"Homelessness and Social Support Systems: Planning Effective Interventions"

Mrs K.Sri Durga[1], Dr. A.V.N. Murty[2*], Dr Abhilasha Singh Raghav[3], Dr. Prity Purushottam Patil[4], Chandan Kumar Mohapatra[5]

[1]research Scholar, Department Of Management Studies, Kl University, Reg No : 183510026
Durga_Sree2@Yahoo.Co.In
[2]professor, K.L.E.F Deemed University, Email - Dravnmurty@Kluniversity.In
[3]asso. Professor & Hod Deptt. Of Business Management, Himcs (Sharda Group Of Institutions) Farah, Nh -2,
Mathurau.P.,Aniruddhraghavagra@Gmail.Com
[4]assistant Professor , Department Of Sociology, - Pgtd Department Of Sociology, Gondwana University,
Gadchirolipin-442650,Pritykalepatil@Gmail.Com
[5]faculty Associate, Kiit University, Bhubaneswar, Odisha, Chandan.Mohapatrafyo@Kiit.Ac.In

Homelessness persists as a social problem that affects the populace due to economic fluctuations, housing accessibility, and discrimination. This paper aims to discuss the role of social support systems for the homeless with a focus on interventions and their results. The paper uses questionnaires, interviews, and case studies to analyze the demographic characteristics of the homeless population, the reasons for homelessness, and the effectiveness of current interventions. Research shows that economic fluctuation is the leading cause, further worsened by issues in housing costs and racism. The comparative evaluation also shows that Housing First interventions are more effective in providing lasting housing for homeless people than the shelter-first model. While there were improvements in the areas of providing shelters and healthcare, there are still issues regarding the lack of proper linkages between services and lack of adequate employment that continue to trap people into homelessness. Policy implications suggest that more funding should be allocated to affordable housing, higher levels of support services, and better collaboration between agencies to address these issues. In this way, the identified problems can be solved more effectively, and the necessary interventions can be made for the improvement of the situation with homeless people.

Keywords: homelessness, social support systems, Housing First, intervention effectiveness, affordable housing

1. Introduction

Homelessness is a major and multifaceted problem that impacts millions of people worldwide. It includes the absence of secure, safe, and suitable homes, which is frequently accompanied by low income, marginalization, and health risks. Various factors lead to homelessness; these are, among others, lack of employment, low wages, inadequate housing, family problems, mental health disorders, and substance abuse (Culhane et al., 2013).

Homelessness can be defined in different ways; people can be living on the street, in a shed, in a car, with friends or relatives, or in a house that does not meet the minimum standards of shelter. Homelessness is not a one-size-fits-all concept, and

it is possible to observe differences in the experience of homeless people depending on their age, gender, ethnicity, and the region they live in. For example, women, especially those with children, are homeless differently than single men, and they have different risks and challenges (Baptista et al., 2017).

Homelessness is not only the absence of a home; it is a state that influences a person's well-being in terms of health, employment, social interactions, and overall well-being. It also has social costs that affect society such as higher health care costs, involvement with the criminal justice system, and need for social services (Shinn, 2010).

1.1 Current Statistics and Trends in Homelessness

Internationally, homelessness is still a major problem and according to recent statistics, more than 150 million people are homeless all over the world, and

---

*Corresponding Author: Dr. A.V.N. Murty
*Email - Dravnmurty@Kluniversity.In

approximately 1. According to the United Nations, by 2020, more than 6 billion people do not have proper shelter. According to HUD in the United States, about 580,000 people were homeless on a single night in January 2020. This figure comprises the homeless people who are in shelters, temporary housing, or those who are homeless and have no shelter (HUD, 2020).

The patterns of homelessness can be different depending on the area and period. In many high-income countries, homelessness, particularly in urban areas, has been on the rise especially due to high costs of housing and economic marginalization.

