

Chapter 8

Homelessness as a Fusion Policy Problem



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Many causes of homelessness have been proposed in research, literature, and popular media. These include family conflict, substance use, mental health challenges, lack of education or employment, or even a choice to live rough. These causes largely situate housing loss as an individual experience, perhaps rooted in individual choices or behaviours. However, looking globally, we can see large differentials in rates of homelessness between nations that share many similarities. If homelessness is caused by personal factors, and people globally are more similar than different, then we would predict that rates of homelessness would be fairly stable from nation to nation. However, a quick comparison between the United States, Canada, and Finland, for example, shows three nations with high GDPs per capita having significantly different rates of homelessness. This suggests that homelessness is about much more than individual experiences and is perhaps better explained by differing policy environments.

In this chapter, homelessness will be explored as a fusion policy problem (A Way Home Canada 2019), meaning that many different systems contribute to the existence of this social issue. A policy problem because the structure of social systems creates risk for housing loss and determines supports available in the case of homelessness, and a fusion policy problem due to the many relevant but often disconnected systems such as health care, justice, housing, income support, violence against women/family violence services, and other social services. Particular priority will be given to mental health and substance use as potential causal factors, and the structure of mental health and substance use support systems as relevant illustrations of the relationship between policy and the incidence of homelessness. For consistency of analysis this chapter focuses on the Canadian policy

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environment, but also includes considerations from the United States and Finland for the purpose of comparing and contrasting. While these countries serve as illustrations, the idea of homelessness as a fusion policy problem has international relevance.

8.1 Mental Health Deinstitutionalization and the Rise of Homelessness in Canada

The deinstitutionalization of mental health services and the rise of homelessness in Canada serves as a valuable illustration of fusion policy problems at work and the interconnectedness of health and social problems. There is no doubt that people experiencing homelessness face disproportionate rates of mental health challenges, with surveys frequently indicating rates of mental illness among those experiencing homelessness in and around 1/3 (Nooe and Patterson 2010), and for those chronically homeless, around 90–100% (Krausz et al. 2013). While these data do not speak to the nuance of cause and effect, that is that mental illness can be related to housing loss, but housing loss can also create risk for mental illness (Johnson and Chamberlain 2011), the prevalence is statistically significant. Therefore, it is clear that people living with mental health challenges are disproportionately at risk of homelessness.

The logical question that arises is: How are health services supporting people living with mental health challenges and in what way is the design of services precipitating this risk? The obvious target of concern is the process of mental health deinstitutionalization. Deinstitutionalization is an approach rooted in human rights and the concept that all people have a right to freedom and a right to choices regarding their health care. With mental health care historically rooted in an asylum model, there has been concern going back decades (Everett 1994) that people were being unfairly constrained into often permanent residential care. In Canada, mental health deinstitutionalization dates as far back as the 1960s with a 62% reduction of psychiatric hospital beds in the period of 1964–1979 (Sealy and Whitehead 2004). This deinstitutionalization gained momentum in these time periods as diverse human rights were implemented into policy in Canada. Movements to advance rights for women, people of colour, LGBTQ2S people, and those institutionalized due to a mental illness occurred in parallel.

The timeline of this history is particularly important when then considering the relationship between deinstitutionalization and rates of homelessness in Canada. Deinstitutionalization is often blamed as the sole and/or most relevant policy cause of homelessness (Lamb 1990). However, what is interesting is that there is no evidence to indicate a rise in homelessness through the 1960s and 1970s (Hulchanski 2009) in tandem with this process. Rather, historical documentation points to the mid to late 1980s being the period of rapid increase of homelessness (Hulchanski 2009). While deinstitutionalization is undoubtedly a factor in rates of

homelessness (Lamb 1984), it wasn't until the cessation of development of new social housing in Canada in the 1980s that a significant rise in homelessness was observed (Daly 1998). The idea of deinstitutionalization as an abandonment of psychiatric needs has been challenged as a myth (Mossman 1997). As well, homelessness continued to rise across the country well after the end of the deinstitutionalization process (Gaetz et al. 2014) and even while resources for mental health services have again increased (Chow and Priebe 2013). Therefore, this example illustrates how multiple, intersecting policies across sectors precipitate increases in homelessness rather than any single policy or system.

8.2 Defining Relevant Policy Arenas

Consider a hypothetical American family, we will call them the G's, a family of 4 living in rural New York state. While the family is financially stable, with both parents working full-time, Mr. G is at times violent towards both his wife and his two young sons. Mrs. G mentions the abuse she is experiencing one day to the nurse in her primary health care center. The nurse is unsure how to respond and simply states, "If there is anything I can do to help, just let me know." No further action is taken. As the abuse escalates, Mrs. G decides to take the boys to safety, leaving one day while Mr. G is away and travelling to a family shelter in New Jersey. The family's stay in shelter stretches on as Mrs. G avoids going to court for family support out of concern that Mr. G will determine their new location.

In this case, what policy or system is responsible for Mrs. G and her children becoming homeless? There are many:

- If Mr. G had recognized the harmfulness of his behaviours, were there adequate services in place that he could access to learn to be a non-violent partner and father?
- What supports are in place locally for Mrs. G to reach out to early in order to protect herself and her children from violence?
- How could the health system and the nurse in this case have been better prepared to respond to Mrs. G's disclosure in an effective way?
- Can the violence against women sector provide Mrs. G with a better housing option than emergency shelter?
- How could income supports have been provided as an option so that Mrs. G could afford to rent in New Jersey, even temporarily?
- How might the legal system provide for Mrs. G and her children to access support payments while remaining in a location not disclosed to Mr. G?

Therefore, through this case we can see how policies across multiple systems can serve to either increase the risk of homelessness or to prevent housing loss.

8.3 Policies That Cause Homelessness

In this section we will explore evidence in the scholarly literature on particularly common and particularly problematic policies across a variety of systems. While Canadian, American and Finnish policies differ, as it is the total fusion of these diverse policies that sets the foundation for the incidence rate of homelessness, minor international variances are unlikely to have a significant impact on the overall concern presented herein.

Given the relationship between poverty and homelessness (Hanratty 2017), and the overwhelming breadth of policies related to poverty, some boundaries need to be put on the analysis. Conceivably almost any policy domain could be a part of an individual family's story of their journey into homelessness, but this would be pragmatically unwieldy. Therefore, we focus our consideration on six particular policy domains: (1) the health sector, (2) justice system, (3) housing, (4) income supports, (5) violence against women/family violence services, and (6) employment.

