Resolution on Ending Homelessness

2019 Five-year policy review

WHEREAS safe, stable, affordable, accessible, and permanent housing is a human right, and its absence negatively impacts typical development, physical, and mental health functioning, nutrition, social, and emotional wellbeing, employment and training opportunities, academic success, family cohesion, and the ability to exercise individual rights and responsibilities (e.g., United Nations General Assembly, Report of Special Reporter A/73/310/REV.1; U.S. Conference of Mayors Report on Housing and Homelessness, 2016);

WHEREAS housing instability and homelessness are matters of public health concern due to the 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 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 & Cameron, 2018; McCann & Brown, 2019; McCann & Brown, 2019);

WHEREAS oppressed groups are disproportionately impacted by housing destruction due to 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 homelessness (Duffy, Blustein, Diemer, & Autin, 2016);

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 Urban Development, 2008); and where people of color are especially vulnerable and at risk (Manneh, 2008);

WHEREAS persons living in poverty are disproportionately at risk across the lifespan for the neuro-psychological, developmental, cognitive, social, emotional, and health consequences of toxic exposures, unclean water, inadequate food, unhealthy living spaces and crowded 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...
et al., 2018; Hornberg & Pauli, 2007; Hoover et al., 2012; Levy & Patz, 2015; Prochaska et al., 2014; Shonkoff & Garner, 2012; Suk et al. 2016);

WHEREAS homelessness results from structural and systemic barriers and social injustices; the lack of safe and affordable housing; high costs of food, childcare, transportation, and utilities; 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 vocational success; scarce job training programs; limited early childcare and after school programs to support working families; inadequate wages; job layoffs and under-employment (e.g., Bosman, 2009; National Alliance to End Homelessness, 2009, 2010; National Coalition for the Homeless, 2009; Rafferty & Shinn, 1991; Zlotnick, Robertson, & Lahiff, 1999);

WHEREAS psychosocial stressors that impact physical, social-emotional, and behavioral health 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 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 & Toro, 2004; Morse et al., 1996);

WHEREAS the field of psychology is uniquely poised to contribute to the amelioration of 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 homelessness (e.g., Guarino, 2014; Haber & Toro, 2004; Shinn, 1992);

And WHEREAS psychologists aspire to promote the human rights and dignity of all persons, 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 homelessness or at imminent risk of homelessness; applied research on service utilization among populations at risk for homelessness; and the evaluation and assessment of programs that support rapid and permanent housing.

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 juvenile justice system), people of color, refugees and immigrants, adults reentering communities following incarceration, older adults, persons with disabilities (including physical, cognitive, and
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,
homelessness. Such practices include expansion of graduate school curricula focused on the
ways in which harmful stereotypes and individualistic attributions are culturally constructed and
hold the potential to influence service provisions; enhancing training to include diverse and
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
to service providers, community-based organizations, community volunteers, and the public.
Psychologists promote vocational training, decent work and fair and equitable remuneration for
all people.

Encourage psychologists to provide strength-based clinical assessment services to populations
who are or at risk of homelessness. Culturally competent services address a continuum of needs,
focus on serving people in the communities in which they and their families live, and take into
consideration how specific structural/systemic issues intersect and interact in different
combinations and in discrete ways for specific populations. Psychologists are encouraged to
establish meaningful collaborations with physicians, nurses, social workers, educators, service
providers, community organizations, outreach services, and advocates committed to addressing
the multifaceted needs of persons who are experiencing homelessness or at risk of losing their
homes.

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.

References


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