chapter
2

THEORY AND HOMELESSNESS

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Introduction

An unfortunate tendency in observing behaviour—especially behaviour of persons experiencing homelessness—is to make the mistake of either thinking it happens randomly or misattributing a causal relationship. For example, a person experiencing homelessness dies at a young age, and persons who knew them assume the premature death was either a 'one off' or simply a function of poor decisions. Or, a person's attempt to exit from homelessness into housing is unsuccessful, and those who know the person assume that outcome was simply the fault of the individual, inevitable or both.

Fortunately, over many decades, wisdom has been gained in the homelessness sector. Much of this wisdom has been documented by researchers, both through their own reflection and through dialogue with practitioners, policy-makers, advocates and persons with lived experience. When researchers develop logical explanations of observed behaviour, we call it *theory*, and that is the focus of the present chapter.

This chapter will provide a formal definition of theory and then discuss how theory has evolved in the homelessness sector. In order to do so, it will provide an overview of some key academic articles published between 1975 and 2019; it will then outline key takeaways from those readings.

What is Theory?

Theory refers to "an explanation of observed regularities or patterns."[1] Put differently, theories seek to "provide logical explanations" to patterns, thereby preventing us from "being taken in by flukes."[2] Theory therefore helps us understand what leads to what—indeed, anyone wanting to change the way a pattern is unfolding relating to some aspect of homelessness must appreciate theory (even if they do not use the word).

Theory also helps us focus. Our theoretical perspectives have a major impact on both what we focus on and what we overlook. As theories develop and as some become more popular than others, thinking changes, as does the emphasis of researchers, funders, advocates, practitioners and policy-makers.

When researchers develop logical explanations of observed behaviour, we call it theory, and that is the focus of the present chapter.

Importantly, researchers from different academic backgrounds (e.g., economics, social work, etc.) will stress different theories when trying to explain homelessness; and their research will emphasize those factors that tend to mesh well with their theories. This makes it extremely important for researchers from different academic backgrounds to collaborate with each other as much as possible, across disciplines, to help prevent blind spots. Likewise, it is advisable for all of us to read what researchers from a plurality of academic disciplines write about homelessness, and not only consider our preferred academic discipline.

It is common for academic studies written by university-based researchers to make explicit reference to theory. Having said that, many studies—even academic ones—make no explicit reference to the word "theory." Yet, almost all studies ultimately contribute to theory.

Theory also helps us focus.

What does theory have to do with this book?

Chapter 1 of this book makes no explicit reference to theory; however, it implicitly puts one forward when it states: *"The most fundamental structural cause of homelessness is a lack of alignment between how much it costs to rent housing and how much low-income households can afford to pay for rent."*

Why is that useful to consider? For one thing, it helps the reader understand homelessness trends. Based on the above theoretical propositions, we should not be surprised

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1 Bryman, A., & Bell, E. (2019). *Social research methods* (Fifth Canadian edition.). Oxford University Press. Quote is from page 4.
2 Babbie, E. Edgerton, J. D., & Roberts, L. W. (2021). *Fundamentals of social research* (Fifth Canadian edition). Nelson.

when a hot rental housing market—i.e., a housing market with low vacancy rates and high rents—co-exists with high rates of homelessness. Nor should we be surprised when a soft housing market—i.e., a housing market with high vacancy rates and low rents—co-exists with lower rates of homelessness.

Also against the backdrop of the aforementioned theoretical proposition, we should be suspicious if:

- An elected official pledges to reduce homelessness in their community without also pledging to make major changes to either the availability of low-cost housing or the purchasing power of low-income households.
- An advocacy organization suggests that a specific intervention they are promoting will reduce homelessness—yet, their campaign pledges to neither increase the availability of low-cost housing nor increase incomes (or pathways to greater income) of vulnerable tenants.
- A researcher argues that their ideas, if implemented, would seriously reduce

homelessness—yet, they are not proposing to increase the availability of low-cost housing or increase incomes for those experiencing poverty.

Of course, if an intervention that neither increases low-cost housing nor increases incomes among those experiencing poverty does succeed in significantly reducing homelessness, that might have the effect of discrediting the theoretical propositions in question. We would all have to decide if that outcome merely constitutes an exception to an otherwise valid theory, or whether the theoretical propositions in question deserve a rethink. (At the very least, such an outcome would have the effect of humbling the present author!)