8.3.1 Health Sector

A key area of concern that has been identified within the health care sector is discharge planning. Discharge from hospital to homelessness can occur throughout the health care system (Buccieri et al. 2018). It can be the case where an individual has entered into hospital from homelessness and is returning to homelessness, it can also be a case where an individual has lost access to their housing during their hospital stay. The site of care will impact the likelihood of each scenario, with, for example, discharge from homelessness to homelessness occurring frequently in emergency departments, while discharge from housed to homeless is more likely in tertiary mental health services. Of key consideration here is how limitations in discharge planning design can perpetuate or increase the likelihood of housing loss.

Discharge to no fixed address is a controversial practice that has been researched fairly extensively (Buccieri et al. 2018). Of little surprise is that policies that prevent discharge to no fixed address lead to better long-term housing outcomes (Forchuk et al. 2013). However, such policies are not without consequence as the health system then becomes responsible for providing accommodation until housing is obtained and ensuring supports are available to make housing happen. These supports may be provided by hospital staff directly, frequently through social work teams, or may be accessed through partnerships with existing, external community providers (Forchuk et al. 2006). Using existing community providers to house those being discharged is a challenge if, firstly, these providers are already stretched in supporting their own caseloads and may not be open to intake from day-to-day. This means that the hospital is dependent on the availability of staff over whom they have no direct supervision. Secondly, as discussed further below, availability of

housing and housing with appropriate supports may be essentially nil, leading to prolonged hospital stays for social versus health reasons. While keeping those with no fixed address in hospital prevents absolute homelessness, the system impact is provision of accommodations in one of the most expensive ways possible. Nuances exist around policies related to discharge to no fixed address in regards to what counts as an address. Most communities consider discharge to shelter as discharge to homelessness (Forchuk et al. 2006), however, for some this meets the criteria of discharge to an address. The same concern relates to temporary, unstable, or unsafe accommodations. Pressures to discharge patients to a permanent address can increase the likelihood of the use of grey market (non-legal, non-conforming) housing options. Therefore, there is a clearly interconnection between housing and health policies as supportive and affordable housing availability supports quality discharge planning.

Loss of one's housing during a hospital stay can also lead to homelessness. This scenario highlights how while homelessness can perceivably happen to anyone, it is most likely to happen to those who experience multiple vulnerabilities such as poverty and unemployment (Mabhala et al. 2016). Firstly, individuals in grey market housing who are not protected by rental contracts are most likely to lose their housing related to a hospital stay. Secondly, those with limited income or whose social assistance income will be decreased in the context of a prolonged hospital stay are also at risk. As tertiary mental health units have a combination of some of the longest lengths of stay (Canadian Institute of Health Information 2005) and high rates of patients with social and financial vulnerabilities (Payne 2006), they are the most likely settings in which hospitalization leads to housing loss. The responsibility for determining the risk of housing loss due to hospitalization lies directly on the health care system as other community supports wouldn't necessarily be aware of the admission. This example demonstrates a clear 'fusion' between income supports, as discussed below, and health services in terms of either increasing or mitigating the risk of homelessness.

8.3.2 Justice System

Discharge from a correctional system is another common pathway into homelessness (Fries et al. 2014; Williams et al. 2010). Secondly, punitive versus rehabilitative models of corrections increase risk around root issues of homelessness.

Unlike discharge from hospital, release from a correctional institution can occur on a less clear timeline and is less likely to include follow-up supports (Gaetz and O'Grady 2009). Where discharge from hospital frequently follows a fairly regular care pathway and may be deferred for social reasons, release from corrections can often be relatively sudden related to the outcomes of a court hearing, appeal, bail, reduced sentence. Even in major crimes, with requirements in Canada for a detailed release plan, parole status or earned remission can change quickly and unexpectedly. In this context, the ability to secure housing in advance of release is quite

limited unless a release is conditional and an individual is moving to a residential community corrections facility. Although transportation is a requirement on release, there is no requirement for release into housing. Rather, transportation frequently means that individuals are brought directly to an emergency shelter. Conditions of bail or parole can include ‘orders to reside’, which in the case of those experiencing homelessness or those whose offence means they are to have no contact with the people with whom they formerly resided, are often orders to reside in a particular emergency shelter (Kovacs Group Inc. 2017). While case management teams may be able to arrange for supports upon release, conditional or unconditional, these are in no way guaranteed and case management teams are often too busy with urgent issues to support post-release planning and referrals (Gaetz and O’Grady 2009). This planning is often dependent on the presence and availability of over-stretched community-based organizations such as the John Howard Society or Elizabeth Fry.

A broader discussion than discharge from incarceration is how current corrections models improve or make worse underlying challenges that increase the risk of homelessness. Do individuals with substance use challenges have higher rates of use before or after incarceration? Do individuals with mental health challenges find recovery through rehabilitative services in corrections? Are individuals likely to experience new traumas during incarceration? Does incarceration increase the likelihood of gainful employment? Does incarceration increase social support networks that can mitigate against housing loss? Unfortunately, the answer for each of these questions in both American and Canadian systems is currently overwhelmingly negative (Lambie and Randell 2013). Incarceration increases the likelihood of substance use (Green and Winik 2010), increases mental health challenges (Walker 1983), increases the risk of trauma (Haney 2003), lowers the likelihood of employment (Holzer 2009), and does not increase positive social capital (Rose and Clear 1998). While state and federal institutions play variable lip service to rehabilitation and offer a variety of potentially helpful programs, the overwhelming focus of incarceration is still largely punitive versus rehabilitative. This is not to say that no one enters into substance or mental illness recovery during incarceration and through corrections services, or that no one gains job skills that lead to improved income upon release, but rather that the overall trend is largely negative (Pattillo et al. 2004). Currently, incarceration significantly increases the future risk of homelessness (Metraux et al. 2007).

8.3.3 Housing

The relationship between housing policies and homelessness is perhaps the most intuitive. Where housing is simply too expensive to be affordable by those on assistance, those working part-time or casual hours, or those on minimum wage, communities will see higher rates of homelessness (Hanratty 2017). Two particular elements of housing policy are presented here as significant precipitators of housing

loss: Availability of affordable housing, and tenant protections in the context of mental illness and/or substance use.

Across North America, housing costs have consistently outpaced growth in both employment incomes or government supported incomes, particularly in urban areas (Joint Center for Housing Studies of Harvard University 2018). Urban areas are an important focus as in both the U.S. and Canada, populations continue to shift from rural to urban areas (Schaedel et al. 2011). One factor in this upwards pressure is that in developing new housing, whether it is high or low density, the market incentive is to develop in the mid to high end of the market (Searcey 2015). This is because the proportion of fixed land development and construction costs is higher than finishing costs, meaning that spending a bit more to develop higher end housing is an easy way to increase profit margins. Therefore, it increasingly falls to governments to fill in the low end of the housing market. There are no shortage of policy tools to fill this gap, such as housing supplements, renovation credits, grants to developers for new affordable housing, or government-developed housing. However, in stark contrast to other international examples such as Finland (Pleace et al. 2015), communities across North America are simply not providing new affordable housing at a rate consistent with the demand (Gaetz 2010). Where housing is insufficient and unaffordable, there will be homelessness (Moore and Skaburskis 2004).

