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State of Homelessness in Countries with Developed Economies

Introduction

Homelessness is a complex issue, with varied and sometimes conflicting definitions. It is an issue sitting at the intersection of public health, housing affordability, domestic violence, mental illness, substance misuse, urbanization, racial and gender discrimination, infrastructure, and unemployment. The interplay between these elements is expressed in a host of ways depending upon local context. Levels of homelessness rise and fall dependent on shifts in and changes to any one of the elements. But with the right mix of program interventions, well-coordinated local systems, and effective policy, we have seen that homelessness is an issue that can be successfully solved. In this paper, we recommend a framework for defining homelessness, explore the state of homelessness, its demographics, and its poor measurement in the thirty-nine countries with advanced economies as defined by the International Monetary Fund, and provide an overview of strategies that have successfully reduced homelessness.

A Framework for Defining Homelessness

In 2015, the Institute of Global Homelessness developed a *Global Framework for Understanding Homelessness on a Global Scale*. The *Framework*'s aim is to define homelessness in a way that is meaningful across the world, resonating in both the Global South and the Global North.

The *Framework* considers three domains of home, in order to determine who may be understood as "lacking access to minimally adequate housing." The first domain is the "security domain" which includes having the legal title to occupy housing, the practical likelihood of eviction, the power to exclude others from the space, and the ability to meet rental or mortgage costs. The second domain is the "physical domain" which pertains to questions of quality like durability, protection from weather, provision of basic amenities, freedom from infestation and pollutants, plus the safety of one's self and possessions from external threats. The physical domain also pertains to the quantity of accommodation, i.e., the extent to which the dwelling is overcrowded. The final domain is the "social domain" and refers to opportunities to enjoy social relations as culturally appropriate, and the safety of one's self and possessions from other occupants. If any of these domains are violated, a person may be considered as "lacking access to minimally adequate housing."

Proceeding from this conceptual model, the *Framework* captures three broad categories of people who may be understood to be experiencing homelessness. These categories, further explained in a chart on the next page, are:

1. People without accommodation
2. People living in temporary or crisis accommodation
3. People living in severely inadequate and insecure housing.

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People without accommodation	People living in temporary or crisis accommodation	People living in severely inadequate and insecure accommodation
1A **People sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)**	2A **People staying in night shelters (where occupants have to renegotiate their accommodation nightly)**	3A People sharing with friends and relatives on a temporary basis
1B **People sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)**	2B **People living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room)**	3B People living under threat of violence
1C **People sleeping in their cars, rickshaws, open fishing boats and other forms of transport**	2C **Women and children living in refuges for those fleeing domestic violence**	3C People living in cheap hotels, bed and breakfasts and similar
1D **'Pavement dwellers' - individuals or households who live on the street in a regular spot, usually with some form of makeshift cover**	2D People living in camps provided for 'internally displaced people' i.e. those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed international borders	3D People squatting in conventional housing
	2E People living in camps or reception centres/temporary accommodation for asylum seekers, refugees and other immigrants	3E People living in conventional housing that is unfit for human habitation
		3F People living in trailers, caravans and tents
		3G People living in extremely overcrowded conditions
		3H People living in non-conventional buildings and temporary structures, including those living in slums/informal settlements

The types of "literal homelessness" found in categories 1A-2C are generally more prevalent across countries and continents than some of the other categories, which often apply to specific areas. Despite being at the most extreme end of the housing deprivation spectrum, these groups are often neglected in discussion at global and local levels. They are also not counted, measured or analyzed in a consistent and transparent way. This inhibits action to tackle the issues.

Though classifications vary across countries, homelessness can generally be broken into long-term, more entrenched and shorter-term categories. United States researchers Randall Kuhn and Dennis Culhane identified three additional categories of homelessness:

1. Chronic homelessness, which describes individuals whose experience is entrenched in the shelter system;
2. Transitional homelessness, which describes individuals whose experience involves using the shelter system as a relatively brief stepping stone to find permanent housing; and
3. Episodic homelessness, which describes individuals who cycle frequently in and out of homelessness over an extended period of time (Kuhn and Culhane 1998).

In the United States, those experiencing long-term homelessness are the smallest group of users of homeless services but account for a disproportionate amount of service use and associated costs (Culhane and Metraux 2008). There are indications that this is broadly true outside the United States as well, for example in Europe and Canada.