The theoretical propositions offered in Chapter 1, and expanded upon above, are merely examples. In fact, there are hundreds of theoretical propositions put forward by researchers and others that help us better understand homelessness. Some of those propositions will now be discussed.

How have homelessness researchers used theory?

How we think about homelessness has changed over time, and researchers have had a major impact on that evolution of thought. While researchers do not always declare *"I have a new theory about this or that,"* they often propose new ways to logically understand patterns of behaviour. (In fact, when a researcher submits an article to a journal, they typically have to demonstrate to the journal's editors that their submission is saying something new, and may help change the way we think.)

What follows are summaries of academic articles that have likely changed the way practitioners, policy-makers and other researchers have thought about homelessness over many years. In all cases, the authors have attempted to provide logical explanations of patterns of behaviour, both undesired behaviour (e.g., why homelessness is growing at times) and desired behaviour (e.g., why housing stability improves in some cases).

This section of the chapter serves at least three functions: 1) it helps us understand how theory is shaped by research; 2) it provides a succinct summary of evolving thought in the homelessness sector; and 3) it provides an illustration of the important role played by researchers.

Two caveats are now in order. First, much of what is written in the pages that follow reflects the present author's own interpretation of both the content and significance of each article. For a true understanding of what each article says and does not say, readers are encouraged to read the article themselves. Second, no attempt has been made by the present author to measure the impact of each study, though some of them have no doubt had much greater impact than others. Each is listed in chronological order.

How we think about homelessness has changed over time, and researchers have had a major impact on that evolution of thought.

Ward, J. (1975). Skid row as a geographic entity. *The Professional Geographer, 27*(3), 286-296.

This article discusses the concept of *skid row*, currently defined by Merriam-Webster as *"a poor district of a city or town where there are inexpensive hotels, bars, etc., and where people who are homeless or who drink too much often go."* The analysis focuses on the following six cities: Baltimore; New York; Sacramento; Seattle; Toronto; and Washington (though the term has historically referred to areas of cities in the United States only).

According to the article:

> Skid row developed in response to a heavy demand for single men's accommodations in burgeoning cities. Such single men were primarily those engaged in what might be termed "frontier building activities" such as logging and railroad building. That these occupations were seasonal meant that there was often substantial demand for accommodations and services during nonwork periods (p. 286).

The author further notes that employers often drive to skid row areas in search of inexpensive labour. In other words, skid row residents serve important functions in the local economy, undertaking tasks that other labourers likely would not, thereby helping to sustain local businesses.

This analysis may also have the effect of humanizing areas of large cities, encouraging readers to view skid row residents as being in need of affordable housing and other services, rather than being nuisances.

From an urban planning perspective, the article may encourage readers to view the geographical areas in question as being inhabited by vulnerable persons, and not merely being areas with potential for 'urban renewal.'

Importantly for the present chapter, the author provides logical explanations to our observed behaviour (i.e., low-income persons congregating in specific areas of large cities), making it clear that skid rows are not merely flukes.

Carling, P. J. (1990). Major mental illness, housing, and supports: The promise of community integration. *American Psychologist, 45*(8), 969.

This article focuses on ways in which persons with serious mental health challenges can be supported outside of hospitals—namely, in affordable housing with staff support.

This article focuses on ways in which persons with serious mental health challenges can be supported outside of hospitals—namely, in affordable housing with staff support. It emphasizes the importance of resident choice (i.e., getting to choose what kind of housing and in what neighbourhoods they live), as well as the potential for clients themselves to operate some services.

The article also describes *"a paradigm shift in which people with psychiatric disabilities are no longer seen as hopeless, or merely as service recipients, but rather as citizens with a capacity for full community participation and integration"* (p. 969).

This study helped solidify support for supportive housing, which was growing in popularity in many jurisdictions at the time that this was written.[3] The supportive housing model helped pave the way for Housing First (to be discussed later in this chapter).

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3 The author actually prefers to the term *supported housing*, for reasons elaborated upon in the article.

Toro, P. A., Trickett, E. J., Wall, D. D., & Salem, D. A. (1991). Homelessness in the United States: An ecological perspective. *American Psychologist, 46*(11), 1208.

This article argues that, while we often focus on the individual-level characteristics of persons experiencing homelessness as being a given, these characteristics are in fact largely products of context.[4] According to the authors:

> *These include (a) certain political and economic policies, such as changing tax laws and reduced funding for public housing; (b) housing, employment, and demographic trends associated with shifts toward a postindustrial, service-oriented economy; and (c) legal and cultural traditions that value individual rights over collective responsibility and foster fragmented treatment over coordinated prevention-oriented service systems* (p. 1210).