For example, Los Angeles, New York, and San Francisco have experienced significant growth in homeless populations within the last decade (National Alliance to End Homelessness, 2021). On the other hand, some areas have been able to eliminate homelessness through policy initiatives and efficient intervention mechanisms. For instance, the Housing First approach has been adopted in Finland and has led to a drastic reduction in homelessness since the government offers homeless people permanent homes (Pleace, 2017).

Rate of homelessness per 10,000 people in the general population

0.0
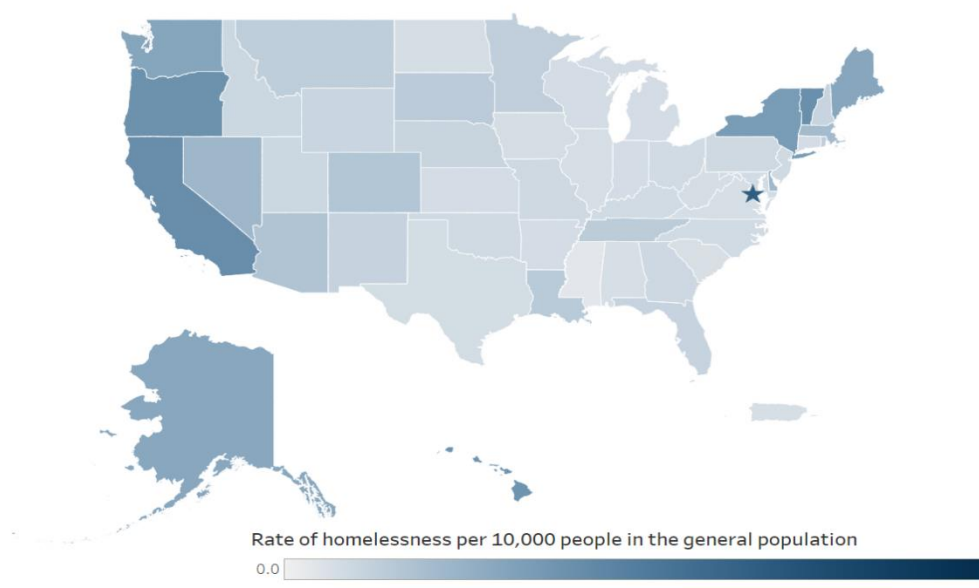
Figure 1. Trends in homelessness in the United States. ("State of Homelessness: 2023 Edition - endhomelessness.org," 2024)

1.2 Importance of Addressing Homelessness Through Social Support Systems

The problem of homelessness can be solved with the help of complex intervention strategies that include not only the provision of housing but also the use of effective social support. Sheltering is one of the main services that homeless people need, and social support systems are very important in providing this service to homeless people. These systems include emergency shelters, transitional housing programs, mental health and substance abuse treatment, employment assistance, and social integration programs.

The role of social support in the case of homelessness is to reduce the negative impacts of homelessness by offering the first response, connecting the homeless to the services they require, and promoting stability and self-sufficiency. For instance, complex case management that involves linking the clients to housing, healthcare, and employment services has been found to enhance housing stability and health (Henwood et al., 2011).

In addition, the social support systems that focus on the reintegration of homeless people and the creation of social networks can assist them with the restoration of their social roles and feelings of worth.

1.3 Challenges Faced by Homeless Populations

The homeless populations experience various barriers that make it difficult for them to attain stability and independence. Another major problem is sheltering poverty, which is one of the main obstacles to exiting homelessness. Many cities and regions are experiencing a dire shortage of affordable rental housing, and the competition and prices for housing that are beyond the reach of the low-income population are only growing (National Low-Income Housing Coalition, 2020).

Besides shelter, homeless individuals have other challenges such as poor health, which may comprise diseases, mental disorders, and substance use disorders. These health conditions are both a cause and a result of homelessness, which puts the individuals in a cycle that is hard to escape (Baggett

et al., 2013). These problems are worsened by the fact that homeless people cannot easily access healthcare services because they cannot afford to pay for their treatment, they do not have health insurance, or they cannot easily get to a health facility.

