

Continuity and Change in American Housing and Homeless Policy: An Expanded Theoretical
Framework.

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Abstract

Homelessness has many faces, several of which society will never truly see. The homeless population has begun to change during the recession, as families lose their homes to foreclosures due to high interest mortgages or become evicted from rental dwellings as one or both wage earners lose employment. The initial goal of this research is to illustrate that using multiple theories to discuss the homeless issue provides a realistic and in-depth understanding of homeless policy and its impacts upon the homeless population. Secondly to determine if the most current homeless legislation, the HEARTH Act, distribute benefits and burdens in a way consistent with the legislation predicted by the social construction framework. Lastly this study will examine the HEARTH Act's impact upon those at risk of homelessness, and their ability to avoid the label of homelessness. The findings of this essay confirm that utilizing social exclusion theory, the social construction framework and labeling theory, provides a more realistic representation of the homeless issue. After the examination of the various policy areas and a thorough application of the social construction framework, the HEARTH act is determined to be consistent with predicted policy. The final conclusion is that those at-risk of homelessness will go to great lengths to avoid the label of homelessness. So while the HEARTH Act attempts to assist the at-risk population by offering housing services, it will not reach those targeted due to requirement of individuals to identify themselves as homeless.

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1. Introduction and Statement of the Problem

Homelessness has many faces, several of which society will never truly see. The iconic images of homelessness have shifted over time from the railroad hobos to the man sleeping in a cardboard box in front of the Reagan White House to the contemporary family sleeping in their car.

The homeless population has indeed changed again during the recent Great Recession, as families lose their homes to foreclosures due to high interest mortgages or are evicted from rental dwellings as one or both wage earners lose employment or with students attending college to avoid unemployment but unable to keep up with the rent. All of these groups are affected by public policies. Many individuals at risk of homelessness do not access homeless services thus becoming invisible to policymakers. This population is referred to by sociologists as the “invisible homeless”.

There are three main goals for this study, firstly to convey that the use of multiple theories to understand the homeless issue provides a richer and more realistic understanding of the impacts of policy upon that population. Secondly, determine if given this more realistic view of how policy impacts the homeless the Homeless Emergency Assistance and Rapid Transition to Housing, or HEARTH Act appears consistent with Social Construction’s theoretical predictions. Thirdly, this study provides a more in-depth understanding of the potential shortcomings of current and future policy and possible solutions.

This study achieves these goals by examining how the social construction policy framework, the social exclusion analytical perspective, and sociology’s labeling theory, can together provide an effective lens for examining the recent HEARTH Act to address homelessness. This linking of theoretical perspectives permits evaluating the degree to which the HEARTH Act fits the policy predicted by social construction. The HEARTH Act expanded the definition of homelessness to specifically address families, as well as the inclusion of persons “at-risk” for becoming homeless. Then the HEARTH Act’s ability to address the changing face of homelessness is examined, and potential flaws in how the Act addresses the invisible homeless are revealed. The social exclusion perspective identifies the policy layers to which the social construction framework could be applied. Subsequently, the study uses the social construction framework to

understand how the HEARTH Act reinforces previous policy designs. The final section addresses how the social construction framework, informed by social exclusion and labeling theory can identify potential failings in the Hearth Act. Chief among those potential failings is inattentiveness to the willingness of persons to accept the label of “homeless” which is necessary to receive services under the HEARTH Act.

2. Study Objective

The purpose of this study is to provide a comprehensive review of policies which have affected the homeless population over the last several decades, and to portray both the governmental and societal views projected upon this diverse population. From this information the paper integrates three theoretical perspectives in order to determine the anticipated effectiveness of the HEARTH Act, recently passed into law, which attempts to bridge the gap between housing and homeless policy. Several questions guided this research:

- 1) Does the integration of multiple theories provide an improved understanding of the homeless issue and homeless policy?
- 2) Does the HEARTH Act appear to be a policy consistent with the predictions of the social construction framework?
- 3) Does the HEARTH Act appear likely to reach and serve its target population despite other factors shaping a societal view of the homeless population? And if not, how may future policy be adapted to accommodate for these extraneous factors?