While insufficient housing supply is one policy factor leading to homelessness, another area of concern is policies that either support or put tenants at risk when they experience a health challenge. For example, a significant proportion of people will experience an episode of mental illness or problematic substance use at some time in their life (Moffitt et al. 2010). As this is a known risk, policy can either heighten or lessen the likelihood that this episode will lead to housing loss. While the incidence of mental health challenges among those experiencing homelessness is high (Nooe and Patterson 2010), leading many to conclude that mental illness causes homelessness, it is notable that the majority of those who encounter a mental illness or addiction do not become homeless. Therefore, mental illness doesn't cause homelessness, rather, problematic policies or insufficient supports means that some who experience health challenges also lose access to housing.

Tenant law and housing rights play a significant role in the relationship between housing, mental health, and homelessness. Where eviction preventions are limited, there is little buffer to support those who encounter a health crisis from losing their housing (Hartman and Robinson 2003). Interrelated to this is that while many jurisdictions have laws to protect individuals from preventable evictions, insufficiency of legal supports can mean that people are ill-informed of these laws or unsupported in accessing their rights under the law. There are assumptions regarding pathways from a mental health challenge to eviction that are worth correcting. Firstly, it is assumed that eviction in the context of mental illness or addiction is always related to tenant behaviours. However, this is incorrect, as some evictions in this context are due to non-payment of rent (Carter 2010). Secondly, it is then often assumed that non-payment of rent should be a simple cause for immediate eviction. However, evidence has shown that most incidences of

non-payment of rent can be remediated with the right supports to the satisfaction of tenants and landlords (Kenna et al. 2016). Therefore, it is only in a policy environment that supports easy de-housing of tenants that we see higher relationships between mental health and substance use challenges and homelessness.

Case Example: Vince Nguyen

Vince lives in Portland, Oregon and had worked in a variety of manual labour positions before discovering his true passion, cooking, at the age of 35. However, at the same time he started to notice discomfort in his back and hips. By 2014 things were getting quite difficult for Vince physically and he was diagnosed with ankylosing spondylitis and rheumatoid arthritis. Both are progressive, inflammatory conditions of the bones that can become debilitating, with no known cure. Vince continued to work until standing for even short periods of time became too difficult, and he lost his job in 2015. It was at this time that his mood began to deteriorate.

Unable to afford rent on his downtown, 2-bedroom apartment, he moved into a 1-bedroom just to the northeast of downtown. His new lease was signed with a large property management corporation. Vince did not qualify for TANF and never completed his federal disability benefits application, although at this time he was diagnosed with depression. He began leaving his room rarely and let the last of his relationships deteriorate.

By 2017, Vince had exhausted the last of his savings and in March of that year provided the landlord with only \$145 in rent with a promise that he would try to pay more. Eight days into April, Vince received a 3-day notice of eviction. Frustrated that the heat hadn't been working in the unit all winter anyways and not wanting to come face-to-face with a sheriff, Vince simply took his things and went to the Rescue Mission in Burnside. In his second week at the Mission he met with a worker and learned that he could have filed a defence to prevent his eviction based on the lack of heating, but notice had to be given to the landlord prior to moving out. Under Oregon law, because notice wasn't provided in advance, he now has no option to return to the unit or to claim moving expenses, and is responsible to the landlord for the remainder of the rent.

8.3.4 Income Supports

Income supports (colloquially referred to as “welfare”) cause homelessness where they are insufficient to meet real housing costs, or insufficient to cover housing costs after basic needs are met.

Income supports are a form of government benefit meant to provide temporary financial relief for those in need. Additionally, income supports can include long-term support for those with a permanent work-limiting disability. In both Canada and the U.S., income support rates tend to vary with higher rates for those with permanent work-limiting disabilities, higher rates for families, higher rates for

older adults, and lowest rates for working age single adults. As well, it is worth considering that some jurisdictions have rates that adjust to local cost of living whereas others do not, meaning that high urban housing prices might make rates even less sufficient. Moreover, some jurisdictions have rigorous requirements to access and maintain access such as demonstrated job searching or drug testing (MacDonald et al. 2001). Therefore, several factors will influence sufficiency of income supports such as: family make-up, age, community of residence, cause of need (and the temporary or permanent nature of this cause), requirements to maintain access to income, and policies regarding earning a partial income while receiving assistance.

The province of Ontario, Canada serves as an illustration of how insufficient income support can serve as a pathway into homelessness. Currently, a single adult on social assistance (referred to as ‘Ontario Works’) receives approximately \$750 monthly including tax rebates. Average market rent in large urban areas for a single bedroom apartment is greater than this total income amount, not including funds needed to meet other needs such as food or utilities (eg. One bedroom average market rent in Toronto, ON = \$1202; Ottawa, ON = \$812; Ministry of Municipal Affairs and Housing 2019). With income supports far below the cost of housing for those temporarily unable to work, they are left with few choices and are at significant risk of homelessness. Housing alternatives such as grey-market housing (non-legal, non-conforming units), tend to be unhealthy and/or unsafe and offer no tenant protections (Hartman and Robinson 2003). As noted above, social housing, often referred to as government housing, involves wait times that stretch into years or even decades (ONPHA 2016). Lastly, newly developed “affordably housing” units are often only required to be at 80% of average market rents (Canada Mortgage and Housing Corporation 2014), meaning that they are still out of reach for single adults on social assistance. Therefore, social assistance rates that are incongruent with real costs of living put all persons accessing social assistance at risk of homelessness.

8.3.5 Violence Against Women/Family Violence Services

For youth and for women in particular, experiences of trauma and family or intimate-partner violence are the most frequently reported contextual factors in pathways into homelessness (Karabanow 2004). Rates of violence and abuse experienced by youth prior to homelessness range from 60 to 70% (Gaetz et al. 2013). Over two thirds of women who are homeless have experienced episodes of interpersonal violence and 61% of women in female-led families in family shelters have experienced intimate-partner violence (Browne and Bassuk 1997). However, it should be emphasized that violence does not cause homelessness. Rather, problematic policies around known social issues create a pathway from experiences of violence to housing loss. As we now detail, this can include school zero-tolerance policies related to youth behaviours, and for women, policies that

limit accessing supports such as child welfare policies that deem witnessing family violence as a form of neglect.