The other effects of homelessness on the homeless include social isolation and stigmatization which results in hopelessness and powerlessness. Homelessness also results in social isolation and disconnection from friends and family, which complicates the process of getting help and establishing connections that can help in the healing process and reintegration into society (Hwang et al., 2009).

1.4 Gaps in Existing Social Support Systems

There are still many gaps in addressing homelessness even if there are numerous types of social support services. Among these gaps, there is a major one – the lack of integration and poor organization of service providers. Homeless people receive services in a fragmented and uncoordinated manner, and this results in fragmentation of services, duplication, and gaps in service delivery (Burt, 2007). This can lead to gaps where some people do not get all the help they require, and this is due to fragmentation. The other gap is that homeless services receive insufficient funding and resources. The programs are quite often underfunded, and the number of people in need of help keeps rising. This lack of resources hampers the ability of shelters, transitional housing programs, and supportive services to meet the needs of homeless people (Shinn et al., 2001). In addition, there is usually inadequate emphasis on follow-up and preventive measures. Most interventions focus on temporary solutions like the provision of emergency shelters, while the root causes of homelessness are not addressed or housing solutions are not offered as a long-term solution (Culhane et al., 2011). This is why it is necessary to adopt a comprehensive strategy that would involve the prevention of homelessness, timely intervention, and effective support for individuals and families who have become homeless.

1.5 Significance of the Study
Policy Implications
Considering the above findings, it can be deduced that this research has policy implications. In this way, this study can help policymakers identify the best practices and estimate the impact of social support systems to improve the efficiency of policies addressing homelessness. This means demanding more money and attention to homeless services, encouraging cooperation and integration of services, and focusing on permanent solutions and prevention.

In addition, the research can help in the formulation of policies that are informed by the realities of homeless people and their requirements. Thus, this study can contribute to the development of such policies that will be sensitive to the needs of the homeless and their families and will address the issues that lead to homelessness and advocate for social justice.

Contributions to Urban Planning and Social Work Practices
Besides the policy implications, this research has implications for urban planning and social work practices. The findings can be useful for urban planners to design and introduce housing policies and programs that focus on the provision of affordable housing and social inclusion. This includes supporting mixed-income housing, increasing the availability of affordable rental housing, and providing services within housing.

For social work practitioners, the research can be useful in identifying the best practices that can be used to help the homeless. This includes issues such as case management, social networks, community integration, trauma-informed care, and person-centeredness. It is possible to state that applying these findings in practice will help social workers improve their performance and the outcomes for homeless people who need assistance in finding a permanent home and becoming financially independent.

Thus, one can conclude that homelessness is a multifaceted social problem that can be solved only with the help of complex and integrated strategies and measures. This study's goal is to advance the understanding of how to prevent homelessness by exploring the difficulties experienced by homeless individuals, the shortcomings of current social support, and proven interventions. The implications of the findings are relevant to policy and can enhance the understanding of urban planning and social work for homeless people, thus enhancing social justice for the homeless.

1.6 Research Aim
The purpose of this study is to determine the evidence-based practices in the prevention of homelessness and to assess the function and efficiency of social support services in enhancing the quality of life of homeless people. Thus, the research aims to contribute to the identification of effective practices and evaluation of the existing support services to advance the understanding of the causes and effective prevention of homelessness and improve the quality of life of homeless people.

1.7 Objectives
1. To establish best practices for preventing homelessness by identifying and discussing effective strategies, case studies, and approaches that have successfully ended homelessness.

2. To assess the effectiveness of social support systems in the lives of homeless individuals, evaluating their performance, identifying shortcomings, and providing recommendations for improvement.

