1 Resolution on Ending Homelessness

2 2019 Five-year policy review

- 3 WHEREAS safe, stable, affordable, accessible, and permanent housing is a human right, and its
- 4 absence negatively impacts typical development, physical, and mental health functioning,
- 5 nutrition, social, and emotional wellbeing, employment and training opportunities, academic
- 6 success, family cohesion, and the ability to exercise individual rights and responsibilities (e.g.,
- 7 United Nations General Assembly, Report of Special Reporter A/73/310/REV.1; U.S.
- 8 Conference of Mayors Report on Housing and Homelessness, 2016);
- 9 WHEREAS housing instability and homelessness are matters of public health concern due to the
- 10 lifelong deleterious impact on individuals and families as well as the staggering burden of
- societal costs (e.g., Krieger & Higgins, 2002; Schnazer, Dominguez, Shrout, & Caton, 2007);
- WHEREAS populations that have historically been marginalized and discriminated against are
- disproportionately impacted by the lack of affordable, accessible, safe, and stable housing and
- are least likely to benefit from neighborhood revitalization and economic recovery. Such
- oppressed groups include: those living in poverty or of low socio-economic status; persons of
- color, ethnic minorities, immigrants and refugees; disabled persons with cognitive, physical,
- and/or mental health challenges; single mothers with children; older adults; unaccompanied
- 18 youth some of whom are gay, lesbian, transgendered, nonbinary, or queer; emerging adults
- transitioning from foster care, juvenile justice, or child welfare settings; victims of interpersonal
- violence; persons returning to communities following incarceration; and veterans (e.g.,
- Dworsky,, Napolitano, & Courtney, 2013; Greenberg & Rosencheck, 2008; Stone, Dowling &
- 22 Cameron, 2018; McCann & Brown, 2019; McCann & Brown, 2019);
- 23 WHEREAS oppressed groups are disproportionately impacted by housing destruction due to
- 24 natural disasters; inequitable wages; under-employment; insufficient income; higher rates of
- unemployment; gentrification; job loss due to plant shut downs and job relocations; financial
- scams; predatory lending and subprime loans; discriminatory leasing practices; and inaccessible
- or unaffordable public transportation, all of which contribute to housing instability and
- 28 homelessness (Duffy, Blustein, Diemer, & Autin, 2016);
- 29 **WHEREAS** in times of economic downturn, job loss, and high rates of underemployment and
- unemployment, more persons in urban, suburban, and rural areas lose their homes or are at risk
- of homelessness (e.g., U.S. Conference of Mayors, 2009; U.S. Department of Housing and
- 32 Urban Development, 2008); and where people of color are especially vulnerable and at risk
- 33 (Manneh, 2008);
- 34 **WHEREAS** persons living in poverty are disproportionately at risk across the lifespan for the
- 35 neuro-psychological, developmental, cognitive, social, emotional, and health consequences of
- 36 toxic exposures, unclean water, inadequate food, unhealthy living spaces and crowded
- 37 conditions, air pollution, and environmental injustices, and are more likely to be displaced by
- natural disasters and the outcomes of climate change (Davis, Oswald, & Mitchell, 2009; Henning