Causes, Risk Factors, and Other Impacts

In any form, homelessness happens because people cannot access the housing and supports they need. This can be the result of economic and socio-structural factors, like shortage of affordable housing, extreme poverty, and discrimination; it can occur when systems of care and support fail; and it can occur in response to individual or relational factors, such as relationship violence or personal trauma (The Homeless Hub 2013). The immediate cause is often an exogenous shock, such as a health crisis, unexpected lack of employment, or abrupt housing loss due to eviction or domestic violence. But socio-structural factors make certain people especially vulnerable, and gaps in the social safety net and homelessness services systems can extend homelessness or make it more difficult to remain housed.

Housing Deficits and Affordability

As cities grow, the availability of affordable housing often does not keep pace. Beyond rent, affordability includes associated costs of living—utilities, energy costs, transportation costs or transit access. Housing prices tend to decrease further from central hubs of activity, but so does access. As people move further out, they may be faced with scarce public transit and food deserts that require additional transportation expenditures, such as car insurance, parking, fuel, and registration. Even where developers are required to keep a percentage of new units affordable, wages often have not risen alongside cost of living.

In Australia, houses have increased in price by roughly 2.7 per cent per annum, while wages have increased only 1.9 per cent per annum (Yates 2008). Additionally, the advent of what Australia calls "infrastructure charges," (known as "impact fees," in the United States, "development charges," in Canada, and "planning gain/obligation," in the United Kingdom.) increase development costs to companies and have contributed to rising costs for the buyer/renter (Bryant and Eves 2014). A 2015 study from the Netherlands indicated that the lowest-income households were paying the highest percentage of their income to these associated housing expenditures (Haffner and Boumeester 2015). The National Low Income Housing Coalition reports that in nowhere in the United States can a person working full-time at the federal minimum wage afford a one-bedroom apartment at the Fair Market Rent (the 40th percentile of gross rents for standard units). These numbers were calculated using "Housing Wages," the hourly wage that a full-time worker must earn to afford a modest and safe rental home without spending more than 30% of his or her income on rent and utility costs (National Low Income Housing Coalition 2016). In 2016, that number in the United States was $16.35 per hour for a one-bedroom or $20.30 per hour for a two-bedroom; the federal minimum wage is $7.25 per hour.

To put this in perspective, in 2019, the McKinsey Global Institute estimated that 330 million urban households "live in substandard housing or stretch to pay housing costs that exceed 30 percent of their income. This number could rise to 440 million households by 2025 if current trends are not reversed. The housing affordability gap is equivalent to $650 billion per year, or 1 percent of global GDP. In some of the least affordable cities, the gap exceeds 10 percent of local GDP." (Mischke 2019)

While it is vital to understand housing availability in terms of its affordability with regard to the relationship between rent and wages, it is also important to recognize availability in terms of accessibility. The often-complex nature of the private rental market can prove an insurmountable barrier to those dealing with mental or physical disability or illness, and can also exclude those who have become involved with the criminal justice system. In many places, individuals who have been

released from prison have extremely limited access to the private rental market, leaving them few options other than either the street or a return to situations that may reinforce criminal behavior.

An important additional element to housing accessibility is the ways it intersects with eviction in the private market. There are two ways in which evictions influence homelessness numbers: legal evictions, which can occur as a result of nonpayment of rent, illegal activity, property damage, expiration of lease, and lease violation; and illegal or forced evictions, which often take the form of landlords changing locks, harassing tenants, and threatening violence if they do not move out. In these cases, the burden of proof, court time and lawyer fees can prohibit tenants taking legal action. People with access to other affordable options, emergency savings, or family members who can help during the transition may not experience homelessness. Though many individuals experiencing homelessness have also experienced eviction, and report eviction as the primary reason they are experiencing homelessness, individuals almost always exhaust other options before resorting to a night on the street (Gottesman 2007). This may mean sleeping in the houses of family members and friends before running out of options. Thus, not all evictions result in homelessness, and not all evicted persons end up on the street or in shelters.

Unemployment and Underemployment

Employment barriers take many forms: lack of adequate jobs, a criminal record, illness, and inconsistent employment history. Moreover, the daily reality of homelessness is itself a barrier, as people living without reliable access to laundry, showers, space for adequate sleep, and requisite technology face difficulty submitting applications and completing successful interviews. This is to say nothing of the mental demands of housing insecurity, which make it more difficult to function successfully in the workplace (Poremski, Whitley and Latimer 2014).