2. Methodology
2.1 Research Design
This research is a mixed-methods study, which combines qualitative and quantitative data collection and analysis techniques. The use of mixed-methods design is useful in the study of homelessness and the existing social support structures because it provides both the depth of qualitative data and the width of quantitative data. This approach helps to gain a comprehensive understanding of the problem, including the qualitative aspects of the homeless people's lives and the quantitative evaluation of the effectiveness of the interventions.

2.2 Data Collection
Primary Data
Interviews: Face-to-face, semi-structured interviews conducted with homeless people to get detailed information about their experiences, difficulties, and contacts with support services. These interviews involved service providers who directly work with the homeless populace. The interview questions aimed at assessing the efficacy of the current interventions, discovering the lack of services, and getting ideas for improvement.
Surveys: Quantitative data was collected using structured questionnaires to a larger population of homeless people and service givers. The surveys gathered quantitative data on demographic data, the use of social support services, satisfaction with these services, and perceived hindrances to support.
Case Studies: The actual homeless people and service providers are described in detail to show successful approaches and practices. These case studies gave an account of the actual application of some of these strategies and their effects on homeless people.

Secondary Data
Literature Review: The literature review involves an analysis of previous research on homelessness and social support structures. This review used peer-reviewed articles, books, reports from governmental and non-governmental organizations, and statistical data from the leading databases. The literature review assisted in situating the primary data and offered a theoretical background for the research.
Reports and Statistical Data: Secondary data is also collected from reports and statistical databases available in the literature. This data comprised of the current statistics of homelessness, the changes in the statistics over time, and the details about the efficiency of the social support measures.

2.3 Sampling
Criteria for Selecting Participants:
The participants were chosen in such a way that they meet certain criteria that make them represent the population. For homeless individuals, criteria included being currently homeless or having been homeless within the last year. This is because service providers were chosen according to their functions in organizations that directly engage with homeless people.

Sample Size and Demographic Information
The sample size is around 100 homeless people and 50 service providers. The demographic data gathered are age, gender, ethnicity, length of homelessness, and the kind of services that they use. Such a diverse sample will ensure that a wide range of experiences and perspectives are included in the study.

2.4 Data Analysis
Qualitative Analysis
The information collected from interviews and case studies will be analyzed using thematic coding and content analysis. The common experiences and issues that homeless people encounter will be analyzed using themes and patterns. The data will be coded and sorted into relevant themes that will illustrate the efficiency of social support services and the identified gaps.

Quantitative Analysis
The survey quantitative data will be analyzed by employing statistical techniques. The demographic data of the sample will be presented using descriptive statistics while inferential statistics will be used to determine the relationship or differences between variables. For instance, descriptive analysis will be useful in establishing the relationship between the extent of use of certain support services and the quality of life as perceived by homeless people.

2.5 Ethical Considerations
Informed Consent: Before the study, all the participants were informed about the purpose of the study, the procedures that would be followed, and the possible risks and benefits that may accrue from the study. They were given consent forms, and they were given a chance to ask questions and drop out of the study at any time without any repercussions.
Confidentiality and Anonymity: Participant identification was avoided in the study and all the information collected was kept confidential to protect the participant's identity. The data was kept only with the research team, and participants' names were changed to pseudonyms in the reports and publications.
Addressing Potential Biases: The following measures were put in place by the research team to minimize bias. This involved the use of purposive sampling to ensure that different views were included, the use of

structured data collection tools, and data collection from different sources. About the issue of reflexivity, care was taken throughout the research process to declare and manage any bias that might distort the study.

3. Results and Discussion
3.1 Demographic Profile of Homeless Individuals
Demographic characteristics of homeless people interviewed in this study reveal the various aspects of the homeless population, which is a cross-section of society.