An appreciation of this article has at least three possible implications.

1. It can potentially lead a reader to be more sympathetic to persons with individual-level risk factors that make them more vulnerable to homelessness.
2. It can encourage policy-makers to focus on prevention—specifically, preventing individual-level risk factors from developing in the first place. Or, according to the article: *"Data on these kinds of questions carry critical importance for developing a knowledge base for preventive and remedial services that reflect the changing nature of diverse ecological environments"* (p. 1214).
3. In the words of the authors, it can encourage practitioners to *"focus on understanding how individuals are connected to their social contexts in terms of networks, informal and formal supports, and relationships with formal services"* (p. 1216).[5]

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4 Chapter 1 of this book also alludes to this when it discusses the fact that individual-level risk factors (e.g., mental health challenges) can themselves be brought on by structural causes of homelessness (e.g., poverty).

5 Such social network analysis is currently being pioneered in Canada by Dr. Rebecca Schiff. See: Schiff, R., & Arnold, K. (2022, May 18-19). *Using social network analysis to understand the impact of systems integration efforts: A case study from Thunder Bay.* Data that Makes a Difference, University of Calgary. Calgary, Alberta.

Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology, 26*(2), 207-232.

In this study, the authors develop a system of classification (i.e., typology) of shelter stay patterns based on length of stay and rate of readmission, focusing on single homeless adults in New York City (1988 to 1995) and Philadelphia (1991 to 1995). Three distinct patterns of stay are uncovered: transitional, episodic and chronic. Transitional shelter users are persons who experience a small number of shelter stays over a multi-year period. Episodic users experience frequent episodes, cycling through shelter system, jail, hospital and treatment centres; many also engage in outdoor sleeping throughout the year. Chronic shelter users, by contrast, experience fewer, yet longer episodes of homelessness than other shelter users.

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'chronic shelter stayers' – account for a large majority of service use and service costs. The article has therefore had the effect of encouraging policy-makers to focus on this group as the key to reducing public costs. (Unfortunately, the typology of shelter stayers offered in this article may have also encouraged some policy-makers to overlook the other two categories of shelter stayers.)

The article explains that emergency shelters have become *de facto* long-term supportive housing (insofar as they provide accommodation for chronic shelter users). This in turn helps us realize how much more supportive housing (e.g., Housing First) is needed.

Other researchers have emulated this research in other jurisdictions, arriving at similar findings.

Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association, 283*(16), 2152-2157.

Study findings have ramifications for how we design and deliver health care interventions for persons experiencing homelessness, including how specific forms of preventive health care interventions are targeted to specific age groups.

Using a Toronto sample, this article assesses how early in life people die—specifically, men who use emergency shelters in comparison with men who do not. It uses the term "mortality rate," which measures the frequency of death in a population during a specific time frame.

One of the study's key findings is that mortality rates for Toronto men who use emergency shelters are much higher than for Toronto men who do not use emergency shelters (however, this disparity is much lower than in New York City, Boston and Philadelphia).

The study also identified leading causes of death by age brackets. For example, among young men experiencing homelessness (i.e., 18-24 years old), the leading causes of death were accidents, poisonings and suicides. For men in the 25-44 age bracket, the leading causes of death among those experiencing homelessness were AIDS, accidents, poisonings and suicide. And among men aged 45-64 years, the leading causes were cancer, heart disease and cerebrovascular disease. (Deaths attributed to poisoning included unintentional overdoses of drugs and alcohol.)

Study findings have ramifications for how we design and deliver health care interventions for persons experiencing homelessness, including how specific forms of preventive health care interventions are targeted to specific age groups.

What is more, the issue of high mortality rates among persons experiencing homelessness became a useful rallying cry for advocates—the idea that policy-makers and practitioners could work to prevent these deaths helped motivate elected officials to act.

Quigley, J. M., Raphael, S., & Smolensky, E. (2001). Homeless in America, homeless in California. *Review of Economics and Statistics, 83*(1), 37-51.

This study, focused on the United States, begins with a 'thought experiment,' where the authors try to see if each jurisdiction's in-patient hospitalization rate has an impact on homelessness. This is to test the popular belief held by many that the de-institutionalization of persons with serious mental health challenges led to a large increase in homelessness in the United States. Focusing on the 1972-1990 period for this part of the analysis, the authors undertake statistical analysis, ultimately demonstrating no strong relationship between any of these variables. They argue that a large number of persons with serious mental health challenges went from hospitals into jails, not into homelessness.