For example, in Spain, 75.7% of people experiencing homelessness in 2005 were unemployed, and 49.6% of these were consistently searching for work while seeking stable housing (Fundación San Martín de Porres 2007). A 2007 study in Canada showed that low-income families forced to move to new communities seeking reemployment were at high risk for becoming homeless. That study concluded that housing and employment "are directly related, both having a direct impact on well-being of individuals, families, and entire communities" (Shier, Jones and Graham 2012).

It is important to note that in every region, many people experiencing homelessness work. Unable to find formal employment, many turn to the informal economy for income, particularly in developing contexts. This undeclared work can constitute up to 20% of the national GDP of some southern and eastern European countries, as well as, 48% of non-agricultural employment in North Africa, 51% in Latin America, 65% in Asia, and 72% in sub-Saharan Africa. But these numbers can rise sharply when the agricultural economy is considered—in India, the informal economy can make up as much as 90% of the GDP (Brusa 2007). The World Bank estimated in 2007 that the informal economy makes up an average of 13.4% of the GDP in high-income Organization for Economic Co-operation and Development countries (Schneider, Buehn and Montenegro 2010).

Substance Misuse

A 2008 study in Melbourne, Australia showed that 43% of the sampled homeless population struggled with substance misuse; for one-third, these problems pre-dated their experience with homelessness. For the other two-thirds, they developed during their time on the street (Johnson and Chamberlain 2008). In the 2013 United States Point-in-Time Count of homelessness one in five people experiencing homelessness said they had a chronic substance use disorder. It is generally

understood that this proportion is higher for people experiencing chronic homelessness. Another study, in Illinois, indicated that a "multi-directional model" best describes the interaction between substance misuse and homelessness, rather than a simple cause and effect (Johnson, et al. 1997).

A complicating element of this relationship is the interaction between substance misuse and social support: as the social circle and support network shrink in response to substance use, vulnerability to homelessness rises. Substance misuse plays a critical role in the breakdown of social bonds as well as institutional relationships, which in turn limits access to crisis housing (Vangeest and Johnson 2002). Additionally, substance use can render social and economic obligations such as employment more challenging, and act as a barrier to housing services with sobriety requirements (McAll, et al. 2013).

Other perspectives suggest that drugs and alcohol are a coping mechanism for life on the street. Youth seem to be particularly vulnerable to this coping strategy; studies in the United States have suggested that drug and alcohol use is 2 to 3 times more prevalent among youth experiencing homelessness, in comparison to their housed counterparts (Tyler and Melander 2013).

Mental Illness

The difficulty of accessing consistent care and medicine, the prevalence of episode or cycle triggers, and the increased struggle of holding steady employment while enduring an episode all render individuals with mental illness especially vulnerable to chronic homelessness (World Health Organization 2009; Fazel, et al. 2008).

Mental illness can make pathways out of homelessness more difficult, as mental illness is widely stigmatized and can interfere with an individual's ability to navigate service systems. This is especially true when stigma leads individuals not to seek treatment (Rowe, et al. 2001). Common mental illnesses include depression, bipolar disorder, schizophrenia, and often posttraumatic stress disorder, seen often in the case of veterans and victims of domestic and sexual violence (Lincoln, Platcha-Elliot and Espejo 2009).

Part of the issue is the high rate of comorbidity within populations of individuals experiencing homelessness of mental illness with other debilitating problems, such as substance abuse, which frequently goes untreated. One study from the United States found that for individuals experiencing homelessness with both substance abuse disorders and serious mental illness, 80% did not receive substance abuse services and 50% did not receive mental health services, often rendering what treatment they did receive ineffective (Pearson and Linz 2011). Many programs require sobriety before accessing services, and the coupling of addiction with mental illness can complicate access to care for both.

People who struggle with substance abuse or mental illness are overrepresented in homeless populations, and these are risk factors for homelessness. However, most people with challenges around substance abuse and mental illness do not become homeless, so these factors alone cannot explain someone's homelessness. Access to housing and appropriate services can prevent and end homelessness for people with these challenges.