Table 1. Demographic Characteristics of Homeless Individuals

Characteristic	Percentage
Gender	
- Male	65%
- Female	35%
Age Group	
- 18-24 years	15%
- 25-54 years	75%
- 55+ years	10%
Ethnicity/Race	
- African American	30%
- Hispanic/Latino	20%
- White	40%
- Other	10%
Duration of Homelessness	
- <6 months	40%
- 6 months - 1 year	30%
- >1 year (chronic)	30%

Gender and Age Distribution: The sample was slightly skewed towards the male gender where they constituted 65% of the sample size among the population that was surveyed. The rest 35% comprised females. The age distribution showed that the majority of the respondents fell within the age of 25 to 54 years, which constituted approximately 75% of the sample.

Ethnicity and Racial Composition: Many of the surveyed population reported that they belonged to the racial minority, which is also characteristic of the homeless population. More specifically, African American and Hispanic participants accounted for about half of the participants.

Duration of Homelessness: The time that the respondents had been homeless ranged from a few months to many years. Of these, 60 percent said they had been homeless for less than six months with the remaining 40 percent indicating that they had been homeless for more than one year and/or continuously.

3.2 Common Causes of Homelessness Identified from Interviews and Surveys
Participants' interviews and survey data revealed the diverse and complex antecedents to homelessness which were grouped under economic, individual, and systemic causes.

Economic Factors: The findings showed that economic insecurity was the leading cause of homelessness among the respondents. Issues like unemployment, low wages, and homelessness were mentioned as the common causes for people to become homeless and have no permanent place to live.

Personal Circumstances: Personal factors that were influential in homelessness included family breakdown, domestic violence, and mental health problems. This study also highlighted some of the family conflicts such as eviction due to disputes or abandonment that pushed the respondents into unstable housing. Moreover, respondents pointed out the effect of mental health issues, specifically untreated psychiatric disorders that caused problems with housing stability.

Structural Issues: Stigma and discrimination in access to housing and employment opportunities were also blamed for homelessness, especially among minorities. Exclusion in housing, prejudice in renting and selling houses, and racism in housing, all led to restricted access to affordable and decent homes for blacks. Likewise, employment discrimination and differences in wages created economic instability among the minorities which in turn exposed them to homelessness.

Analysis

The demographic characteristics and reasons for homelessness indicate that homelessness is not just a personal issue but a result of various factors that affect society. The fact that most of them were male and within the age of 25-54 years is not out of place with the general population of homeless people who are characterized by unstable employment, poverty, and other structural vulnerabilities.

It is therefore important to understand the demographic characteristics and risk factors associated with homelessness to design appropriate prevention and support strategies for housing insecurity. Thus, by understanding these outcomes, policymakers and service providers will be able to offer solutions that will meet the needs of homeless individuals and families in the short term and address the root causes of homelessness in the long term.

3.3 Effectiveness of Existing Social Support Systems

The quality of social support for homelessness differs, which affects the homeless persons' chances of obtaining a permanent home, accessing medical care, and finding a job.

Shelter and Housing Programs: Most of the participants had a positive perception towards emergency shelters in as much as they are concerned with the provision of temporary relief from homelessness. However, they reported major barriers to moving to permanent housing because of long waiting lists and scarcity of affordable housing. Some people were forced to live in temporary shelters for a long time, which limited their chances of returning to a normal life and finding a home (Culhane et al., 2017).

Healthcare and Mental Health Services: Healthcare services for homeless people were irregular and, in many cases, insufficient. Some had challenges in accessing regular follow-up care for chronic diseases and mental health disorders because of the absence of insurance, scarcity of specialized services, and system-related issues. This lack of healthcare access maintained health inequalities and intensified the difficulties of dealing with long-term diseases while homeless (Baggett et al., 2013).

Employment and Skills Training: The vocational training programs were received positively by the participants with most of them for the opportunities to gain new skills and enhance their chances of getting a job. Nevertheless, homeless people remain challenged when it comes to finding decent and stable jobs. Some of the problems highlighted were inadequate transport means, poor marketability of the acquired skills due to inadequate job vacancies, and discrimination in employment. These barriers tended to keep people homeless for longer because they restricted the options for gaining employment and becoming financially self-sufficient (Fargo et al., 2013).