In order to answer these questions this study first explores social exclusion, social construction, and labeling theory, and how their integration can provide an in-depth picture of the homeless issue. Following these initial sections I draw upon social exclusion theory to take into account the diversity of the homeless population through the examination of various causes of homelessness, and thus provide multiple policy areas which may be affecting the homeless population. A review of the identified policy areas then provides the necessary information for the application of the social construction framework to these policy areas. I then apply the social construction framework to each of the relevant policy areas to examine the rationale for future legislation, ending with a prediction of resulting legislation given previous legislation and the application of the social construction framework informed by social exclusion theory. Then a discussion of the HEARTH Act and its reinforcement of previous social constructions and attempts to expand the target population is conducted. Finally, drawing upon labeling theory, I discuss the psychological/social aspect of the individuals being labeled within the HEARTH Act, and their ability/desire to remove this label, to avoid the social construction associated with it. From these theoretical applications I predict whether the HEARTH Act will be an effective

policy for the current target population. The study ends with policy recommendations to circumvent the potential shortcomings of the HEARTH Act and its implementation.

3. Theoretical Discussion

3.1 Theory Overview: Social Construction

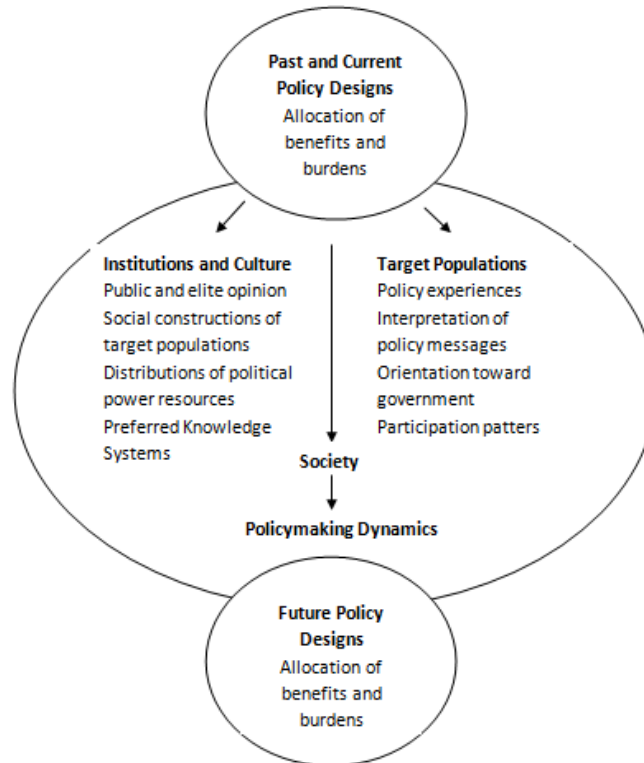
The social construction theoretical perspective states that the types of policies enacted are truly dependent upon the “target group”, and how the members of this group are socially constructed. The social construction of the “target group” is also dependent upon the burdens and benefits potential policies look to distribute. Ingram, Schneider, and Deleon (2007, p.93) argue that, “Public policymakers typically socially construct target populations in positive and negative terms and distribute benefits and burdens so as to reflect and perpetuate these constructions”.

This theory was created to examine how policies can perpetuate injustices, create and sustain inequality in citizenship, and fail to solve important public problems. Social construction theory examines how policy influences both those who can participate in the policy making process and those who benefit from policies, dependent upon their relative social construction. Figure 1 (Ingram et al. (2007)), represents the main pillars of the social construction framework and their interactions.

There are several factors which impact how a target group is constructed. Past and current policies affecting a target group influence the definition of groups and a group’s perception of their ability to change that construction through the policy process. According to Ingram et al. (2007, p. 98), policy designs structure opportunities and send varying messages to differently constructed target groups about how government behaves and how they are likely to be treated by government. However, the social construction of problems concerning a population is a much more convoluted process. Kyle (2005, p. 23) argues:

Accordingly, policies are created and implemented to address socially constructed and therefore, somewhat intangible, problems. But in addressing problems from a certain perspective, in providing benefits and/or burdens to some individuals and groups and not to others, and in demonstrating that some issues are important enough to merit public response, policy also plays a role in socially constructing the very concepts, ideas, and populations upon which it is based.