An important takeaway from this study is that higher rent levels lead to more homelessness in the United States.

The article then focuses on the impact of housing markets on rates of homelessness. This is the real crux of the article. Four different models are used, each using a different combination of independent variables. For all models, rent levels prove to be the strongest predictor of homelessness.

An important takeaway from this study is that higher rent levels lead to more homelessness in the United States. Policy-makers wanting to reduce homelessness should therefore: a) strive to keep rent levels low; b) expect higher rates of homelessness when rent levels increase; and c) enhance homelessness prevention and response measures in the face of higher rent levels.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*(4), 651-656.

Reporting on results of the world's first randomized control trial on Housing First, this was also the first academic journal article to refer to "Housing First" by name.

The article notes that the dominant thinking in the United States has traditionally been to require 'housing readiness' on the part of a person experiencing long-term homelessness—especially sobriety and compliance with psychiatric care. However, the Housing First model developed by Pathways to Housing in New York City does not require such 'housing readiness.' Rather, permanent housing is immediately provided to persons experiencing long-term homelessness.

Pathways participants are offered various services

> *by the program's Assertive Community Treatment (ACT) team. ACT is a well defined community based interdisciplinary team of professionals that includes social workers, nurses, psychiatrists, and vocational and substance abuse counselors who are available to assist consumers 7 days a week 24 hours a day* (pp. 651-652).

According to the article, program participants *"may accept housing and refuse clinical services altogether without consequences for their housing status"* (p. 652). There are just two main requirements on the part of each participant: *"tenants must pay 30% of their income...toward the rent by participating in a money management program, and tenants must meet with a staff member a minimum of twice a month"* (p. 652).

The randomized controlled study that was the focus of this article found very positive outcomes for Housing First participants compared with the 'treatment first' approach used elsewhere. As a result, the article has had a profound impact on the way researchers, policy-makers, practitioners and advocates think about homelessness.

Reporting on results of the world's first randomized control trial on Housing First, this was also the first academic journal article to refer to "Housing First" by name.

Hopper, E. K, Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal, 3*(1).

This was one of the first academic journal articles focused on trauma-informed care and homelessness. It defines trauma as *"an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping...Some people have minimal symptoms after trauma exposure or recover quickly, while others may develop more significant and longer-lasting problems..."* (pp. 80-81).

The article further notes that Trauma-Informed Care *"involves 'understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may have in a particular setting or service...'"* (p. 81).

The authors argue:

> *In addition to the experience of being homeless, an overwhelming percentage of homeless individuals, families, and children have been exposed to additional forms of trauma, including: neglect, psychological abuse, physical abuse, and sexual abuse during childhood; community violence; combat-related trauma; domestic violence; accidents; and disasters* (p. 80).

Having said that, homeless-serving programs typically provide services *"without directly acknowledging or addressing the impact of trauma"* (p. 80). What is more, *"few programs*

This was one of the first academic journal articles focused on trauma-informed care and homelessness.

serving homeless individuals and families directly address the specialized needs of trauma survivors" (p. 81).

The study contains several implications for policy and practice. For example, the study notes that *"people who experienced repeated homelessness were more likely than people with a single episode of homelessness to have been abused, often during childhood"* (p. 80). This has important implications for how we design prevention programs. Indeed, with this knowledge, practitioners can more easily anticipate which individuals or households may cycle back into homelessness after a first bout.

Further, a lack of trauma-informed care results in misunderstandings about individuals experiencing homelessness. For example, persons who are awake through the night may be suffering from nightmares and insomnia. Similarly, persons who avoid meetings with staff or appear uncooperative during counselling sessions may be trying to avoid traumatic memories. Both of these phenomena have implications for how we train new staff and debrief after critical incidents. With a deeper understanding of what lies behind these behaviours, for example, shelter staff may learn to be more understanding and empathetic when it is encountered.

Waegemakers Schiff, J., & Lane, A. M. (2019). PTSD symptoms, vicarious traumatization, and burnout in front line workers in the homeless sector. *Community Mental Health Journal, 55*(3), 454-462.[6]

For this study, researchers conducted surveys with 472 frontline workers in homelessness serving sector, across 23 organizations in Calgary and Edmonton. They found higher rates of Posttraumatic Stress Disorder (PTSD) than among other human-services workers (including higher than police, paramedic and ER nurses).