Zero tolerance policies in schools are meant to protect youth from experiences of bullying or assault (American Psychological Association Zero Tolerance Task Force 2008). The term ‘zero tolerance’ means that student perpetrators of bullying and/or violence face automatic sanctions against their actions. This can include automatic expulsion, possibly including school relocation, for students who assault a fellow student, meant to reduce the overall incidence of fighting. However, a critical analysis of such policies uncovers that there are both unintended biases in who is impacted by these policies and the consequences of such policies (Skiba and Knesting 2001). First, research has shown that youth perpetrators of violence in school settings are often victims of violence within the family home (Morrison and D’Incau 1997). Therefore, these policies are more likely to be impacting those who need support related to their own traumas of family violence. Secondly, expulsion, even in the context of relocation, decreases youth access to natural supports in terms of both peer social capital and trusted adults in the form of teachers or administrative staff (Heitzeg 2009). This means that youth who are more likely to have experienced violence in the home, or be experiencing it currently, are then punished by reducing supports for their resilience. We can then see a pathway from family violence to risks for youth homelessness (Giroux 2003).

For women with children who experience intimate partner violence, policies should support them in accessing the help they need to keep both themselves and their children safe. However, child welfare policies at times deem children witnessing violence in the family home as a form of neglect (Nixon et al. 2007). Women who are aware of this policy therefore fear reporting abuse within the home and reaching out for support as they very reasonably fear the risk of child apprehension (same reference as above). Without accessing support, women often stay in abusive relationships until the violence is so severe that they flee for their safety to violence against women shelters. Therefore, poorly considered policies meant to protect children in the context of a violent household can have the unintended consequence of limiting prevention and therefore increasing the risk of housing loss.

8.3.6 *Employment*

Apart from housing, income support, and child welfare, communities provide an array of other social services. These can be related to employment, child care, senior care, supports for adults with disabilities, supports for refugees and other newcomers, legal aid, or other services to support the well-being of individuals and families. The relationship between policies on employment and experiences of homelessness is illustrated both in terms of ensuring quality of employment and protections in the context of job loss.

Employment precarity can relate to homelessness both in the context of being under-employed or in the context of unanticipated job loss (Shinn et al. 2007). Therefore, this points to the potential inadequacy of policies to ensure quality employment or to protect people when employment changes. In regards to quality employment, sufficiency of pay and assurances regarding adequate hours of work help to prevent cases of working poverty whereby those with a job are still unable to meet housing costs. Legislation to support access to unionization has a direct relationship with income sufficiency and worker protections (Uppal 2011). Therefore, jurisdictions that have policies impeding or limiting unionization increase income inequality (Brady et al. 2013; Florida and Mellander 2016) and therefore also the risk of homelessness. Similarly, policy can more or less effectively protect individuals and families in the context of job loss. Where unemployment supports are low, significantly time limited, or conditional, job loss is more likely to lead to homelessness (Steen et al. 2012). In the context of mental health challenges or substance use challenges, employment supports and unionization are interconnected. A union environment is more likely to support workers struggling with health challenges (Brady et al. 2013), and workplace accommodations are related to promoting mental wellness (McDowell and Fossey 2015), thereby cutting off the pathway from a health crisis, to job loss, to housing loss.

8.4 Promising Policies to Prevent Homelessness

So far this chapter has illustrated how intersecting policy domains can serve to increase the risk of individuals and families experiencing homelessness. While the diversity of problematic policies across sectors can be disheartening, conversely it means that the opportunities of effective policy interventions are many. In this section we will explore evidence-based policies across a variety of sectors that can help to prevent or end homelessness. For each, a promising policy approach from the U.S., Canada or Finland will be presented.

8.4.1 *Health Sector*

In considering promising approaches, we begin by circling back to the opening discussion of mental health deinstitutionalization. An oft-recommended policy that needs to be addressed, as it is frequently presented as a potential improvement, is that of re-institutionalization. That is, there is a consideration that communities need to increase the conditions under which individuals can be involuntarily admitted into mental health care and/or requiring more criteria be met before individuals can be discharged from hospital subsequent to an involuntary admission (Fakhoury and Priebe 2007). While it is fair to assume that increased long-term hospitalization of those experiencing a major mental illness would reduce street homelessness and

emergency shelter utilization, this policy would have the ethical limitation of conflicting with human rights (Dennis and Monahan 2013), would be in conflict with research evidence on least-restrictive care, and would have significant financial ramifications due to the significant cost of hospitalization as opposed to housing options in the community. Therefore, it should be noted that increasing mental health related hospitalizations, particularly involuntary admissions, is not recommended as a promising policy approach to reducing homelessness.

Instead, linking the health sector into shared databases and coordinated access is a more promising next step. As noted by Buccieri et al. (2018), where the goal is to discharge people from the hospital into housing, the limitation is availability of or knowledge of housing options. Therefore, policy can serve to bridge this gap. Shared databases is a promising practice being promoted within the homeless-serving sector (Calgary Homeless Foundation 2014), commonly referred to as homelessness management information systems (HMIS). The value of an HMIS is the ability of a large number of small organizations within a region to work more efficiently and effectively to support individuals who access services across multiple organizations (Calgary Homeless Foundation 2014). This can serve to reduce the stress on the client from repeatedly answering the same intake questions, can assist the system as a whole to better identify levels of need and chronicity, and can reduce the costs and challenges faced by small organizations in trying to maintain their own databases. Coordinated access is a second promising practice within the homeless-serving sector (Canadian Alliance to End Homelessness 2018). When done well, coordinated access allows a system to work as a system meaning that there is no wrong door to entry into the system, that those with the highest support needs are provided the highest levels of support, and that availability of services is made clear to all providers (Canadian Alliance to End Homelessness 2018). Within a coordinated access system, organizations use common assessment and intake forms to understand client needs, and through an HMIS can make this information available to other organizations in the system. They can then see what support options are available that align with the client needs, such as whether any Housing First programs are open for intake, supportive housing providers who might be most appropriate for this client, or housing supplements available congruent with the client needs. This allows for the best use of resources by aligning service to need as well as expedites the process of determining availability of services.

Currently, there is a disconnect in most communities between HMIS and coordinated access being implemented in the homeless-serving sector and hospital services (Buccieri et al. 2018). This is understandable as differing data sharing and access legislation between health care organizations and social services can be a barrier to any form of linked client data. However, this limitation is not an absolute barrier and should not be perceived as such. Data sharing is always an option in the context of client consent, so proactive efforts to gain client consent are recommended. Secondly, in the context of planning discharges from hospitals, the direction of data access is those working in the health sector seeing data within an HMIS. This is a simpler process as health information typically has higher criteria

for protection than social service information (Ministry of Health and Long-Term Care 2004).