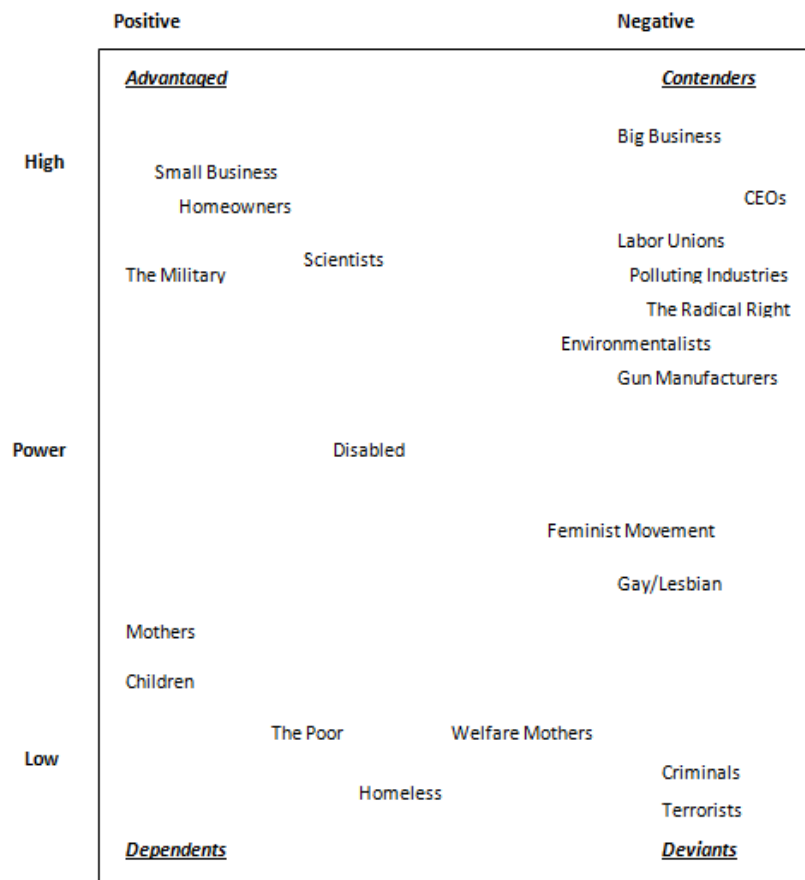
Figure 1. Diagram mapping the social construction framework.



Both opportunity structures and messages impact the political orientations and participation patterns of target populations. Thus target groups receiving messages that they are not welcome to participate in the policy process may be excluded from this process or face barriers to participation that other citizens do not. (This issue is discussed later with relation to legislation studied through the lens of social construction and social exclusion.) The allocation of benefits and burdens to target groups in public policy depends on the extent of their political power and their positive or negative social construction on the deserving or undeserving axis (Ingram et al., 2007, p. 101). The construction of populations can be demonstrated using a rectangle containing four quadrants, like the example given by Ingram et al. (2007) shown as Figure 2.

A target group's construction also affects the policy tools used in the implementation and design of policies addressing that population. Policymakers, especially elected politicians, respond to, perpetuate, and help create social constructions of target groups in anticipation of public approval or approbation (Ingram et al., 2007, p.106).

Figure 2. Social Construction placement of particular target population.



Overall, it is the perception of society that particular groups are more deserving than others, and the prerogative of society is to create and sustain policy solidifying these normative values. This is common in many policies where the lines are blurred as to who deserves resource allocation, and the arguments presented in support of or opposition to a particular policy are mainly symbolic of values. An example of this is illegal immigration policy. On one hand immigrants can be seen as hard working persons simply looking for a better life than that which they have left behind. On the other hand immigrants can be characterized as trespassers who have taken jobs that would, in a failing economy, be available to American citizens. Thus when policy comes to mind it can either reward this “target population” of immigrants with health insurance, and set work hours to show the recognition of their employment by the government, thus creating the image that illegal immigrants are dependents and increase their political power. Alternatively, policies could be put in place to reinforce the view that illegal immigrants are

deviant, threatening them with imprisonment, deportation upon capture, and stripping of their political power, as in the current policy of United States. The social construction framework also anticipates patterns of policy change. It states that the changing of policy designs addressing a target group is a crucial step in the change of a target group's social construction; this is particularly true of the homeless population, as discussed below.