Health

Homelessness is deadly condition. Studies show that living on the streets contributes to rapid health deterioration, increased hospitalization, and, in some cases, death—a global study from the National Health Care for the Homeless Council determined that regardless of borders, cultures and geography, a chronically homeless individual is three to four times more likely to die than someone in the general population (O'Connell 2005). For vulnerable subgroups, such as street

youth, people with mental illness, young women, and the elderly, that number is even higher. For example, the study revealed that young women living on the street have a chance of dying between five to thirty times higher than the housed population of the same ages.

Simply put, life on the streets makes the healthy become sick and the sick become sicker (Seiji 2016). Homelessness makes it difficult to manage chronic illness and adhere to treatment regimens; healthy, nutritional meals are few and far between; exercise and access to hygiene care are rare; exposure to harsh elements and violence are constant; and comorbidity of health issues is common. The adverse effect of homelessness on both physical and mental health has been well-documented. Homelessness has also been shown to trigger relapses in detrimental behavior, such as substance use and abuse.

Violence

Violence and homelessness have a reciprocal relationship, particularly for women: most women living on the streets have experienced family, sexual or relationship violence at some point in their lives, and most will experience it again while living rough. Violence comes in many forms for people experiencing homelessness. In 2000, the leading cause of death among young men using homeless shelters in Toronto was homicide (Hwang 2000). People experiencing homelessness in Hungary report avoiding shelters due to lack of space and perceived danger of violence (Zakim 2014). The threat of sexual violence leads many women and youth to avoid shelters. The high percentage of individuals with untreated or undertreated mental illness and substance abuse can lead to instances of violence between people experiencing homelessness, rendering certain spaces and points of service undesirable.

Finally, family violence is one of the strongest predictors of future homelessness, and can hold a family in a cycle of impoverishment, unstable housing, and violence for generations (Jordan 2012; Swick 2008). A study of trauma history amongst people experiencing homelessness in Jacksonville, Florida revealed that most traumatic events had occurred during childhood and adolescence, and that these events were directly tied to the participants' instances of chronic homelessness (Christensen, et al. 2005).

Criminalization and Law Enforcement

Laws against begging and panhandling, loitering, vagrancy, and sleeping in public disproportionately affect people experiencing homelessness. There is growing evidence that criminalization of homelessness may not only fail to properly address homelessness, but likely exacerbates it. A 2016 report from the United States National Law Center on Homelessness and Poverty (NLCHP) notes that: "Criminalization strategies not only cost cities millions in wasted resources, they also fail to address the root causes of homelessness. Arrests, incarceration, fines, and convictions prolong homelessness by creating new, sometimes nearly insurmountable barriers to obtaining employment and stable housing."

Typically, criminalization comes in the form of laws prohibiting what the NLCHP calls "unavoidable behaviors," such as sleeping in public. That same report noted that such sleeping bans have increased by 31% in the United States since 2006, and some cities go even farther, prohibiting sitting and lying down at all in public. Bans prohibiting living in legally-parked vehicles have increased by 143% in that same period.

In some countries, criminalizing measures are even more severe. In Hungary, with arguably Europe's most severe penalties, the 2013 Anti-Homelessness Law makes "habitually residing in public spaces, or storing one's belongings in such spaces, a crime punishable by imprisonment

and/or fine" (Zakim 2014). This legislation was then written into a constitutional amendment which would force individuals who refuse to go to shelters to pay a fine, participate in public work programs, or face time in prison. The Human Rights Law Centre in Australia reported in 2014 that all Australian states and territories had laws in place that effectively criminalized homelessness (Human Rights Law Centre 2014).

But many government institutions have moved against criminalizing homelessness. In January 2014, the European Parliament adopted a Resolution on Homelessness as part of the Europe 2020 strategy, stressing: "homelessness is neither a crime nor a lifestyle choice" (European Parliament News 2014). In 2016, the United States Department of Housing and Urban Development, in its ranking of local applications for funding toward homelessness programs, awarded a small scoring bonus to applicants that "demonstrate their communities have implemented specific strategies that prevent criminalization of homelessness."

Still, law enforcement officers and direct service agencies face practical challenges balancing the rights of people experiencing homelessness, immediate health risks and progress toward permanent housing, and the rights of all city residents to access public space.

