How would you improve Homelessness Essay

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Homelessness is a complex and multifaceted issue that affects people in different ways and cannot be resolved through a single program. People may lose stable housing because of unaffordable rent, unemployment, family conflict, domestic violence, disability, illness, eviction, or release from an institution without an appropriate housing plan. Some individuals experiencing long-term homelessness also face behavioral health problems, including mental health conditions and substance use disorders, but these conditions should not be treated as characteristics of every person without housing. Chronic homelessness has a specific federal meaning and generally refers to a person with a qualifying disability who has experienced homelessness continuously for at least 12 months or on several occasions that total at least 12 months during the previous three years (U.S. Department of Housing and Urban Development, n.d.). Long periods without stable housing may be accompanied by physical illness, trauma, social isolation, unemployment, and involvement with hospitals or the criminal justice system. These overlapping problems can make it difficult for individuals to obtain housing, receive consistent healthcare, and maintain the social support needed for long-term stability. Reducing homelessness therefore requires permanent housing, prevention programs, healthcare access, workforce training, evidence-based services, and meaningful collaboration between public and community organizations.

Understand the Different Causes of Homelessness

An effective response must begin by recognizing that people become homeless for different reasons and therefore need different forms of assistance. A family facing eviction because of a temporary loss of income may need emergency rental assistance, legal support, or help negotiating with a landlord rather than a long-term behavioral health program. A young person leaving foster care may need employment assistance, education, identification documents, and a safe transitional living arrangement. A person who has spent years living outside while managing a serious mental illness may require permanent supportive housing and intensive case management. Survivors of domestic violence may need confidential accommodation and services that protect them from further harm. Older adults and people with disabilities may lose housing because fixed incomes do not keep pace with rent or because suitable accessible housing is unavailable. Communities should therefore assess each person’s circumstances rather than applying the same solution to everyone. Understanding these different pathways into homelessness makes it possible to match limited resources with the

actual needs of individuals and families.

Prevent Homelessness Before It Begins

Homelessness cannot be reduced only by helping people after they have already lost their homes. Communities must also prevent households from entering homelessness through eviction prevention, emergency financial assistance, legal representation, housing counseling, and access to income support. A small amount of temporary assistance may allow a household to pay overdue rent, repair a vehicle needed for employment, or cover a utility bill that threatens housing stability. Prevention services should be targeted carefully because not every low-income household faces the same level of risk. Schools, hospitals, child welfare agencies, courts, veteran services, and correctional institutions can help identify people who may soon lose their housing and connect them with support before a crisis occurs. Discharge planning is particularly important when people leave hospitals, prisons, foster care, psychiatric facilities, or substance use treatment programs, since releasing someone without a safe destination can create an immediate path into homelessness. Employment, education, transportation, childcare, legal assistance, and access to public benefits can also strengthen long-term housing stability. The United States Interagency Council on Homelessness emphasizes that homelessness will decline only when communities both rehouse people who are already homeless and reduce the number of people entering homelessness (USICH, 2022a).

Expand Affordable and Permanent Housing

The most direct way to reduce homelessness is to increase access to safe, stable, and affordable homes. Shelters may provide temporary protection, but they cannot replace permanent housing, and people cannot be expected to remain indefinitely in emergency accommodation. Communities need a wider supply of affordable rental units, housing vouchers, public or nonprofit housing, and programs that help people move quickly into available homes. Local governments can also review zoning, development rules, vacant property policies, and financial incentives that affect the construction or preservation of affordable housing. Housing programs should take account of local conditions because a strategy that works in a lower-cost region may be insufficient in an area with high rents and very few vacancies. Property owners can be encouraged to participate through risk-mitigation funds, reliable rental payments, landlord support, and assistance when tenancy problems develop. Housing assistance should also be accompanied by measures that protect tenants from discrimination and unreasonable barriers based on income source, disability, prior homelessness, or minor past legal problems. Without an adequate supply of housing that people can afford, healthcare and social service programs will continue managing the consequences of homelessness rather than resolving its central cause.

Provide Permanent Supportive Housing

People with long-term homelessness and complex health or disability-related needs can be provided with permanent supportive housing that combines affordable housing with voluntary support services. This approach preserves the main argument of the original article while clarifying that supportive housing is intended primarily for people who need long-term assistance rather than for every household experiencing a short housing crisis. Services may include mental healthcare, substance use treatment, physical healthcare, life-skills training, benefits assistance, transportation, and help rebuilding social connections. Permanent supportive housing does not impose an arbitrary time limit as long as the resident follows the ordinary requirements of the lease. It allows a person to establish a stable home while receiving services designed around individual needs instead of requiring treatment to be completed before housing is offered. The National Academies concluded that stable housing is directly connected with health and evaluated permanent supportive housing as an important intervention for people experiencing chronic homelessness and serious health conditions (National Academies of Sciences, Engineering, and Medicine, 2018). Stable housing can make it easier to store medication, attend appointments, sleep safely, maintain hygiene, and develop trusting relationships with healthcare and support professionals. The program should therefore be treated as both a housing intervention and a foundation from which individuals can work toward improved health and independence.