3.2 Theory Overview: Social Exclusion

A larger number of European studies in the past decade (e.g, Silver & Miller, 2002; Todd, Green, Harrison, Ikuesan, Self, Pevalin & Baldacchino, 2004; March, Oviedo-Joekes, & Romero, 2006; Cole, Logan, & Walker, 2010) have examined poverty and inequality as more than an inequitable distribution of income, but as a larger collection of issues causing social exclusion. Social exclusion is a shorthand term for what can happen when people or geographical areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown (Social Exclusion Unit, 2004). In Europe, the concept of social exclusion has been applied to the homeless. Given the definition from the Social Exclusion Unit (2004), it is clear that many people have the potential to be excluded. Policymakers in the United States continue to think of poverty as primarily an issue of income, solved by either government transfers or increased work opportunity, with little attentiveness to issues of exclusion. However, I apply the concept of social exclusion to draw attention to potential causes of homelessness, which in turn can inform the selection of policy influencing sub-categories of the homeless population.

The concept of social exclusion is applicable to homelessness for several reasons. Firstly, the empirical associations between social exclusion and mental illness (Todd et al., 2004) and social exclusion and substance abuse (March et al., 2006; Cole et al., 2011) give insight into various subcategories of the homeless population.

Among adults, 17.7 percent of the U.S. population had a disability whereas an estimated 42.8 percent of sheltered homeless adults had a disability. A disability, particularly one relating to substance abuse or mental health issues, can make it

difficult to work enough to afford housing (US Department of Housing and Urban Development, 2009, p.27).

Cole et. al. (2011) examine the stresses that social exclusion places on substance abusers attempting to get treatment, finding significant impacts on personal control, self-regulation, satisfaction with social support and physical health. Socially excluded persons have a harder time focusing and confronting basic life stressors, struggle with issues for longer periods, and are more prone to give in to chronic stressors. Ahern et al. (2007) have also found there to be an empirical connection between having engaged in substance abuse or substance abuse treatment and the perception of being stigmatized or being discriminated against. This is essentially social exclusion, which may contribute to substance abusers struggles with personal stressors. Similarly, in a study across European countries March et al. (2006, p.38) found, "Despite the diversity of characteristics between countries, socially excluded drug users showed high scores in specific exclusion indicators, such as incarceration, illegal drug use, housing problems, poor health status, lack of employment, and engagement in criminal activities."

Secondly, the social exclusion associated with substance abuse or mental health issues is only magnified when a single individual embodies both of these issues, a condition defined as "dual diagnosis" (Todd et al., 2004). Patients with functional psychosis and comorbid (dual diagnosis) substance misuse had a greater number of unmet areas of need than those with psychosis only, which included accommodation, daytime activity and social life (Wright et al., 2000, p.297).

3.3 Theory Overview: Labeling Theory

Labeling theory derives from symbolic interactionism, a sociological theory dealing with the interpretation of symbols and individuals' concepts of self based upon their interactions with society. Labeling theory is so named because of its focus on the informal and formal applications of stigmatizing deviant "labels" or tags applied by society to some of its members (Akers, & Sellers, 2004, p.135). Informed by this perspective, I argue that an individual's concept of self will prevent him or her from entering a deviant population, and, if forced into that population, will go to great lengths to disguise involvement in that population. People try to manage how others view them, as well as react to what others communicate to them (Akers, & Sellers, 2004, p.137).

Labeling theory retains the concept of self presented in symbolic interactionism, but specifically relates that conception to the label of deviant given to particular populations. Credited with developing and advancing labeling theory, Becker (1963) defines deviance as a socially created set of rules made by privileged groups to be enforced upon less privileged groups:

I mean, rather, that social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an “offender.” (Becker, 1963, p.9).

Thus given that that deviance is created by one group to affect other groups, one must assume that the groups affected by the deviant label might be wide ranging, or may not have even committed an act considered deviant by any another group. It is also important to note that an act is not truly deviant until it is identified and made public by another person. Deviance is not a quality that lies in behavior itself, but in the interaction between the person who commits an act and those who respond to it (Becker, 1963, p.14). Given the “deviant” label that is present in the social construction framework, as well as the concept of social rules and political power, labeling theory is logically consistent with and useful for examining movements of target populations through the social construction framework grid. Thus, the idea of a population’s ability to avoid a label and an individual’s desire to do so is where labeling theory contributes to our understanding of potential policy effectiveness. Given that labels and policy are created and forced upon less politically powerful groups, how much power do they have in avoiding the label of deviance? When confronted with a label applied by those with power and authority, the individual has little power to resist or negotiate his or her identification with it (Akers & Sellers, 2004, p.138).

