and elsewhere to regulate and control the destitute and homeless (Chambliss 1964; de Schweinitz 1943; Lis and Soly 1979). Later, more paternalistic legislation, such as the Poor Relief Act of 1601 in the UK (the ‘Elizabethan Poor Law’), imposed a legal obligation upon local churches to furnish aid to those members of their parishes who were unable to support themselves. But, with industrialization, ‘new’ poor laws were introduced in the 1800s that more explicitly emphasized social control and the discipline of the market over aid. Public dependency was vilified, and poor relief – now roundly indicted for fostering indolence, improvidence, immorality and intemperance while undermining self-reliance – was much more reluctantly dispensed and subject to increasingly careful scrutiny to separate the ‘deserving poor’ from the lazy, ‘undeserving poor’ (Humphreys 1999; Rossi 1989).

This ideal of individual autonomy has been vigorously championed again in recent decades with the resurgence of neoliberal market fundamentalism, profoundly shaping the ways that poverty and homelessness are understood and addressed, especially in the Anglo-American nations. There it is often not homelessness but the homeless themselves who are targeted by new policies and practices. These include anti-vagrancy laws preventing them from sleeping, loitering, eating and performing other activities necessary to live, ongoing harassment and the threat of incarceration. Local authorities routinely engage in a range of ‘street-cleaning’ tactics, including aggressive sweeps of areas populated by homeless people, and the deployment of ‘defensive architecture’ such as curved or segregated park benches, railings and spikes on cement blocks, or the use of water hoses, loud music and other practices that further strip homeless people of their rights, freedom and autonomy. In many other nations, however, the approach towards the homeless is much less brutal and considerably more effective.

Homelessness and social policy today

Although homelessness remains an urgent social problem in virtually every nation today, there is notable cross-national variation in the ways that states have addressed it, and in the impact of the policies and approaches that constitute their welfare states. Broadly conceived, welfare states are concerned with our well-being or welfare, which they address through a range of social programmes and supports that comprise three pillars – the income pillar, the social services pillar and the social legislation pillar (see Chapter 33). In the area of housing and homelessness, these include housing and other social allowances (income measures); the provision of public/social housing, ‘housing first’ programmes, emergency shelter and other related supports (social services); and rent controls and foreclosure and eviction protection laws (social legislation).
Nations with more developed housing and homelessness policies have been much more successful in addressing homelessness. The incidence and severity of homelessness is markedly worse in nations with higher levels of poverty and less developed and inclusive welfare states, such as the Anglo nations. The weaker welfare states there, and especially in the USA, have been significantly less effective at reducing poverty and homelessness than those in the Nordic countries and other European nations (Benjaminsen and Andrade 2015; Benjaminsen et al. 2009; Olsen 2002, 2011; Shinn 2007; Smeeding 2005; Toro 2007). Finland in particular has experienced a remarkable, steady decline in its level of homelessness since 1987, in part because of its commitment to eradicating homelessness and its emphasis on a ‘housing first’ approach. Despite its broad and encompassing definition of homelessness – including people who are living with friends and relatives and in temporary shelters and institutions – the number of homeless people dropped markedly there, from over 17,000 in 1987 to 10,000 in 2001 to 6,700 in 2016 (Ara 2017; Pleace et al. 2015).

A right to housing?

In the Anglo nations, higher rates of homelessness fostered by rising levels of inequality and poverty, gentrification, social policy retrenchment and the lifting of rent controls have been fortified by a raft of new laws criminalizing homelessness and denying public space to the most vulnerable members of society who already have no private space. The position of the homeless has been somewhat strengthened in countries that have supported a kind of ‘quasi right’ to housing. In practice, no nation actually provides housing to all its residents as a right, like the right to healthcare; rather, people are largely expected to obtain their dwellings through the market. But some of them, such as the Nordic nations, have made greater efforts to ensure that sufficient housing is available, and that people can access adequate housing at a price they can afford. Some countries, like Finland and Sweden, have even introduced a right to housing via legal and constitutional reforms, but they are not typically legally binding. Other countries have adopted enforceable statutory rights to emergency accommodation for at least some marginalized homeless groups (including children, pregnant women and others considered especially vulnerable), as in France and the UK – most notably in Scotland (Bengtsson 2001; Helenelund 2008; Houard and Lévy-Vroelent 2013; Watts 2014). But homelessness remains a serious problem everywhere, and it has been exacerbated in nations like Sweden in recent years, where the liberalization of housing policies has weakened the position of the homeless (Olsen 2013).

Homelessness policy: primary, secondary and tertiary prevention

The risk of homelessness can be greatly moderated through effective social policies. As with other social problems, such as poor health, some of the most effective and durable homelessness policy instruments and approaches are preventative (see also Chapter 5). We can distinguish three types of preventative homelessness measures: primary, secondary and tertiary (Feantsa 2013; Gerull 2014; Kenna et al. 2016).