Use the Housing First Approach Properly

The original article stated that supportive housing prioritizes housing as a basic need and does not impose treatment requirements or other preconditions, which reflects the main idea of Housing First. Housing First offers permanent housing without requiring a person to prove sobriety, complete psychiatric treatment, obtain employment, or pass through a series of temporary programs before becoming eligible. This does not mean that services are absent or that residents may ignore normal lease obligations. Instead, housing and treatment are separated so that participation in supportive services is generally voluntary and housing is not used as a threat to force clinical compliance. The approach recognizes that it is extremely difficult to address trauma, illness, addiction, employment, or family relationships while a person is sleeping in a shelter, vehicle, or public space. Housing provides stability, while trained professionals continue offering treatment, case management, and recovery support. USICH describes permanent supportive housing delivered through Housing First as a proven approach that can improve housing stability, health, and well-being when implemented correctly (USICH, 2022b). Communities should therefore avoid calling a program Housing First when it still creates unnecessary entry barriers or removes people from housing merely because they have not completed treatment.

Improve Healthcare Access

Many people experiencing homelessness use emergency departments because they lack reliable access to primary care, medication, transportation, insurance, or a safe place in which to recover. Emergency departments are essential for urgent conditions, but they are not designed to provide continuous treatment for chronic illnesses or resolve a patient's housing crisis. Some people repeatedly return with problems that could have been managed earlier through primary care, behavioral healthcare, wound treatment, medication support, or stable housing. This pattern is expensive for health systems and frustrating for patients who may receive temporary treatment without a realistic follow-up plan. Healthcare organizations can improve access by supporting mobile clinics, street medicine, community health centers, respite care, behavioral health services, and partnerships with homeless service providers. Flexible scheduling and outreach are important because a person without transportation, a telephone, identification, or a safe place to store documents may struggle to follow normal appointment procedures. Healthcare workers should also recognize that poor attendance does not necessarily reflect a lack of interest in health; it may result from unstable living conditions and competing survival needs. Improving healthcare access therefore requires services that meet people where they are while helping them move toward consistent community-based care.

Improve Emergency Department Screening and Discharge

The original essay correctly emphasized that emergency departments can play a stronger role in identifying and assisting patients experiencing homelessness. Housing status may not always be documented, especially when staff focus only on the immediate medical complaint or when patients are uncomfortable disclosing their circumstances. Hospitals can use respectful screening questions to identify housing instability, immediate safety concerns, food insecurity, transportation barriers, and the likelihood that a patient can follow discharge instructions. Screening should never be used to stereotype patients or reduce the quality of their medical treatment. Instead, it should guide referrals and help staff develop a discharge plan that reflects the conditions into which the person will be released. The Agency for Healthcare Research and Quality explains that a high-quality discharge should educate the patient, support necessary follow-up care, and coordinate services across healthcare and social systems (Agency for Healthcare Research and Quality, 2014). A discharge plan is unlikely to succeed when a patient is told to rest, refrigerate medicine, maintain a clean wound, or attend a distant appointment without shelter, transportation, or storage. Hospitals should therefore connect screening with action rather than merely recording that a patient is homeless.

Involve Social Workers and Peer Specialists

The original content also recommended involving social workers, peer specialists, and community health workers in emergency departments, which should remain a major part of the improved article. These professionals can help patients address immediate needs such as shelter, food, clothing, transportation, identification documents, insurance, and access to medication. Social workers can coordinate with shelters, housing agencies, behavioral health services, legal programs, and family support systems. Peer specialists bring lived experience of homelessness, mental illness, substance use recovery, or service-system involvement, which may help them build trust with patients who have previously felt dismissed or judged. Community health workers can provide follow-up, help patients understand care plans, and assist with appointments and public benefits after discharge. These roles should be integrated into the clinical team rather than treated as optional support that is available only when a crisis becomes severe. Research has found that housing and case management can reduce hospital and emergency department use among chronically ill adults experiencing homelessness (Sadowski et al., 2009). Hospitals can therefore improve both patient outcomes and service efficiency by connecting medical treatment with housing and social support.