Labeling theory also provides the concept of secret deviance, wherein an improper act is committed, yet no one notices it or reacts to it as a violation of the rules (Becker, 1963, p.20). The concern with unintended acts of deviance is also relevant, given that some might not want to commit a deviant act but do so either through ignorance or lack of options. Given that homelessness has been interpreted as deviant by society, the application of labeling theory to the invisible homeless provides an insightful analog. Persons entering homelessness might try and

conceal their state of housing from those around them, engaging in secret deviance to avoid being labeled as homeless.

However, once a deviant label is publicly acquired there are several consequences. The most important consequence is a drastic change in the individual's public identity. Committing the improper act and being publicly caught at it places one in a new status (Becker, 1963, p.32). Thus as an individual becomes publicly recognized as a deviant, they tend to be cut off from mainstream societal activities, such as employment, social groups, etc. However, after encountering these issues, one quickly learns how to adapt to their role and minimize their public exposure as a deviant.

3.4 Theoretical Integration

Social Construction theory examines a progression of previous policies in explanation of policies that we have today concerning a particular target population. It deals with legislation, the persons who may influence the policy through institutions and culture, political power of target groups, and the social construction of that target population. It also takes into account the previous policies experienced by the target population, how they interpreted those messages, as well as how it affected their participation within the policymaking process. Then finally taking into account the capacity for society to solve this problem independently and the democratic values and conceptualization of citizenship, a future policy can be described allowing us to see where legislation comes from based upon these criteria.

However, social construction has limitations. Given that the social construction framework is strictly a policy framework that addresses a particular target group, the scope of what policies are relevant to that target population can be narrow or undefined. Social construction does acknowledge sub-categories of target populations, but does not address the various layers of legislation affecting these sub-categories. Given that "target populations" are rarely uniform, and may carry multiple societal labels, social construction neglects policy that may have a distinct effect upon sub-categories of a population, but was not specifically designed to address that particular population. Social Exclusion Theory provides theoretical help, introducing the multi-layered nature of disparate policies and their effects upon the homeless population, and

highlighting legislation affecting the sub-categories of homelessness. As opposed to a single policy area (homeless policy), which social construction would identify, social exclusion identifies policies related to substance abuse, housing, criminal activity, and welfare that have distinct effects upon sub-categories of homeless persons. However, social exclusion theory is not designed to predict the feasibility of future policy, or take into account the progression of past policies. Thus I apply the social construction policy framework to identified legislation (via social exclusion theory) to provide this insight. This leads therefore to a social construction analysis of not only homeless legislation, but also of criminal, drug, deinstitutionalization, housing, and welfare legislation, all of which have had distinct effects on sub-categories of the homeless population. The combination of both of these theories provides a broader view of policy that is impacting the homeless population and its potential effects.

While both social construction and social exclusion theory describe messages that may be perceived by persons from government or society, there are challenges regarding the explanation of a group's transference from one quadrant to another.

A key challenge for the theory of social construction of target groups is in understanding the mechanisms underlying transitions from one cell to another. That is, what elements are necessary for a group to leave the advantaged cell and lose sufficient reputation that they move from deserving toward contender (or, of course, for a dependent group to lose its public "sympathy" and move from dependent to deviant)? (Ingram et al., 2007, p.119)

Labeling theory contributes to understanding why persons at-risk of homelessness, targeted by recent homeless legislation, would not choose to identify themselves with the homeless population due to the stigma and lack of political power held by that population. The newly expanded definition of homelessness to include "at-risk" persons, presents a choice to "at-risk" individuals. Either individuals publicly accept the label of homelessness in place of other societal labels (employee, homeowner, renter, etc.) or they enter the homeless population, without assuming that label. The latter option entails entering the homeless population, but not accessing any government services and thus remaining invisible to those who would categorize

them as homeless. This allows individuals to maintain former labels, which may provide more political power or place them in a dependent rather than deviant category.

4. Defining, Categorizing and Causing Homelessness

The following sections provide information necessary to conduct a theoretical analysis, which follow in the application of the social construction framework section. To begin, one of the main impetuses for this study was the creation of a broader definition of homelessness by the HEARTH Act, specifically, the HEARTH Act's addition of persons "at-risk" of becoming homeless, placing people who may not identify themselves as being homeless in the defined population of homelessness. The mandatory labeling of persons as homeless in order to receive services may not have an effect on those who identify as being homeless; however, the at-risk populations may be more resistant. Thus a brief overview of the history of the definition of homelessness and its progression over time will be useful in our analysis.