3.4 Case Studies of Successful Interventions

Several case examples demonstrate successful interventions in homelessness and positive changes for homeless populations based on best practices.

Housing First Approach: Housing First has been widely acclaimed for its effectiveness in ending homelessness by focusing on housing as the first stage and not insisting on the people change their behavior or go through treatment before they are given a place to live. This approach has proved to enhance housing stability and the general welfare of CH individuals since it offers direct access to permanent housing accompanied by case management and healthcare services (Tsemberis, 2010).

Community Integration Programs: Some of the interventions that have been found effective include those that target building social support and social relations among the homeless. Such programs may include community intervention, support groups, and other activities that would enable the individuals to assimilate into the community. Thus, through enhancing social connectedness and support, these interventions have helped enhance mental health and enhance the chances of housing stability in the long run.

Analysis

The response to homelessness by social support systems depends on how well it meets the needs of the homeless in terms of the type and extent of support offered, as well as the extent to which it tackles the root causes of homelessness. The problem with emergency shelters is that the focus is to provide temporary shelter and the issue becomes to transition the occupants to more permanent housing solutions. Homeless people require more healthcare services that are convenient and responsive to their multifaceted health requirements such as mental illness and chronic diseases.

Vocational training programs offer the potential to prepare people for the type of employment that can be considered sustainable. However, other system factors, for example, transportation to and from work and employment discrimination, need to be tackled to improve employment opportunities for homeless persons.

It is important to comprehend the differential efficacy of social support systems and effective intervention strategies to guide policy and practice to prevent homelessness. Through the implementation

of such approaches as Housing First and community integration programs, policymakers and service providers can address the complex needs of the homeless population and facilitate the process of reaching stability. Further research and assessment of these interventions are required to improve the methods that are most effective in helping homeless individuals attain stable housing and overall health.

3.5 Discussion
Interpretation of Findings in the Context of Existing Literature
The findings of this research are in harmony with the prior research findings and depict that homelessness is not a simple issue, but it is intertwined with economic, social, and health problems. In the case of the causes of homelessness, economic insecurity due to factors such as unemployment and low income was cited as the main reason as it has been in other studies (Fitzpatrick-Lewis et al., 2011). Another issue that arose in the case of housing stability was the question of homelessness and the fact that even when homeless people can secure a job, they cannot easily secure permanent housing since the rents are rising and there is a shortage of affordable housing.

Comparison of Different Types of Interventions and Their Outcomes
A comparison of the interventions established that Housing First methods were superior to the conventional shelter-based ones. The Housing First model which does not compel the clients to undergo treatment, attend AA meetings, or abstain from substances before they can be housed has been seen to produce better results concerning housing stability (Tsemberis, 2010). This is backed by elaborate case management that involves the provision of other services that are unique to the needs of the targeted homeless persons; thus, dealing with the complex problems that affect the targeted group (Henwood et al., 2015).

Role of Social Support Systems in Preventing and Addressing Homelessness
Social support systems are thus very crucial in the provision of the required care and the determination of the causes of homelessness. Yet, the study found that there were some problems concerning the organization and accessibility of services that hindered efficiency. For instance, the demand for health and mental health was recognized, but there was insufficient and uneven distribution of such services, and no access to a specialist, which were identified as significant concerns (Tsai & Rosenheck, 2015). Enhancing the integration of these services with other support systems may be useful for homeless people because it would enable meeting their present needs and health issues.

Challenges and Barriers to Implementing Effective Interventions
Some of the main challenges that were observed by (Munthe-Kaas et al., 2018)) as contributing to the failure of implementing the interventions include Lack of funds, restricted access to services due to administrative procedures, and social prejudice towards homeless people. There is limited funding for the expansion and the number and variety of supportive housing programs and services; program prerequisites can also delay access to needed services. Also, prejudice towards homeless people in society can enhance their marginalization and hinder their potential to be reintegrated into society.

