Ending Homelessness: What the Research Says It Will Take

Stably housed families are stronger families who can be more successful at work and school, and are better able to support family members, thus reducing public spending on social services. This brief identifies potential causes of homelessness and highlights targeted, cost-effective approaches to ending it.

Why do people become homeless?

At its core, homelessness happens when people’s incomes are too low to allow them to pay for housing and have enough for other needs. As indicated in the figure below, multiple, interacting factors may lead to this gap, and, thus, to homelessness.

Another important concept to consider is the dynamic nature of people’s homeless experiences. Some are homeless once and only for a short time. This is called transitional or crisis homelessness; most people and families fall into this group. Others experience episodic homelessness, including several short- or medium-length spells; or chronic homelessness, which is often accompanied by co-occurring problems such as mental illness or substance abuse.

What types of factors lead to homelessness?

Structural factors are aspects of society that affect everyone and contribute to the odds of more or less homelessness at a particular time. When structural conditions worsen (e.g., during a recession), even low-income people without vulnerabilities may experience a crisis that leads to a homeless episode. One structural factor is the cost of housing; changing housing markets have priced many extremely low-income families and single adults out of the market. Another structural factor is the capacity for a family or individual to earn enough money to live on, especially in light of declining employment opportunities for people with a high school education or less. In 2013, 24% of very low income renters paid more than 50%, and another 23% paid 30% to 50% of their income for rent.

Individual Factors may make families or individuals more vulnerable to housing loss because they are less able to cope with changes in structural factors such as the housing market. Factors that are more common among homeless people than among the general population include adverse childhood experiences; disconnection from family, friends, and other sources of social and financial support; alcohol or drug abuse; mental illness; chronic physical health problems; incarceration; low levels of education or skills training; poor or no work history; and early childbearing.

What strategies work to reduce chronic homelessness?

The fact that multiple, interacting causes lead to homelessness, as well as the diversity of the homeless population, point to the need for differentiated, well-targeted interventions. Research demonstrates that permanent supportive housing, which focuses on structural factors first, is a cost-effective way to reduce chronic homelessness. In this approach, housing is kept affordable, it is permanent, and services such as substance abuse treatment and health care are offered, along with other supports to help participants maintain housing stability. Tenants’ ability to stay in their housing is not dependent on participation in services. This approach leads to high retention rates, reduced shelter and medical costs, and reduced involvement in the criminal justice system. State and federal investments in such programs help explain recent reductions in chronic and veteran homelessness.

What are states doing to make housing more affordable?

States can use policies and practices to both increase the supply of affordable housing and make existing housing more affordable via rent subsidies. New Jersey has led the way in such efforts by leveraging a wide range of local, state, and federal funding opportunities, and creating a fair share formula to measure each municipality’s obligation to provide affordable housing as well as a builder’s remedy to force them to fulfill that obligation. Other strategies include cross-jurisdictional planning, inclusionary zoning, and coordinated partnerships with evidence-based programs to address specific individual and family needs, such as child welfare, corrections, health care, and mental health and substance abuse treatment.

Martha Burt was one of three speakers at the 35th Wisconsin Family Impact Seminar, “A Place to Call Home: Evidence-Based Strategies for Addressing Homelessness across Wisconsin.” She is an Affiliated Scholar with the Urban Institute and Principal at MRB Consulting. This issue brief was written by Family Impact Seminar staff, and summarizes Dr. Burt’s seminar presentation and briefing report chapter, which can be downloaded from wsfamilyimpact.org/fis35.