Provide Respectful and Trauma-Informed Care

The original essay called for respectful and compassionate care, and this point deserves greater emphasis because people experiencing homelessness often report stigma in healthcare and public services. Staff may incorrectly assume that every homeless patient is intoxicated, mentally ill, irresponsible, or unwilling to follow treatment. These assumptions can affect communication, pain assessment, diagnostic decisions, and the willingness to make appropriate referrals. Trauma-informed care recognizes that many individuals have experienced violence, loss, family separation, institutionalization, discrimination, or repeated exposure to unsafe conditions. Professionals should explain procedures, respect personal boundaries, offer choices when possible, and avoid using threatening or humiliating language. Compassionate care does not mean ignoring dangerous behavior or clinical risks; it means responding with professionalism while maintaining clear and fair boundaries. Staff training should include communication, de-escalation, cultural competence, disability awareness, and an understanding of how poverty and housing instability affect health. A person who is treated respectfully is more likely to provide accurate information, trust the care team, and accept referrals that may support long-term stability.

Evaluate Services and Train the Workforce

To improve the lives of people experiencing homelessness, communities must evaluate the effectiveness and cost-effectiveness of different service models, as the original article recommended. Programs should measure whether participants obtain permanent housing, remain housed, improve

health, reduce avoidable emergency use, reconnect with benefits, and avoid returning to homelessness. Counting the number of meals, shelter nights, appointments, or referrals is useful, but these activities do not by themselves prove that a program has improved a person's long-term circumstances. Evaluation should also examine whether services work equally well for families, young adults, veterans, older adults, people with disabilities, racial and ethnic minorities, and survivors of violence. Organizations must use findings to improve weak programs rather than collecting data only to satisfy funding requirements. Workforce development is equally important because case managers, outreach workers, shelter staff, clinicians, peer specialists, and housing navigators need training, manageable workloads, supervision, and protection from burnout. Foster et al. (2010) emphasized the need for appropriate services and supports for people with co-occurring behavioral health disorders and long-term homelessness. Strong programs depend not only on good policies but also on a skilled and stable workforce capable of implementing them consistently.

Strengthen System Integration and Collaboration

Homelessness programs frequently fail when housing, healthcare, behavioral health, employment, corrections, child welfare, and benefit systems operate separately. A person may complete multiple assessments, repeat the same history, or receive conflicting instructions from different organizations. System integration does not mean that every agency must become part of one large institution, but it does require agreed referral procedures, clear responsibilities, secure information sharing, and regular communication. Coordinated entry systems can help communities assess needs, prioritize limited housing resources, and connect people with appropriate programs. Outreach teams, shelters, hospitals, housing providers, and public agencies should know how to refer a person without expecting that individual to navigate a complicated system alone. Collaboration should also include nonprofit organizations, faith-based groups, landlords, employers, schools, and people who have personally experienced homelessness. USICH recommends a complete response system that includes outreach, coordinated entry, prevention, diversion, emergency shelter, rapid rehousing, permanent housing, and support during and after homelessness (USICH, 2022c). When these elements are poorly connected, people can remain homeless even while interacting with several agencies at the same time.

Include People with Lived Experience

Policies designed to reduce homelessness should include people who have personally experienced unstable housing, shelters, encampments, and public service systems. Program leaders may have professional knowledge, but they may not recognize practical barriers that are obvious to someone who has attempted to use the services. For example, shelter rules may conflict with employment hours, couples may be separated, people may be unable to keep pets, or application procedures may require documents that were lost during homelessness. Individuals with lived experience can help identify these problems and recommend solutions that make services safer and more accessible.

Their involvement should extend beyond sharing personal stories at public meetings. They should be compensated for advisory work and included in program design, staff training, evaluation, and decision-making. Peer-led organizations can also provide outreach and navigation in ways that traditional institutions may struggle to achieve. Including lived experience strengthens accountability because policies are more likely to reflect the realities of the people they are intended to serve.

Conclusion

Improving homelessness requires much more than increasing the number of temporary shelters or expecting individuals to resolve complex problems without stable housing. The original article correctly identified permanent supportive housing, behavioral healthcare, emergency department screening, workforce development, service evaluation, and system collaboration as essential parts of the response. These strategies should be combined with affordable housing development, homelessness prevention, rapid rehousing, income support, legal assistance, respectful healthcare, and carefully coordinated discharge planning. Permanent supportive housing is especially important for people with disabilities and long-term homelessness, while families facing a temporary financial emergency may benefit more from targeted rental assistance. Emergency departments can identify housing instability and connect patients with social workers, peer specialists, and community resources, but they cannot replace an effective housing system. Programs should be evaluated according to housing stability, health, equity, cost, and the likelihood that people return to homelessness. People with lived experience should also have a meaningful role in designing and assessing these services. Homelessness can be reduced when communities treat housing as the central solution while addressing the health, economic, and social conditions that allow people to remain safely housed.

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