3.6 Policy Recommendations Based on Findings
Based on the identified challenges of the present study and reviews following policies are recommended to help solve the problems highlighted in the study:
1. **Increase Affordable Housing Stock:** More should be done to generate more space for the construction of cheap houses and reduce the barriers to construction. This includes promoting private actors to engage in the construction of affordable homes (Fitzpatrick-Lewis et al., 2011).
2. **Enhance Supportive Services:** Provide primary care and specialty services, mental health, and SUD treatment for homeless populations. This implies increasing funding for the programs that assist homeless persons to receive medical and social services (Tsai & Rosenheck, 2015).
3. **Promote Employment Opportunities:** Implement partnerships between government, non-profit, and private organizations to provide vocational education, employment, and training. This can entail offering employers some incentives for offering employment to persons from the homeless category (Tsemberis, 2010).
4. **Strengthen Coordination of Services:** Involve the social services, healthcare, and housing departments so that the services being offered to the homeless are well coordinated and easily available. This can be done through common information technologies like case management systems and MoUs between the agencies (Henwood et al., 2015).

By these policy recommendations, the policymakers and service providers can attempt at least to intervene on the factors that cause homelessness, improve the systems of help, and thus, attempt to make some positive change in the lives of homeless people who are seeking housing and belonging in society.

4. Conclusion
Homelessness is still a multifaceted and widespread social phenomenon that depends on the economic

crisis, availability of affordable housing, and other factors that contribute to the formation of vulnerable populations' poverty. From this study, it has been evident that social support systems play a very crucial role in the fight against homelessness, and despite the successes made in the delivery of services and effectiveness of interventions, there are still some hurdles that need to be overcome.

The results of this study are consistent with previous studies, stressing the complexity of the homeless issue and the relationships between the economic, social, and health factors. Unemployment and low wages were identified as the main causes of homelessness due to economic volatility. Access to housing remains a major problem, as homeless persons must spend long periods in emergency shelters because of the shortage of affordable housing.

The comparison of the interventions indicated that Housing First approaches, which involve providing permanent housing with services to clients immediately, have demonstrated positive results in terms of housing tenure. These approaches are vastly different from the conventional shelter-based approaches, which are a clear indication that the best way to address homelessness is to recognize the person. Hence, proper social support structures were deemed necessary in the provision of holistic care that meets the needs of the patients while there are still deficiencies in service integration and availability. Mental health and medical care, which are essential to meet the multifaceted health requirements of homeless people, are still inadequate and sporadic. Likewise, challenges to attaining and maintaining sustainable employment and the continued social marginalization of homeless people add layers to the process of helping them gain stability in their lives.

Based on the findings of this study, policy implications focus on the necessity of more funding for affordable housing programs, better support services, and better collaboration among service suppliers. Employment and training with employers and the expansion of job training programs are important strategies in the process of the economic independence of homeless people. Furthermore, it is crucial to eliminate the administrative obstacles and fight against the social stigmas that hinder the process of homeless people's reintegration into society. Therefore, it can be concluded that the problem of homelessness can be solved only with the help of an integrated approach that implies providing housing and necessary services for each person. By supporting such evidenced-based practices as Housing First and promoting policy changes that would improve the delivery of services and funding for such services, politicians and practitioners can go a long way toward addressing the issue of homelessness and improving the quality of life of the most vulnerable populations. Further research,

assessment of interventions, and intersectoral cooperation can help move towards a culture in which homelessness is not only treated but also prevented by efficient planning and humane social policies.