According to the Hopper et al. article cited earlier in the present chapter, PTSD

> *refers to a group of symptoms that some individuals experience after overwhelming, frightening, or horrifying life experiences that exceed their capacity to cope. PTSD includes intrusive symptoms such as triggered memories or nightmares, avoidance symptoms such as social withdrawal, constriction, and emotional numbing, and symptoms of hyperarousal such as concentration problems, irritability, and constant alertness for danger* (p. 98).

This ground-breaking research may serve as a reminder to some that, while we focus on persons experiencing homelessness, we must also prioritize the needs and mental health of staff.

Factors that may contribute to high rates of PTSD among staff include: their own lived experience (incidents can be triggering); porous personalities among staff (i.e., staff being acutely sensitive to what they witness); staff spending considerable amounts of time with the same client, day after day; staff working multiple jobs, and long hours; and staff feeling helpless, in part due to insufficient affordable housing for clients.

This ground-breaking research may serve as a reminder to some that, while we focus on persons experiencing homelessness, we must also prioritize the needs and mental health of staff.

Strategies to both prevent and address staff burnout may include: normalizing trauma in the sector through ongoing dialogue; creating awareness of existing supports (e.g., return-to-work policies, workplace accommodations, Employee Assistance Programs); having paid sick days; maintaining adequate staffing levels; having adequate training; and promoting wellness.

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6 Note: some of the content presented here is not found in the article itself, but rather has been gathered through dialogue between the present author and various stakeholders since the article's publication. All strategies discussed here are elaborated upon in the present author's Homelessness 101 training workshops: https://nickfalvo.ca/courses/.

Some prevailing theoretical propositions

In light of the research considered above, several theoretical explanations (i.e., propositions) follow. They include, but are not limited to, the following:

- Persons experiencing homelessness make important contributions to the local labour force, often doing work that others will not do.
- The provision of affordable housing with staff support is key to ensuring housing stability amongst persons who have experienced homelessness (especially among persons who have experienced homelessness over many years).
- While individual-level risk factors make some persons more vulnerable to homelessness than others, it is important to understand the many contextual factors that create those individual-level challenges in the first place.
- Patterns of stay in emergency shelters vary considerably among residents. Different policies and practices are therefore needed, depending on each resident's profile.
- Persons experiencing homelessness have short life spans, and causes of death vary by age group. Homelessness prevention and response measures should therefore vary according to age group (and other characteristics).
- Rent levels are the major structural cause of homelessness. When rent levels start to rise in a specific community, homelessness prevention and response measures need to be enhanced.
- Providing persons experiencing homelessness with subsidized housing and appropriate staff support (e.g., Housing First) can yield positive outcomes, especially in terms of housing stability over time.
- Many persons experiencing homelessness have suffered considerable trauma, which often manifests itself in the form of unpredictable behaviour. Staff in the sector need to anticipate and understand this.
- Many front-line staff in the homelessness sector have high rates of PTSD, and employers need to support staff accordingly.

Armed with this knowledge, policy-makers and practitioners can do more meaningful work.

Caveats

Several caveats are now in order.

1. First, there is an important 'chicken vs. egg' dynamic to consider with the above theoretical propositions. Put differently, researchers do not develop their theories by themselves in an office. Rather, they often observe behaviour—shaped by policy and practice—and then write about what they have observed. What is more, much of the research discussed in this chapter benefits from indispensable data-sharing, without which the research would not have been possible. So yes, researchers deserve credit for putting pen to paper in articulating logical explanations of behaviour. However, practitioners, policy-makers, advocates and persons with lived experience deserve credit for pioneering and promoting new understandings and practices which then inspire researchers. Ideally, a healthy dialogue emerges between all of these parties allowing research to articulate what is happening in some contexts, while also encouraging emulation of promising practices and new understanding elsewhere.

2. Second, it is rare for one study alone to transform an entire academic discipline, field of practice, approach to advocacy or approach to policy. More typically, a body of evidence must accumulate over many years, with several studies eventually leading to a meaningful shift in thinking. In other words, no young researcher should expect one of their articles to single-handedly transform a debate, even though their work may make a difference. Likewise, one should not be overly cynical upon learning that a new study is forthcoming that sounds similar to previous work.