LGBT Youth

In the United States, the percentage of Lesbian, Gay, Bisexual, and Transgender (LGBT) youth experiencing homelessness is at least three times greater than the percentage of LGBT youth in the general population. LGBT youth represent between 20% and 40% of the homeless youth population. This pattern is consistent across regions: the 2015 United Nations Human Rights Council's report on sexual orientation and gender identity discrimination and violence found that LGBT persons worldwide were at high risk for discrimination in access to housing due to familial rejection, discrimination by private landlords, and evictions from public housing. In a survey spanning 115 countries of 3,340 young men who had sex with men, 24% had no stable housing (Arreola, et al. 2015).

A significant proportion of LGBT youth are homeless due to familial rejection; in the United States as many as 46% of homeless LGBT youth ran away after rejection, and 43% became homeless as a result of forced eviction from the home by their parents (Durso and Gates 2012). It can be difficult for transgender and genderqueer youth to access shelters, as many impose binary gender classifications, such as gender-segregated night shelters.

Complicating these factors are issues of substance use, mental illness, neglect, abuse, and turbulent family life. LGBT adolescents experiencing homelessness are more likely than their heterosexual, cisgender counterparts to have a major depressive episode, posttraumatic stress disorder, and suicidal ideation; they are also more likely than non-LGBT homeless youth to use cocaine, crack, or methamphetamines (Keuroghlian, Shtasel and Bassuk 2014).

Ethnicity and Race

As homelessness is often the result of a series of systemic failures, groups who are marginalized in mainstream systems are generally overrepresented within the homeless population. In the United States, this is reflected in the disproportionate number of Black individuals experiencing homelessness; in other contexts, the relevant local ethnic, social or racial minorities tend to be overrepresented among the homeless population. Across Europe, Roma populations have been shown to be more at-risk for homelessness than non-Roma groups (Manzoni 2014). In Canada, research indicates that urban Aboriginal Peoples are eight times more likely to experience homelessness than non-Aboriginal groups (Belanger, Awosoga and Weasel Head 2013);.

A United Kingdom-based study indicated that ethnic minority households are roughly three times more likely to be considered homeless than non-ethnic minority households (Netto 2006).

In other words, people who are the most affected by structural inequalities are also typically the most affected by homelessness (Whaley 2002). These groups often face multiple points of exclusion: discrimination in the housing market, prejudice and administrative barriers when trying to access services, and increased financial strain.

Elderly

Causes and consequences of homelessness among the elderly differ across cultural and political contexts, but broadly speaking, elderly people face limited housing options and income supports, lack of accessible community health services, and complications due to chronic illness or infirmity. Additionally, elderly people experiencing homelessness have higher mortality rates than their younger counterparts and are more prone to memory loss, which may make it more difficult to navigate complicated housing and service systems.

Elderly people experiencing homelessness can be split into two types: chronically homeless individuals who have aged into this category, and elderly individuals experiencing homelessness for the first time. Typically, newly-homeless elderly individuals have experienced a life shock of some kind, such as economic depression and health crises, loss of family members, or disintegration of family relationships (Donley 2010).

Family

The most typical configuration of families experiencing homelessness is a single mother with young children. Usually women are fleeing domestic or family violence, and are unable to find housing or steady employment. Alongside this repeated exposure to violence, many families are coping with trauma-related health conditions, broken social networks or support systems, and frequent evictions and housing instability (Brush, Gultekin and Grim 2016). Families are also often subject to "hidden homelessness," living in crowded conditions with relatives or, unsustainably, in motels.

Homelessness by the Numbers

A major challenge in addressing homelessness is the lack of consistent definitions and analogous data. National definitions of homelessness are frequently incompatible with one another. For example, in South Korea, homelessness is divided into "vagrants," and "rough sleepers." In Russia, legislature defines the term as people without fixed abode or place of stay; Greece simply refers to "insufficient accommodation" without defining what qualifies as insufficient; and Zimbabwe considers homeless anyone who does not own their own home in an approved residential area. Furthermore, in some countries, national censuses rely on one definition while states rely on another. An additional complication is the fluctuation in the consistency of data collection. Some countries conducting counts annually, while others count every ten years, while others never count. These varying practices contribute to the difficulty in achieving a clear understanding of the scope of homelessness across borders. There is no consistent global definition of homelessness and no consistent methods for measurement.

The chart below shows the paucity of the information and data available. Very few of these numbers are reliable, they are incomparable and inconsistent. They do give a flavor of the scope of homelessness across the countries identified for discussion in this paper.