References:
1. State of Homelessness: 2023 Edition - endhomelessness.org. (2024, January 6). Retrieved from https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/
2. Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., Singer, D. E., & Rigotti, N. A. (2013). Mortality among homeless adults in Boston: shifts in causes of death over 15 years. *JAMA Internal Medicine,* *173*(3), 189–195. https://doi.org/10.1001/jamainternmed.2013.1604
3. Baptista, I., Benjaminsen, L., Busch-Geertsema, V., & Pleace, N. (2017). Family homelessness in Europe. In M. Amore & M. Allen (Eds.), Homelessness and Housing Insecurity in Europe (pp. 171-190). *Bristol University Press.*
4. Burt, M. R. (2007). System change efforts and their results: Los Angeles, St. Louis, and Worcester. *Housing Policy Debate*, 18(3), 613-646.
5. Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The Age Structure of Contemporary Homelessness: Evidence and Implications For Public Policy. *Analyses of Social Issues and Public Policy,* 13(1), 228–244. https://doi.org/10.1111/asap.12004
6. Culhane, D. P., Metraux, S., & Byrne, T. (2011). A prevention-centered approach to homelessness assistance: A paradigm shift? *Housing Policy Debate,* 21(2), 295-315.
7. Henwood, B. F., Stanhope, V., & Padgett, D. K. (2011). The role of housing: a comparison of front-line provider views in housing first and traditional programs. *Administration and policy in mental health*, 38(2), 77–85. https://doi.org/10.1007/s10488-010-0303-2
8. Hwang, S. W., Kirst, M. J., Chiu, S., Tolomiczenko, G., Kiss, A., Cowan, L., & Levinson, W. (2009). Multidimensional social support and the health of homeless individuals. *Journal of urban health: bulletin of the New York Academy of Medicine*, 86(5), 791–803. https://doi.org/10.1007/s11524-009-9388-x
9. National Alliance to End Homelessness. (2021). State of homelessness: 2021 edition. Retrieved from https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/

10. National Low Income Housing Coalition. (2020). Out of reach 2020: The high cost of housing. Retrieved from https://reports.nlihc.org/oor

11. Pleace, N. (2017). The action plan for preventing and tackling homelessness in Finland. Retrieved from https://www.feantsa.org/download/y-foundation-housing-first-finland14459515471234474184.pdf

12. Shinn, M. (2010). Homelessness, poverty, and social exclusion in the United States and Europe. *European Journal of Homelessness,* 4(1), 19-44.

13. Shinn, M., Baumohl, J., & Hopper, K. (2001). The prevention of homelessness revisited. *Analyses of Social Issues and Public Policy*, 1(1), 95-127.

14. United Nations. (2020). SDG 11 synthesis report: Tracking progress towards inclusive, safe, resilient, and sustainable cities and human settlements. Retrieved from https://unhabitat.org/sdg-11-synthesis-report

15. Fargo, J. D., Munley, E. A., Byrne, T. H., Montgomery, A. E., & Culhane, D. P. (2013). Community-Level Characteristics Associated With Variation in Rates of Homelessness Among Families and Single Adults. *American Journal of Public Health,* 103(S2), S340–S347. https://doi.org/10.2105/ajph.2013.301619

16. Tsemberis, S. (2010) Housing First. The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Hazelden, Center City. - References - Scientific Research Publishing. (n.d.). Retrieved from https://www.scirp.org/reference/referencespapers?referenceid=2499611

17. Tsai, J., & Rosenheck, R. A. (2015). Risk factors for homelessness among US veterans. *Epidemiologic reviews,* 37, 177–195. https://doi.org/10.1093/epirev/mxu004

18. Fitzpatrick-Lewis, D., Ganann, R., Krishnaratne, S., Ciliska, D., Kouyoumdjian, F., & Hwang, S. W. (2011). Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review. *BMC Public Health,* 11(1). https://doi.org/10.1186/1471-2458-11-638

19. Munthe-Kaas, H. M., Berg, R. C., & Blaasvær, N. (2018). Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis. Campbell Systematic Reviews, 14(1), 1–281. https://doi.org/10.4073/csr.2018.3

20. Evidence reviews for the effectiveness of approaches to improve access to and engagement with health and social care and joined-up approaches. (2022, March 1). Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK579615/