Addressing Homelessness Best Practices

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Evidence-Based Practices for Addressing Homelessness

Evidence-based practice is imperative when intervening, especially on a societal level. Evidence-based practice allows practitioners to be informed about intervention models that are effective and are supported by research and have been practiced. It also ensures the practices being utilized are robust and relevant to current issues and situations (Rycroft-Malone et al., 2004).

The first evidence-based practice being proposed to address homelessness is a **community-based approach.** In order to address the community's homeless population, a collective approach needs to be taken by community organizations and members; a single organization will not be able to eradicate homelessness (National Association of Social Workers, 2017). Therefore, organizations in the community need to move from an individual program approach to a community-wide response. This practice requires creating a local database that will monitor resources available, ensure decisions are being made based upon collected data and knowledge, and reduces duplicative services. Communities around the nation have already adopted this practice and have reported the important elements of utilizing a collective system also include coordinated entry. This is a process developed to swiftly assess needs and refer individuals to appropriate programs. Coordinated entry also increases the amount of people being reached because other programs are able to identify individuals who have received assistance versus individuals who have not (National Alliance to End Homelessness, 2018). This method will help close the gap of individuals who have not received assistance. By utilizing the same data-base throughout the community, informed decisions can be made based upon local research and data. Barriers of this method include organizations that do not have technology with the capacity to utilize the database, creating a way to keep sensitive information confidential, and connecting all necessary stakeholders.

The second evidence-based practice able to assist in ending homelessness is **rapid re-housing**. Overall, the goals of rapid re-housing are to provide housing quickly, increase a person's self-ability, and keep the individual housed. Rapid re-housing encompasses short-term assistance and services that are unique to the individual. Another benefit of rapid re-housing is that certain criteria does not need to be achieved prior to obtaining housing, including employment, steady income, record clean of criminal activity, and sobriety (National Alliance to End Homelessness, 2018). Rapid re-housing has proven to work in communities to reduce homelessness. This is due to quickly connecting a person to a stable home where they are in a position to address other challenges such as obtaining employment or seeking treatment. Abraham Maslow's Hierarchy of Needs illustrates a person must first address safety needs such as shelter, food, warmth, and clothing before mastering other areas in life such as belongingness, employment, relationships, etc. (Maslow, 1943). Rapid re-housing provides safety, which will allow an

individual to pursue other areas of his/her life. Following, rapid re-housing has shown to be less expensive than other housing interventions (National Alliance to End Homelessness, 2018). Barriers to rapid re-housing include current shortage of housing complexes/availability and ensuring follow through from the tenant.

A third evidence-based practice that will reduce homelessness is creating permanent supportive housing. **Permanent supportive housing** has shown to be effective in reducing homelessness as it combines stable housing with case management and other supportive services. This intervention merges housing assistance with other needs of people who have experienced long-term homelessness. The services provided, other than housing, will help individuals re-learn employment skills and connect them to healthcare and employment services. The mission of this intervention is to not only provide housing, but also improve overall well-being. This practice has been utilized since 2007 and has since reduced the number of individuals experiencing long-term homelessness by 27% (National Alliance to End Homelessness, 2018). Another benefit of permanent supportive housing is that it has proven to be more cost-effective in lowering tax-payer costs associated with shelters, hospitals, and prisons.

A specific evidence-based practice a social worker can utilize when assisting individuals who are homeless and have a mental health or chemical dependency diagnosis is trauma-informed care. **Trauma-informed care** recognizes interlace of mental health, chemical dependency, homelessness, criminal justice, and domestic violence, and how to approach and work with individuals who have experienced one or more of these traumas (Yeager, Cutler, Svendsen, & Sills, 2013). Approximately ¾ of adults who are homeless have experienced at least one adverse childhood experience (ACE), which is a variable of trauma. Common ACEs experienced by people who are homeless was previously living with someone who used drugs, witnessed violence, or was physically attacked (Wilder Research, 2015). Trauma informed care allows the practitioner to be knowledgeable about the impact trauma can have on a person, how trauma manifests, and helps keep both the client and worker safe. Trauma informed care can also increase a person's control over his/her life and it focus on the individual's strengths (Yeager et al., 2013). This approach has proven to be helpful when working with vulnerable and oppressed populations.

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