Primary homelessness prevention focuses on society as a whole rather than targeting particular groups. These inclusive and encompassing measures include: (1) generous supports and wage floors that ensure people have an adequate income for a healthy lifestyle; (2) a dense web of social services, such as job training programmes, universal and comprehensive healthcare, and the promotion and provision of an adequate supply of decent, affordable housing, and (3) a network of protective and proactive social legislation. The social democratic welfare states in the Nordic nations have typically placed greater emphasis on these forms of primary prevention than their liberal or conservative counterparts. In the liberal UK, for example, some attempt has been made...
Homelessness and social policy

Secondary prevention is aimed at people deemed vulnerable: those who have experienced crises and are at substantial risk of becoming homeless. Social dislocations, such as relationship breakdowns, mental health issues and substance abuse, are closely associated with poverty and, consequently, with evictions. Secondary prevention, including family mediation, mental health and addiction treatment, and services such as housing advice and negotiation with landlords, can protect and support people facing the threat of eviction.

Tertiary prevention comprises interventions for people who have already become homeless. It encompasses the provision of emergency shelters, street outreach teams, and other social services, including those aimed at rehousing people and reintegrating them into local communities. Major innovations have taken place in our understanding of how the rehousing and rehabilitation of homeless people can be facilitated. Traditional approaches, focused on ‘treatment first’ and ‘housing readiness’, have been challenged by new interventions based on ‘Housing First’ and the recovery approach.

Housing First

The initial response to the growing homelessness problem in the USA and most other nations in the 1980s and 1990s was a rapid expansion of emergency services and temporary accommodation facilities. But the possibility for homeless people to transition to permanent housing from these types of temporary supports and services was strictly limited; successful participation in a series of appropriate treatment and counselling programmes addressing addictions and other behavioural health problems (a ‘continuum of care’) was typically mandatory, as was the need to demonstrate an ability to live independently (‘housing readiness’) before clients could access or retain permanent housing. Treatment-led, ‘continuum of care’ approaches may also require them to gradually move stepwise from emergency shelters, to various forms of supported housing, to transitional housing, culminating in a probationary lease that could be converted to a regular tenancy upon graduation through various support programmes, and the acquisition of requisite ‘independent living skills’ – with the distinct possibility of being demoted to an earlier step for those who do not succeed. In practice, homeless people were often trapped in revolving doors, moving in and out of emergency shelters, mental wards, and correctional facilities. However, following a growing criticism of the lack of opportunity to exit from these temporary and incremental (or ‘staircase’) forms of assistance, and given the accelerating costs of providing emergency and temporary accommodation, major innovations took place through ‘Housing First’, a new approach often viewed as a paradigm change by leading scholars in the field (Padgett et al. 2016).

Unlike the earlier approaches, the ‘Housing First’ model is based on the idea that adequate housing is essential for all people and a basic precondition for resolving other problems in the lives of homeless people. The provision of housing is, therefore, not contingent upon demonstrating ‘housing readiness’ (e.g. budgeting properly, gaining and retaining employment), compliance with rules, graduation through various treatment programmes or moral deservingness. It is a recovery-based approach aimed at stabilizing the housing situation at the outset of an intervention with access to independent permanent housing in combination with intensive social support tailor-made to the needs and choices of individuals (Tsemberis 2010). Because it is strongly oriented towards reintegrating people into their communities, it typically favours...
‘scattered site’ public and private sector housing over shared, congregate housing projects that continue to isolate and exclude clients, and it seeks their input to determine the location and type of housing they will receive.

Housing First has been adopted by many homelessness programmes across the USA, and in nations such as Denmark and Finland it has become a central guiding principle. Evidence from randomized controlled trials in the USA, and from large-scale, randomized trials in Canada and France, shows that the combination of access to permanent housing and intensive, systematic support enables a substantial proportion of homeless people with complex support needs, such as mental illness and substance abuse problems, to exit homelessness and remain housed (Tsemberis et al. 2004; Nelson et al. 2007; Goering et al. 2014). In most countries, however, Housing First is restricted to small-scale projects, and several fundamental barriers prevent it from wider adoption. First, access to affordable housing is often hampered by the limited supply of public or social housing and high rents in the private rental sector. Second, local authorities are often reluctant to fund and provide the intensive social support services that are fundamental to achieving high housing retention rates. Third, the provision of integrated social services requires a coordinated response that can be difficult to achieve in nations with less developed and more fragmented welfare states. The Housing First approach has fundamentally challenged the orthodoxy of the homelessness policy field and markedly advanced our understanding of models of housing and support. But it has primarily targeted one form of homelessness (chronic homelessness) – a relatively small part of the larger homeless population – and its effectiveness with the most chronic forms of substance abusers within this subset remains unclear. Moreover, it does not address the structural causes of homelessness, and can be interpreted and moulded to fit with neoliberal calls for cost-cutting, endangering the essential social service supports so crucial to its success (Baker and Evans 2016; Kertesz et al. 2009; Pleace 2011).