Therefore, integrating health providers involved in hospital discharge planning into HMIS's so that they can participate in coordinated access systems is a promising practice to assist in preventing discharge from hospital to homelessness (Forchuk et al. 2013). This can support health providers to more quickly find services available to clients in the community and more likely make a discharge into affordable housing with the right supports. It will provide for enhanced communication between health and social care providers. It is noted that ethical considerations regarding sharing of data need to be taken seriously within these models. Clear consent needs to always be obtained from individuals whose data is being shared, including to whom and how it will be shared. As well, it is noted that assessment processes that are reduced due to shared data systems are also times for building relationships with clients, so providers should not assume that data in a database is a sufficient basis for moving forward with care if a therapeutic relationship has not been established. However, if these concerns are addressed, the promises of shared data outweigh the risks.

8.4.2 Justice System

While discharge planning may be the simpler approach to problematic policies in the justice system, looking to total system reform is more ambitious but more promising. It is a huge barrier to solving homelessness that people who are incarcerated see a decline in their mental health (Walker 1983) and an increase in substance use (Green and Winik 2010). Shifting this fundamental flaw requires more than just better planning and requires a better form of justice as a whole.

Restorative justice is an approach that focuses on rehabilitation of both offenders and the impacted community in the context of a crime (Van Ness and Strong 2014). To date, restorative justice has been implemented in programs internationally, but not as a system-wide approach. This model involves a recognition that the harms of a crime are multi-faceted, effecting relationships, community bonds, potentially causing trauma, and also negatively impacting the offender themselves (Zehr 2015). Therefore, within a restorative justice system, incarceration and punishment involves a focus on healing, reparation, and ultimately reintegration of offenders into communities, and families where appropriate (Oudshoorn 2015). Where current models of justice are punitive, focusing on retribution, restorative justice actually prioritizes offenders taking responsibility for their actions, even empowering them to improve their life circumstances and the circumstances of their community or family (Zehr 2015).

Transformation of justice systems to restorative justice is a promising policy approach to homelessness due to the research evidence regarding this design. Those involved in restorative justice programs have lower rates of recidivism (Bouffard et al. 2017), are more likely to provide restitution for their crime (Van Ness and

Strong 2014), are more likely to engage in substance use recovery (Pettus-Davis et al. 2011), and are more likely to reintegrate into normal daily activities. This demonstrates a profound reversal from the incarceration related trends within the current system noted above.

8.4.3 *Housing*

The unaffordability of housing internationally may be significantly discouraging as housing costs rising more rapidly than income create a risk for homelessness. However, in spite of the very real concerns, the growth of housing loss related to housing costs is not an inevitability as some jurisdictions are finding promising ways to ensure access to permanent and suitable housing across all income brackets. Finland in particular stands out with three achievements noted in a 2017 analysis of housing across the European Union (EU): “(1) Lowest rate of severe housing deprivation in the EU; (2) Relatively low share of population overburdened by housing costs; (3) Decrease in long-term homelessness” (Housing Europe 2017a, b). In fact, Finland was the only country in all of the EU that saw a reduction in homelessness in 2017.

So, how has Finland ensured access to housing even as private market housing values have increased significantly, in parallel with other European nations? The difference is a consistent and concerted focus on continual development of public housing. Public housing, also referred to as social housing or government housing, is housing provided by a government authority usually requiring proof of low income to access and provided for the purpose of affordability. Affordability can be achieved by subsidizing units or by setting rents according to income (rent-geared-to-income or RGI). Finland has a relatively high proportion of housing stock being public housing at 13% (Housing Europe 2017a), as compared to 4% in Canada (Canada Mortgage and Housing Corporation 2018) and 1.4% in the United States (Dreier and Hulchanski 1993). Including other forms of housing affordability and housing benefits, nearly 30% of Finnish households are receiving some form of subsidization (Housing Europe 2017b).

This current high proportion of public housing in Finland reflects continual investment in development of new public housing. Indeed, proportions of public housing have been much higher in Canada and the United States, with Canada seeing the highest rate of new public housing development in the 1970s, and the U.S. in the 1960s. However, the key differential is that public housing development in Canada and the U.S. has been intermittent at best, with various government administrations increasing or reducing new development, and the Ronald Reagan and George Bush Sr. administrations actually reducing the total supply by demolition of existing units. With the continual growth of populations and the continual rise of housing prices at a pace greater than the rise of income (government or employment income) in years when new public housing development stalls, there is simply growth in waitlists for access to public housing. Because of this, waitlists in

communities across Canada and the U.S. now stretch into the years and even decades (ONPHA 2016). Finland, on the other hand, has consistently developed new public housing to match population need, adding for example 8000 units in 2016 (Housing Europe 2017a).

While there are other forms of affordable housing, public/social housing is highlighted herein as the most promising policy approach to preventing and ending homelessness. This is because other forms of affordable housing use affordability criteria set against average market rents. So, for example, a government and non-profit collaboration might develop new ‘affordable’ housing under an agreement that rents will be no more than 70% of average market rent. However, these rents are still well beyond what is affordable for those with the most limited finances, such as those on social assistance. Alternatively, the RGI models seen in public housing mean that rent is truly affordable for all citizens, and therefore this form of new housing stock is that which is most useful for those exiting homelessness.

8.4.4 Income Supports

Income support is one of the areas where we see the largest differential between U.S. and Canadian policy. In Canada the various provinces and territories have essentially universal income support for all individuals and families with fairly obtainable requirements around demonstrating job searching or readiness. In the U.S. there is greater state-to-state variability and many states where income support is primarily limited to families, veterans, older adults, and those with disabilities rather than being universal. Therefore, potential promising policy reforms will vary significantly across the continent. The recommendation provided herein is for jurisdictions that already provide some form of universal income support for those who are temporarily or permanently unable to work.

Of fundamental importance in the relationship between income support and housing is the adequacy of the income provided (Arapoglou and Gounis 2015). As noted above, where social assistance incomes are below real market rents, people are doomed to either grey market housing or homelessness. Therefore, promising policies align income supports with a true measure of the cost of living. In Canada, it has been proposed that social assistance be aligned with at least one of the measures of poverty, such as the Market Basket Measure (Statistics Canada 2016). This measure is most useful as a benchmark for income support as it reflects local costs of living and adjusts to inflation. This adjustment for inflation is very important because currently social assistance rates are determined as a matter of politics. In this model, each government can decide year-over-year whether to increase, hold, or decrease rates. Rates that don’t auto-inflate, i.e. that hold from year to year, are the equivalent of a decrease as cost of living inflates annually. Therefore, auto adjustments of social assistance rates serve to protect individuals and families from housing becoming unaffordable over time. This also benefits

landlords who are able to match rent increases to inflation knowing that tenants will have an annual increase in income as well.