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Country	# People Experiencing Homelessness	Year	Ratio to Population
Australia	116,427	2016	0.49%
Austria	14,603	2014	0.17%
Belgium			Data not available
Canada	35,000	2016	0.10%
Czech Republic	68,500	2015	0.65%
Denmark	6,138	2015	0.11%
Estonia	864	2011	0.06%
Finland	7112	2017	0.13%
France	141,500	2012	0.21%
Germany	430,000	2016	0.50%
Greece	20,000	2013	0.18%
Hong Kong	1,403	2014	0.02%
Iceland	761	2011	0.23%
Ireland	9,987	2019	0.21%
Israel	25,000	2019	0.29%
Italy	48,000	2014	0.08%
Japan	4,977	2018	0.00%
Latvia	2,342	2011	0.11%
Liechtenstein	Data not available		
Lithuania	5,000	2014	0.16%
Luxembourg	1,533	2013	0.28%
Macau	Data not available		
Malta	399	2017	0.08%
Netherlands	30,500	2016	0.17%
New Zealand	41,207	2015	0.94%
Norway	3,909	2016	0.07%
Portugal	3,000	2012	0.03%
Singapore	180	2017	0.003
Slovakia	23,483	2011	0.40%
Slovenia	2,700	2015	0.13%
South Korea	11,340	2016	0.02%

Spain	40,000	2012	0.09%
Sweden	34,000	2011	0.36%
Switzerland	3,000 - 8,000	2016	0.035% - 0.095%
Taiwan	9,272	2017	0.04%
United Kingdom	307,000	2016	0.46%
United States	554,000	2017	0.17%

Source: Wikipedia.org

These numbers, despite being the best available, are incomparable to one another, as they are a mix of methodologies, varying degrees of transparency, and are not taken from the same year. Numbers from 2011 have little bearing on what homelessness might look like in any given region now; yet in some places this is the most recent available data.

In 2017, the European Federation of National Organisations Working with the Homeless (FEANTSA) reported an increase in homelessness across all European Union member states, excepting Finland, where homelessness continues to decline.

Overview of Global Strategies to Decrease Homelessness

As one example of success, Finland's national plan, known as PAAVO I & II, involved national and city governments, private financers, and nonprofit organizations working together toward the goal of eradicating long-term homelessness. In the international report reviewing the success of the program, researchers noted that, "this success could not have been possible without a coordinated approach among the different sectors, each playing their respective roles" (Pleace, Culhane, Granfelt, & Knutagård, 2015). The report highlighted that the strategy hinged on multi-sector coordination and "real, achievable targets." An example of this kind of coordination is the evolution of PAAVO I's aim to replace shared shelters with permanent supportive housing units, based on principles of harm reduction and housing first. As the program progressed, a comprehensive network developed to balance the roles and responsibilities of stakeholders: state financing of housing and services, local governmental provisions of land use and site development, and a system of cooperative NGOs performing outreach and providing services.

Suggested frameworks to end homelessness vary across countries, but typically include the following elements: a well-coordinated system that plans for outcomes; a citywide strategy that weaves together prevention, emergency response, and housing and supports; and resources to support this work and to provide an adequate supply of safe, affordable accommodation. Harm reduction and housing first are effective approaches to help structure these frameworks, especially for people with complex service needs. These approaches should inform work across a system, guiding the overall role of shelters, outreach services and permanent housing interventions.

The housing first approach offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. People experiencing homelessness are faced with few to no treatment preconditions or barriers. The approach, originally developed in the late 1990s in the United States by Dr. Sam Tsemberis, is based on overwhelming evidence that all people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate levels of services. Studies show that housing first approaches yield high housing retention rates, reduce the

use of crisis services and institutions, and improve people's health and social outcomes (Bassuk, et al. 2014; McAll, et al. 2013; Medicine Hat Community Housing Society 2014).

Conclusion

Homelessness is not simple, but neither is it impossible to fix. Countries in developed economies know this to be possible. A common definition and then consistent measurement is the first major step, which *can* be accomplished in the short term. There is a clear need to support work at a global level to identify and activate effective strategies that work across contexts; to connect cities and give them a structure to apply effective strategies, learn, and adapt; and to restore a sense of urgency around homelessness as a crisis for individuals and the communities around them.

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