4.1 The Definition of Homelessness

The McKinney-Vento Homeless Act, formerly the Homeless Persons' Survival Act, was enacted during the Reagan Administration in 1987. In that legislation, the definition of "homeless" or "homeless individual or homeless person" includes:

(1) an individual who lacks a fixed, regular, and adequate night time residence; and (2) an individual who has a primary nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, as regular sleeping accommodation for human beings (McKinney-Vento Act, 1987, p.1).

The McKinney-Vento Act remains the primary homeless legislation in the United States, having undergone revision in 1988, 1990, 1992, 1994, and 2009. Past revisions have not changed the formal definition of homelessness until the HEARTH Act was passed in 2009. The HEARTH Act expanded the definition of homelessness to specifically address families, as well as the

inclusion of persons “at-risk” for becoming homeless, thus allowing them to access services previously unavailable to them (HEARTH, 2009, p.1).

(1) an individual or family who lacks a fixed, regular, and adequate nighttime residence; (2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (5) an individual or family who – (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by – (i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days; (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause; (B) has no subsequent residence identified; and (C) lacks the resources or support networks needed to obtain other permanent housing; and (6) unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who – (A) have experienced a long term period without living independently in permanent housing, (B) have experienced persistent instability as measured by

frequent moves over such period, and (C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment (HEARTH Act, 2009, p.1).

In addition to the HEARTH Act, the American Recovery and Reinvestment Act (ARRA) in 2009 included funding for Homelessness Prevention and Rapid Re-Housing Programs, seeking to limit or prevent homelessness for at-risk citizens by quickly re-housing families and individuals who lost their homes. Throughout the lifetime of the McKinney-Vento Act, the Clinton, Bush, and Obama administrations have taken different stances in their conceptualization of the homeless population. While the definition of homelessness was not greatly altered, various drug and crime legislation has impacted the homeless greatly, as well as the changes in homeless programs eligible for funding.

4.2 Categories of Homelessness

There are many segments of the homeless population at large; however, the federal government has historically divided the homeless population into three main categories: chronic, temporary and transitional homeless. This is an important distinction as policies addressing the homeless have generally been focused on the chronically homeless persons, with the goal of pushing them into a transitional position, and then out of homelessness altogether. The social construction of the homeless has largely been based on the chronically homeless population, probably due to their visibility. Thus the label of “homeless” is based upon this sub-group of the homeless population.

Officially, a chronically homeless person is an unaccompanied disabled individual who has been continuously homeless for over one year (Housing and Urban Development, 2009). However the full definition of chronically homelessness in the HEARTH Act is as follows:

(A) IN GENERAL – The term ‘chronically homeless’ means, with respect to an individual or family, that the individual or family – (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an

emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if not adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions (HEARTH, 2009, p.4)

A temporarily homeless person meets the federal definition of homeless even though she or he has not met the criteria to be classified as chronically homeless. A transitionally homeless person is a member of the homeless population who is participating in a transitional housing program in order to exit homelessness. The term ‘transitional housing’ means housing with the purpose of facilitating the movement of individuals and families experiencing homelessness to permanent housing within 24 months or such longer period as the Secretary determines necessary (HEARTH, 2009, p.10). It is important to note that these three categories of homelessness describe a large population; however, sociologists predict a large number of homeless persons never have contact with homeless services. These individuals are members of what has been referred to as the “invisible homeless”.

4.3 Causes of Homelessness

As mentioned previously, the social construction policy framework would have social researchers primarily examine homeless policy *per se*; however, the homeless are a diverse population impacted by multiple other policies. The social exclusion perspective identifies causes of homelessness and logically, the various policy fields that may have a distinct effect upon persons who are homeless or who are at-risk of becoming homeless. Hence this overview of the causes of homelessness provides insight into how policy issues outside of homeless policy have a large impact upon sub-categories of the population. The result is a clear illustration of the need for a more sophisticated lens than only the social construction framework to understand the potential effectiveness of the HEARTH Act upon various sectors of the homeless population.

The causes of homelessness came to the forefront of study in the late 1980's and early 1990's. The most widely cited explanations for changing rates of homelessness in the US include mental illness, the crack cocaine epidemic of the mid-1980s, and the relatively high cost of low-quality housing (Quigley, J., & Raphael, S., 2001, p.324). In an early work, Jencks (1994) also included housing availability as a driving force of homelessness. To update these earlier discussion of causes of homelessness, I also include the methamphetamine outbreak in the 2000's and the recent bursting of the "housing bubble."