Therefore, both setting social assistance rates to at least a minimum real cost of living and ensuring these rates will increase with the cost of living over time is a way to prevent homelessness from outside of the homeless-serving sector.

8.4.5 Violence Against Women/Family Violence Services

As noted above, violence and trauma do not inherently lead to homelessness, but rather problematic policies in the lives of those experiencing violence and other forms of marginalization create a risk for housing loss (Baker et al. 2010). Therefore, transforming systems that are not currently optimized to support individuals and families experiencing intersecting forms of discrimination and violence is a promising move towards preventing and ending homelessness. For the purpose of this discussion, it is noted that equity refers to providing the right supports based on differing needs, as opposed to equality which speaks to providing the same supports for all people.

Women experiencing violence and housing instability often experience multiple, intersecting vulnerabilities such as poverty and may experience barriers in support programs such as racial discrimination (Baker et al. 2010). Therefore, transforming services both within the violence against women (VAW) sector and broader health and social services should be focused on equity-oriented care. The EQUIP intervention (EQUIP Health Care 2019), as implemented in British Columbia and Ontario, Canada, provides a promising, evidence-based model (Browne et al. 2015) to evolve services to better support women experiencing violence and trauma.

The EQUIP intervention involves three key dimensions: (1) trauma and violence-informed care; (2) culturally-safe care; and (3) harm reduction. Each of these dimensions is an evidence-based concept that supports more equitable outcomes for otherwise marginalized persons. The intervention involves ten strategies to build organizational capacity in implementing these dimensions. What is notable about this intervention is that although training of staff is a component, this is not the sole element of the intervention. Rather, there is also a significant focus on transforming policies and tailoring services and programs to address inter-related forms of violence. A toolkit is available to support organizations in transforming their work to equity-oriented practice.

Transforming services through an evidence-based approach is a promising approach to prevent homelessness at a structural level for women and families experiencing violence. This is because women leaving violence at times experience further discrimination and traumatization by the services from which they are seeking assistance. Preventing this system failure will help cut off the pathway from domestic violence into homelessness.

8.4.6 Employment

As noted above, employment, and particularly unemployment, have a significant impact on the likelihood of housing loss. Therefore, stability of employment and related protections can prevent the sorts of crises that precipitate homelessness. Also noted above is that unionization is one way to better guarantee worker protections to support individuals through such challenges as a mental illness or addiction. Therefore, one employment sector policy approach to preventing homelessness is allowing for union security agreements.

In brief, union security agreements determine if employees are required to be a member of a union and how union dues are to be collected (Pynes 2004). This allows unions to both ensure that they have sufficient funds for collective bargaining and other functions, and to prevent cases where some employees benefit from the union without paying the costs of its function (Holley et al. 2011). It is noted that in the U.S. context this would not apply to public sector employers as Supreme Court decision of *Janus v. AFSCME* prevents the requirement of payment of fees by non-union members within the public sector. However, it does challenge the 26 U.S. states that have “right-to-work” legislation the prohibit union security agreements within the private sector as well. Gould and Shierholz (2011) note that these states across comparator employers have lower wages, lower health insurance coverage, and lower pensions. Therefore, replacing right-to-work legislation with the right to union security agreements is a promising policy approach to better protect those in employment from factors leading to housing loss.

8.5 A Future Without Homelessness?

So, what does it mean that homelessness is a fusion policy problem? It means that many public systems contribute as causes of homelessness. This can include discharge into homelessness in the health care system, a justice system that creates harm versus rehabilitation, housing policy that leads to evictions for causes such as experiencing a mental illness, income supports that are insufficient for market rents, child welfare policies that re-victimize women who have experienced domestic violence, and employment sector policies that limit unionization and the related protections for workers. Homelessness often comes at a result of one or more crises experienced by families and therefore limits on protections across public systems increase the risk of this result. The idea that homelessness is caused by mental illness, or family breakdown, or addiction, or injury is too simplistic. Rather, these are causes of homelessness in the case that public systems are insufficiently supportive of those having these experiences. And as these experiences are inevitable globally, supportive policies are needed everywhere.

The good news is that homelessness as a fusion policy problem also means that there are several areas of potential policy intervention. Each potentially problematic

system is also a potential system of support. This chapter has outlined a few promising policy directions based on research evidence. This can include common data systems to support hospital discharge to housing, integration of restorative justice models into the corrections system, ongoing development of affordable social housing, income supports that are available and set at a rate congruent with true rental costs, integration of equity oriented models such as EQUIP to reduce the negative impacts of trauma and violence, and guarantees around the ability to unionize to increase worker protections. However, these are only a selection of potential promising policy approaches as there are others. What these approaches illustrate is that best policy practices across a variety of public systems can be protective against housing loss.

We conclude by suggesting that taken in totality, these policy reforms are pathways by which it is possible for societies to actually solve and end homelessness. Indeed, policy reforms are the only way to truly end homelessness.

References

- A Way Home Canada. (2019). *Policy*. Retrieved May 27, 2019 from <http://awayhome.ca/what-we-do/policy/>.
- American Psychological Association Zero Tolerance Task Force. (2008). Are zero tolerance policies effective in the schools? An evidentiary review and recommendations. *The American Psychologist*, 63(9), 852.
- Arapoglou, V., & Gounis, K. (2015). *Poverty and homelessness in Athens: Governance and the rise of an emergency model of social crisis management*. Hellenic Observatory European Institute, GreeSE Paper No. 90.
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15(6), 430–439.
- Bouffard, J., Cooper, M., & Bergseth, K. (2017). The effectiveness of various restorative justice interventions on recidivism outcomes among juvenile offenders. *Youth Violence and Juvenile Justice*, 15(4), 465–480.
- Brady, D., Baker, R. S., & Finnigan, R. (2013). When unionization disappears: State-level unionization and working poverty in the United States. *American Sociological Review*, 78(5), 872–896.
- Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67(2), 261–278.
- Browne, A. J., Varcoe, C., Ford-Gilboe, M., & Wathen, C. N. (2015). EQUIP healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International Journal for Equity in Health*, 14(1), 152.
- Buccieri, K., Oudshoorn, A., Frederick, T., Schiff, R., Abramovich, A., Gaetz, S., et al. (2018). Hospital discharge planning for Canadians experiencing homelessness. *Housing, Care and Support*, 22, 4.
- Calgary Homeless Foundation. (2014). *HMIS toolkit*. Retrieved March 2019 from <http://calgaryhomeless.com/wp-content/uploads/HMIS-Toolkit-2014.pdf>.
- Canada Mortgage and Housing Corporation. (2014). *Investment in affordable housing for Ontario (2014 extension) program guidelines*. Retrieved March 2019 from <http://www.mah.gov.on.ca/AssetFactory.aspx?did=12338>.