Access to housing

While ‘Housing First’ has been primarily targeted at homeless people with complex support needs, the need for housing is universal across all segments of homeless populations. For people who are homeless largely due to poverty and a lack of affordable housing, access to income and housing are the main barriers to exiting homelessness. In countries with limited access to public or social housing, the private rental sector is often the only available option for low-income groups. However, in large, urban growth centres, soaring rents in the private rental sector limit accessibility for low-income groups, and the gap between rent levels and declining social assistance benefits keeps increasing in many nations. But, even in countries where public/social housing plays a more significant role in providing housing for low-income and marginalized groups, supply is often overwhelmed by demand and long waiting lists are commonplace. The general availability of public/social housing has not been sufficient to provide access to affordable housing for marginalized people. Moreover, the recent liberalization of the public housing sector in some countries (such as Sweden) has allowed greater freedom for housing associations to choose their tenants by abolishing housing queues and social allocation systems and, as a consequence, marginalized groups may have greater difficulty accessing housing.

While gaining access to housing can be a major barrier in itself, the risk of eviction is another fundamental issue. A major European study on evictions and homelessness found that a considerable number of evicted people succeed in finding alternative accommodation. However, when people living temporarily with families and friends are included in the count, up to a quarter of evictees end up homeless (Kenna et al. 2016). The study also highlights the challenge of introducing stronger legal protection against evictions because, when bound by such legislation, private
landlords and social housing agencies are often less inclined to rent to vulnerable and low-income groups. The study’s findings indicate that early warning of impending notifications to local authorities – and their response with housing advice and social support according to the support needs of tenants – can markedly reduce the number of evictions. However, as noted earlier, primary prevention remains the most effective means of addressing poverty and homelessness.

Conclusion

Homelessness is one of the most urgent social problems around the world today and, with globalization and the spread of neoliberalism over the past few decades, it has become increasingly critical to identify solutions. Structural changes have led to the creation of a ‘precariat’ across most nations in the advanced capitalist world – a rapidly expanding group of economically and socially marginalized people who oscillate between insecure, low-wage, temporary jobs and unemployment, rendering them much more vulnerable to homelessness. At the institutional level, virtually every nation has retrenched and restricted its welfare states, with less affordable housing available, and far fewer and less effective social supports for homeless people, fostering social upheaval and dislocation, and exacerbating the experience and risk of long-term homelessness. Few nations today are seriously committed to eradicating homelessness. In most, the goals are much more modest – tempering the hardships endured by homeless people, and social control over their activities and visibility. Most nations provide fewer social supports than previously, and link existing and new ones to participation in the market, emphasizing some aspects of ‘workfare’. In some nations, this new welfare state orientation is coupled with a greater emphasis on regulation, coercion and an expansion of the ‘carceral state’ (‘prisonfare’), evident in rising rates of incarceration in the Anglo nations, especially in the USA (Wacquant 2009) – although there is not necessarily a unified, coherent strategy to address poverty and homelessness in many of them. Despite these common trends, noteworthy differences in the character and impact of social policies addressing homelessness are still readily observable, as states attempt to navigate distinctive economic, social and political dynamics – including the balance of power – across nations.3

Notes

1 ‘Ethos Light’, a simpler approach that is easier to operationalize, has also been developed and utilized (Edgar 2012; Edgar et al. 2007).
2 Although not often explicitly acknowledged, the high levels of poverty and homelessness today are also closely linked to the spiking disparities in wealth and income around the globe, especially in nations where neoliberalism has been most fulsomely embraced, such as Canada, the UK and the USA. In 2016 the eight richest people in the world had as much wealth as the bottom 50 per cent (Oxfam GB 2017).
3 However, unlike in France, the right to housing is not provided for individuals in the UK. Rather, following the historical pattern of the early ‘poor laws’, local authorities are obliged to provide housing and, under certain conditions, may be prosecuted for failing to do so (Houard and Lévy-Vroelent 2013).
4 A distinction is sometimes drawn between three main groups within the homeless population based on their patterns of shelter use. The transitionally homeless are people who stay in the shelter system for short periods, often due to life crises, but soon transition to stable housing, and are unlikely to be homeless again. The episodically homeless are people who shuttle in and out of the shelter system and may be continually unemployed or experience periodic medical, mental health and substance abuse problems. The chronically homeless are entrenched in the shelter system and are often heavy users of social services. Although frequently highlighted in media accounts of homelessness, this group actually represents a relatively small proportion of the homeless population but accounts for a disproportionate
share of shelter use because of their repeated and lengthy stays. This group consists of chronically unemployed people who often have more profound social, mental and physical health, and substance abuse problems (Kuhn and Culhane 1998).

High levels of organization (unionization rates, the centralization of unions in confederations, and the existence and lengthy periods of incumbency of ‘left’ parties) have long been acknowledged as a central explanation for the highly developed welfare states and relatively low levels of inequality in the Nordic nations. In Denmark, homeless people have had a national organization since 2001 (Anker 2008).

References