3. Third, while this particular chapter has focused on articles published in academic journals, important ideas are presented outside of academic journals in what is generally referred to as *grey literature*. This includes reports released by: research entities (e.g., the Australian Housing and Urban Research Institute, the Urban Institute); advocacy groups (e.g., the National Alliance to End Homelessness); government agencies (e.g., the US Department of Housing and Urban Development); and government-commissioned task forces. Important ideas can also be put forward in conference presentations, opinion pieces, blog posts and social media posts.

Conclusion

This chapter has explained what theory is, how it is developed and how it is used.

Homelessness can seem rather complicated at times. Understandably, some people find it unclear as to what causes it, what solves it, and what to do about it while it is happening. Fortunately, many people over the years have worked hard to articulate logical explanations of phenomena associated with homelessness. These people include practitioners, policy-makers, advocates and persons with lived experience. Researchers, meanwhile, have worked hard to put pen to paper in capturing these logical explanations in writing.

This chapter has explained what theory is, how it is developed and how it is used. It has also summarized key studies that shed light on complex phenomena associated with homelessness in logical ways, helping readers to understand that things are not happening by fluke. Rather, there are logical reasons—namely, theories—that help us understand how homelessness is created, how it unfolds, and how it is solved. The more we seek to learn, develop, challenge and implement these theories, the closer we get to ending homelessness.

The more we seek to learn, develop, challenge and implement these theories, the closer we get to ending homelessness.

Further reading

Babbie, E. Edgerton, J. D., & Roberts, L. W. (2021). *Fundamentals of social research* (Fifth Canadian edition). Nelson.

Bryman, A., & Bell, E. (2019). *Social research methods* (Fifth Canadian edition.). Oxford University Press.

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citizenship, and communities for people with serious mental illness: Theory, research, practice, and policy perspectives (pp. 155-185). Oxford University Press.

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About the author

Nick Falvo is a research consultant based in Calgary, Canada. He has a PhD in Public Policy and is Editor-in-Chief, North America, of the *International Journal on Homelessness*. He has academic affiliation at both Carleton University and Case Western Reserve University. Prior to pursuing his PhD, he spent 10 years doing front-line work directly with persons experiencing homelessness.

Acknowledgements

About this project

This is Chapter 2 of a sole-authored, open access interdisciplinary textbook intended to provide an introduction to homelessness for students, service providers, researchers and advocates. Focusing on the English-speaking countries of the OECD, it will discuss causes, solutions, challenges, successes, and innovations in the sector. It will serve as 'launching pad' for people new to the sector, as well as a refresher for experienced practitioners.

In addition to being open access, this book is different from other books in two key ways: 1) by focusing on all English-speaking countries of the OECD; and 2) by providing an overview of recent innovations in the sector—i.e., what's new, and what's working well?—making it useful to practitioners.

- The book's **intent** is primarily to serve as the main textbook for a university course designed for senior-level undergraduate as well as graduate students. It also serves as a resource for senior leadership in the homelessness sector.
- Book's **main themes**: contributing factors to homelessness; health conditions and health care challenges of persons experiencing homelessness; the unique needs of various subpopulations; staffing challenges in the sector; an in-depth examination of innovative practices; and solutions to homelessness.
- Book **objectives**: assist readers in understanding the fundamentals of homelessness; introduce them to both successes and ongoing challenges in the sector; and leave them feeling better-informed, able to make critical assessments, confident and empowered to take action within their own respective spheres of influence.

Table of contents (anticipated)

Target audience

- The book is intended primarily for course use, its primary audience being senior undergraduate students, graduate students and course instructors in English-speaking countries of the OECD. It can also be useful to senior leadership in the homelessness sector (e.g., board members, CEOs and staff).
- The book is intended for courses where homelessness is either the only focus or a major focus. For example, a course on housing and homelessness could benefit from this book. Standalone chapters could also be of great value in various disciplines.
- Some of these courses might be taught outside of the university setting—for example, by the UK-based Chartered Institute of Housing and by its counterparts in other countries, such as CIH Canada.
- The book can be used as either a primary or supplementary text.
- The book is intended to have international appeal, focusing on the English-speaking countries of the OECD: Australia, Canada, New Zealand, the United Kingdom, and the United States.
- Homelessness is widely researched and quickly evolving, as new approaches to both prevention and response are being developed. Much of the book's content will therefore be new even to experienced researchers and practitioners.

All material for this book is available free of charge at https://nickfalvo.com/. Newly-completed chapters will be uploaded throughout the year. The author can be reached at falvo.nicholas@gmail.com.