- Canada Mortgage and Housing Corporation. (2018). *About affordable housing in Canada*. Retrieved April 2019 from <https://www.cmhc-schl.gc.ca/en/developing-and-renovating/develop-new-affordable-housing/programs-and-information/about-affordable-housing-in-canada>.
- Canadian Alliance to End Homelessness. (2018). *What is a coordinated access system?* Retrieved March 2019 from <http://caeh.ca/cas/>.
- Canadian Institute of Health Information. (2005). *Inpatient hospitalizations and average length of stay trends in Canada, 2003–2004 and 2004–2005*. Retrieved March 2019 from https://secure.cihi.ca/free_products/hmdb_analysis_in_brief_e.pdf.
- Carter, M. P. (2010). How evictions from subsidized housing routinely violate the rights of persons with mental illness. *Northwestern Journal of Law and Social Policy*, 5, 118.
- Chow, W. S., & Priebe, S. (2013). Understanding psychiatric institutionalization: A conceptual review. *BMC Psychiatry*, 13(1), 169.
- Daly, G. (1998). Homelessness and the street: Observations from Britain, Canada and the United States. In N. Fyfe (Ed.), *Images of the street: Planning, identity and control in public space* (pp. 111–128).
- Dennis, D. L., & Monahan, J. (Eds.). (2013). *Coercion and aggressive community treatment: A new frontier in mental health law*. Springer Science & Business Media.
- Dreier, P., & Hulchanski, D. (1993). The role of non-profit housing in Canada and the United States: Some comparisons. *Housing Policy Debate*, 4(1), 43–80.
- EQUIP Health Care. (2019). *EQUIP health care: Research to equip health care for equity*. Retrieved April 2019 from <https://equiphealthcare.ca/>.
- Everett, B. (1994). Something is happening: The contemporary consumer and psychiatric survivor movement in historical context. *The Journal of Mind and Behavior*, 55–70.
- Fakhoury, W., & Priebe, S. (2007). Deinstitutionalization and reinstitutionalization: Major changes in the provision of mental healthcare. *Psychiatry*, 6(8), 313–316.
- Florida, R., & Mellander, C. (2016). The geography of inequality: Difference and determinants of wage and income inequality across US metros. *Regional Studies*, 50(1), 79–92.
- Forchuk, C., Godin, M., Hoch, J. S., Kingston-MacClure, S., Jeng, M. S., Puddy, L., et al. (2013). Preventing psychiatric discharge to homelessness. *Canadian Journal of Community Mental Health*, 32(3), 17–28.
- Forchuk, C., Russell, G., Kingston-MacClure, S., Turner, K., & Dill, S. (2006). From psychiatric ward to the streets and shelters. *Journal of Psychiatric and Mental Health Nursing*, 13(3), 301–308.
- Fries, L., Fedock, G., & Kubiak, S. P. (2014). Role of gender, substance use, and serious mental illness in anticipated postjail homelessness. *Social Work Research*, 38(2), 107–116.
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3(21), 21–26.
- Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada: 2014*. Toronto: Canadian Observatory on Homelessness Press.
- Gaetz, S., & O’Grady, B. (2009). Homelessness, incarceration, and the challenge of effective discharge planning: A Canadian case. In H. J. David, C. Philippa, C. Shirley, H. Stephen, & P. Emily (Eds.) *Finding home: Policy options for addressing homelessness in Canada*. Toronto: Cities Centre, University of Toronto.
- Gaetz, S., O’Grady, B., Buccieri, K., Karabanow, J., & Marsolais, A. (2013). *Youth homelessness in Canada: Implications for policy and practice*. Toronto: Canadian Homelessness Research Network Press.
- Giroux, H. (2003). Racial injustice and disposable youth in the age of zero tolerance. *International Journal of Qualitative Studies in Education*, 16(4), 553–565.
- Gould, E., & Shierholz, H. (2011). The compensation penalty of ‘right-to-work’ laws. *Economic Policy Institute, Briefing Paper* (p. 299).
- Green, D. P., & Winik, D. (2010). Using random judge assignments to estimate the effects of incarceration and probation on recidivism among drug offenders. *Criminology*, 48(2), 357–387.

- Haney, C. (2003). *The psychological impact of incarceration: Implications for post-prison adjustment*. Retrieved March 2019 from http://webarchive.urban.org/UploadedPDF/410624_PsychologicalImpact.pdf.
- Hanratty, M. (2017). Do local economic conditions affect homelessness? Impact of area housing market factors, unemployment, and poverty on community homeless rates. *Housing Policy Debate*, 27(4), 640–655.
- Hartman, C., & Robinson, D. (2003). Evictions: The hidden housing problem. *Housing Policy Debate*, 14(4), 461–501.
- Heitzeg, N. A. (2009). Education or Incarceration: Zero tolerance policies and the school to prison pipeline. In *Forum on public policy online* (Vol. 2009, no. 2). Oxford Round Table: Urbana, IL.
- Holley, W. H., Jennings, K. M., & Wolters, R. S. (2011). *The labor relations process*. Cengage Learning.
- Holzer, H. (2009). Collateral costs: Effects of incarceration on employment and earnings among young workers. *Do prisons make us safer* (pp. 239–265).
- Housing Europe. (2017a). *Finland*. Retrieved April 2019 from <https://drive.google.com/file/d/0B3Yb8SSWGTmE7dl90ZkxqUEX3SFU/view>.
- Housing Europe. (2017b). *The state of housing in the EU 2017*. Retrieved April 2019 from <http://www.housingeurope.eu/file/614/download>.
- Hulchanski, J. D. (2009). *Homelessness in Canada: Past, present, future*. Cities Centre and Faculty of Social Work, University of Toronto.
- Johnson, G., & Chamberlain, C. (2011). Are the homeless mentally ill? *Australian Journal of Social Issues*, 46(1), 29–48.
- Joint Center for Housing Studies of Harvard University. (2018). *The state of the nation's housing 2018*. Retrieved March 2019 from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2018.pdf.
- Karabanow, J. (2004). *Being young and homeless: Understanding how youth enter and exit street life*. New York: Peter Lang.
- Kenna, P., Benjaminsen, L., Busch-Geertsema, V., & Nasarre-Aznar, S. (2016). Pilot project-promoting protection of the right to housing-homelessness prevention in the context of evictions. *European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Luxembourg*.
- Kovacs Group Inc. (2017). *Court order to reside pilot project: Final evaluation report*. Retrieved March 2019 from <https://www.london.ca/residents/homeless-prevention/Documents/Order%20to%20Reside%20Evaluation%20Report.pdf>.
- Krausz, R. M., Clarkson, A. F., Strehlau, V., Torchalla, I., Li, K., & Schuetz, C. G. (2013). Mental disorder, service use, and barriers to care among 500 homeless people in 3 different urban settings. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), 1235–1243.
- Lamb, H. R. (1984). Deinstitutionalization and the homeless mentally ill. *Psychiatric Services*, 35(9), 899–907.
- Lamb, H. R. (1990). Commentary: Will we save the homeless mentally ill? *The American Journal of Psychiatry*, 147(5), 649.
- Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review*, 33(3), 448–459.
- Mabhala, M. A., Massey, A., Ellahi, B., & Kingston, P. (2016). Understanding the determinants of homelessness through examining the life stories of homeless people and those who work with them: A qualitative research protocol. *Diversity Equality Health Care*, 13(4), 284–289.
- Macdonald, S., Bois, C., Brands, B., Dempsey, D., Erickson, P., Marsh, D., et al. (2001). Drug testing and mandatory treatment for welfare recipients. *International Journal of Drug Policy*, 12(3), 249–257.
- McDowell, C., & Fossey, E. (2015). Workplace accommodations for people with mental illness: A scoping review. *Journal of Occupational Rehabilitation*, 25(1), 197–206.