- 39 et al., 2018; Hornberg & Pauli, 2007; Hoover et al., 2012; Levy & Patz, 2015; Prochaska et al.,
- 40 2014; Shonkoff & Garner, 2012; Suk et al. 2016);
- WHEREAS homelessness results from structural and systemic barriers and social injustices; the
- 42 lack of safe and affordable housing; high costs of food, childcare, transportation, and utilities;
- 43 insufficient supportive community services, including those targeted to treat mental health and
- substance disorders; under-funded schools ill equipped to prepare students for academic or
- 45 vocational success; scarce job training programs; limited early childcare and after school
- 46 programs to support working families; inadequate wages; job layoffs and under-employment
- 47 (e.g., Bosman, 2009; National Alliance to End Homelessness, 2009, 2010; National Coalition for
- the Homeless, 2009; Rafferty & Shinn, 1991; Zlotnick, Robertson, & Lahiff, 1999);
- 49 **WHEREAS** psychosocial stressors that impact physical, social-emotional, and behavioral health
- 50 functioning are often associated with entrance into and exit from homelessness, and where rapid
- and supportive housing as well as expanded access to culturally competent, community-based
- 52 prevention, intervention and treatment services, along with structural changes, contributes to the
- remediation of homelessness (e.g., Burt et al., 1999; Burt, Person, & Montgomery, 2007; Haber
- 54 & Toro, 2004; Morse et al., 1996);
- WHEREAS the field of psychology is uniquely poised to contribute to the amelioration of
- 56 homelessness through scientific research, program design and evaluation, empirically supported
- trauma sensitive interventions, education and job training, advocacy, and culturally competent
- assessment and treatment of persons across the life span who are without homes or are at risk of
- 59 homelessness (e.g., Guarino, 2014; Haber & Toro, 2004; Shinn, 1992);
- And WHEREAS psychologists aspire to promote the human rights and dignity of all persons.
- 61 through the creation of equal opportunities for work, physical, emotional, and behavioral well-
- being, especially for those who are marginalized and most vulnerable.
- **THEREFORE,** BE IT RESOLVED that the Council of Representatives of the American
- Psychological Association reaffirm its commitment to advance psychology's contributions to
- ending homelessness and supports the following:
- Research efforts directed towards the prevention of homelessness among marginalized and
- vulnerable populations; evidence-based intervention plans for those currently experiencing
- 68 homelessness or at imminent risk of homelessness; applied research on service utilization among
- 69 populations at risk for homelessness; and the evaluation and assessment of programs that support
- 70 rapid and permanent housing.
- 71 Investigation of methods and interventions to promote resilience in different populations at risk
- for homelessness including those within rural, suburban, urban areas, single female and male
- heads of household with children, unaccompanied youth (including lesbian, gay, bisexual and
- transgender youth), emerging adults (e.g., youth aging out of foster care system and leaving the
- 75 juvenile justice system), people of color, refugees and immigrants, adults reentering communities
- 76 following incarceration, older adults, persons with disabilities (including physical, cognitive, and

- 77 mental health conditions), and veterans. Recognition that success based on scientific findings
- may require a change of policy, as well as program rules and procedures.
- Focus on training and educational practices that enhance the cultural competency and trauma
- sensitivity of psychologists in order to effectively work with populations currently, or at risk of,
- 81 homelessness. Such practices include expansion of graduate school curricula focused on the
- ways in which harmful stereotypes and individualistic attributions are culturally constructed and
- 83 hold the potential to influence service provisions; enhancing training to include diverse and
- 84 underserved populations; creating internships and continuing education that encourage
- psychologists to work with populations experiencing homelessness; enlisting psychologists to
- offer appropriate mental health education programs focused on the remediation of homelessness
- 87 to service providers, community-based organizations, community volunteers, and the public.
- 88 Psychologists promote vocational training, decent work and fair and equitable remuneration for
- all people.
- 90 Encourage psychologists to provide strength-based clinical assessment services to populations
- 91 who are or at risk of homelessness. Culturally competent services address a continuum of needs,
- 92 focus on serving people in the communities in which they and their families live, and take into
- 93 consideration how specific structural/systemic issues intersect and interact in different
- ombinations and in discrete ways for specific populations. Psychologists are encouraged to
- establish meaningful collaborations with physicians, nurses, social workers, educators, service
- 96 providers, community organizations, outreach services, and advocates committed to addressing
- 97 the multifaceted needs of persons who are experiencing homelessness or at risk of losing their
- 98 homes.

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- 99 Promotion and advocacy for policies and legislation that support the rapid reentry of persons into
- stable, safe, affordable, and permanent housing including:
 - Comprehensive services, as well as safe, stable, affordable, less restrictive, and accessible housing in urban, suburban, and rural areas.
 - Targeted comprehensive services, such as, education and job training opportunities for youth in foster care, and for transitional services for those returning to home placement and/or communities.
 - Education, job training, and affordable day care to support families, including but not limited to low income families
 - Health care coverage for those without homes and at risk of losing stable housing.
 - Increase programs and services in mental health, substance abuse, and alcohol dependency prevention and treatment.
 - Public funds to support emergency responses to homelessness and implement
- preventative programs to reduce the incidence and prevalence of homeless persons and families.
- Stricter regulations governing financial institutions, predatory lending, credit, and mortgage practices.

- Dissemination of accurate information about homelessness to psychologists,
 policymakers, and the public in an effort to call attention to the structural/systemic issues that exacerbate homelessness.
 - Both psychological (e.g., clinical) and structural/systemic interventions for those suffering the consequences of poverty and homelessness.

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