- Metraux, S., Roman, C. G., & Cho, R. S. (2007). Incarceration and homelessness. In *National Symposium on Homelessness Research*. US Department of Housing and Urban Development Washington, DC.
- Ministry of Health and Long-Term Care. (2004). *Personal health information protection act, 2004: An overview*. Retrieved March 2019 from http://www.health.gov.on.ca/english/providers/project/priv_legislation/overview_leg.pdf.
- Ministry of Municipal Affairs and Housing. (2019). *Average market rents in Ontario*. Retrieved March 2019 from <http://www.mah.gov.on.ca/Page1117.aspx>.
- Moffitt, T. E., Caspi, A., Taylor, A., Kokaua, J., Milne, B. J., Polanczyk, G., et al. (2010). How common are common mental disorders? Evidence that lifetime prevalence rates are doubled by prospective versus retrospective ascertainment. *Psychological Medicine*, 40(6), 899–909.
- Moore, E., & Skaburskis, A. (2004). Canada's increasing housing affordability burdens. *Housing Studies*, 19(3), 395–413.
- Morrison, G. M., & D'Incau, B. (1997). The web of zero-tolerance: Characteristics of students who are recommended for expulsion from school. *Education & Treatment of Children*, 20(3), 316.
- Mossman, D. (1997). Deinstitutionalization, homelessness, and the myth of psychiatric abandonment: A structural anthropology perspective. *Social Science and Medicine*, 44(1), 71–83.
- Nixon, K. L., Tutty, L. M., Weaver-Dunlop, G., & Walsh, C. A. (2007). Do good intentions beget good policy? A review of child protection policies to address intimate partner violence. *Children and Youth Services Review*, 29(12), 1469–1486.
- Nooe, R. M., & Patterson, D. A. (2010). The ecology of homelessness. *Journal of Human Behavior in the Social Environment*, 20(2), 105–152.
- ONPHA. (2016). *2016 waiting lists survey report*. Retrieved March 2019 from <https://onpha.on.ca/CMDownload.aspx?ContentKey=85812d7f-2d88-4b28-bbb2-9a76990de22d&ContentItemKey=bdeeb1f1-c466-4ffe-a10e-a2b35370e7fe>.
- Oudshoorn, J. (2015). *Trauma-informed youth justice: A new framework toward a kinder future*. Canadian Scholars' Press.
- Pattillo, M., Western, B., & Weiman, D. (Eds.). (2004). *Imprisoning America: The social effects of mass incarceration*. Russell Sage Foundation.
- Payne, S. (2006). Mental health, poverty and social exclusion. *Poverty and social exclusion in Britain: The millennium survey* (pp. 285–311).
- Pettus-Davis, C., Howard, M. O., Roberts-Lewis, A., & Scheyett, A. M. (2011). Naturally occurring social support in interventions for former prisoners with substance use disorders: Conceptual framework and program model. *Journal of Criminal Justice*, 39(6), 479–488.
- Pleace, N., Culhane, D., Granfelt, R., & Knutagård, M. (2015). *The Finnish homelessness strategy—an international review*. Retrieved March 2019 from <http://julkaisut.valtioneuvosto.fi/handle/10138/153258>.
- Pynes, J. (2004). *Human resources management for public and nonprofit organizations* (2nd ed.). Hoboken, NJ: Wiley.
- Rose, D. R., & Clear, T. R. (1998). Incarceration, social capital, and crime: Implications for social disorganization theory. *Criminology*, 36(3), 441–480.
- Schaedel, R. P., Hardoy, J. E., & Scott-Kinzer, N. (2011). *Urbanization in the Americas from its beginning to the present*. Chicago, IL: Aldine Publishing Company.
- Sealy, P., & Whitehead, P. C. (2004). Forty years of deinstitutionalization of psychiatric services in Canada: An empirical assessment. *The Canadian Journal of Psychiatry*, 49(4), 249–257.
- Searcey, D. (2015). *In tepid housing market, builders cater to desires of well-off*. Retrieved March 2019 from <https://www.nytimes.com/2015/02/25/business/economy/high-end-home-buyers-call-the-tune-in-a-cautious-market.html>.
- Shinn, M., Gottlieb, J., Wett, J. L., Bahl, A., Cohen, A., & Baron Ellis, D. (2007). Predictors of homelessness among older adults in New York City: Disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, 12(5), 696–708.

- Skiba, R. J., & Knesting, K. (2001). Zero tolerance, zero evidence: An analysis of school disciplinary practice. *New Directions for Youth Development*, 2001(92), 17–43.
- Statistics Canada. (2016). *Market basket measure (MBM)*. Retrieved April 2019 from <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop165-eng.cfm>.
- Steen, A., Mackenzie, D., & McCormack, D. (2012). *Homelessness and unemployment: Understanding the connection and breaking the cycle*. Hawthorn: Swinburne Institute for Social Research.
- Uppal, S. (2011). Unionization 2011. *Perspectives on Labour and Income*, 23(4), 3.
- Van Ness, D. W., & Strong, K. H. (2014). *Restoring justice: An introduction to restorative justice*. Routledge.
- Walker, N. (1983). Side-effects of incarceration. *British Journal of Criminology*, 23(1), 61–71.
- Williams, B. A., McGuire, J., Lindsay, R. G., Baillargeon, J., Cenzer, I. S., Lee, S. J., et al. (2010). Coming home: Health status and homelessness risk of older pre-release prisoners. *Journal of General Internal Medicine*, 25(10), 1038–1044.
- Zehr, H. (2015). *The little book of restorative justice: Revised and updated*. Simon and Schuster.