Social exclusion, in relation to homelessness, discusses the various potential factors that make a person prone to homelessness, of which loss of connections to society is the most prominent. Lack of connections to society can create a lack of support system, thus making persons more prone to entering homelessness. There are many connections that individuals may share with their communities that encourage them to be active participants. These connections range from employment and voting, to things such as holding respected positions within their communities. Social exclusion examines the lack of these connections held by homeless persons and identifies policy areas that have effects on the homeless population.

Ringheim (1990, P.229) observed that fear of our own vulnerability results in community members seeking: "personal characteristics that would clearly distinguish the poor and the homeless from ourselves"; and explained why homelessness continues in a country as affluent as the United States (Jackson, 2000, p.6).

Some studies (Kyle, 2005; Ducksworth, 2010) have hypothesized that the public appearance and perceptions of this population seem to be particularly damaging. Thus while the visibly homeless are perceived to embody many of the qualities that Americans find unappealing, a stigma or stereotype is applied to an entire population based upon a small minority of its participants. These stereotypes include a look of homelessness, an attitude, and assumptions about the personal nature of the homeless population.

In particular, the homeless and homelessness seem to suggest vagrancy and thus criminality. Furthermore, they seem to intimate personal failing, laziness, and

moral decay. Unfortunately, despite overt efforts to change these negative characterizations and to challenge these stereotypes, they appear especially resistant to change (Kyle, 2005, p.101).

The homeless population overall is subject to these perceptions, but it is also important to note that particular subpopulations of the homeless population receive additional stereotypes. For example, homeless persons who have been previously incarcerated or are mentally ill have a stigma surrounding those particular aspects of them. Persons who have been out of prison for years, free of any level of supervision, still have to navigate around the stigma of incarceration (Ducksworth, 2010, p.559). There is also much fear surrounding mental illness, including unrestrained outbursts or attacks and harmful or violent behavior. Therefore social exclusion applies to the homeless population in its distinct lack of social connections, which, in turn, make it extremely difficult to change the perception concerning the homeless.

There have been several policies directed at the homeless population and subpopulations over the past several decades. The following section addresses these policies and the populations affected. It is important to note that public policies have been fairly malleable when political gain was available or when the public has called for a change. Hence while the homeless population does not gain political power, social construction theory predicts the continued shifts of certain homeless populations to the dependent and deviant categories. For example, the McKinney-Vento Act and its revisions have specifically included sections of the legislation to address homeless children and aid in their assistance, making them a dependent population. By contrast, adults are required to “prove” themselves through the completion of housing programs, shelter rules, or employment.

Homeless policy is not the only policy affecting this population. While homeless persons may become more dependent or deviant based on their homeless status, other conditions may prevent subcategories from shifting with the policy. Formerly incarcerated persons, the mentally ill, the unhygienic, the substance abusers; all of these subpopulations have their own social construction which may affect their ability to shift with the social construction of homeless policy. It is also important to realize that the social constructions of these populations address those who identify themselves within these categories.

4.3.1. Mental Health

The deinstitutionalization of the mentally ill in the 1960's is widely considered to be one of the major contributors to rising rates of homelessness (Jencks 1994; Krieg, 2001; Nelson, 2010). Upon release many went into "board-and-care" housing, in which rent was paid, and basic custodial care was provided to mentally ill individuals; however, there were few integrative services offered to allow persons to become productive in society (Nelson, 2010). Mentally ill persons were required to maintain an income or economic support in order to remain housed, or face life in shelters or on the streets. In the United States, a homeless individual is almost 2.5 times as likely to suffer from a substance abuse or mental health issue, than a housed person (US Department of Housing and Urban Development, 2009, p.27).

Many mental health patients continue to enter the homeless population and since treatment for mental illness is voluntary, many mentally ill persons are not able to regulate their medications, and thus were unable to work and sustain their housing. Other problems encountered by the deinstitutionalized, or the noninstitutionalized, include poor decisions concerning their lifestyle, affecting themselves and others, without being subject to involuntary hospitalization (Krieg, 2001, p.269). Those who are mentally ill may have their disability documented by physicians and fill out the necessary paperwork to obtain documentation for the receipt of financial assistance from the government via Supplemental Security Income.

With the introduction of the housing first model into homeless policy, mentally ill persons as well as substance abusers have been able to receive housing and services in order to promote reintegration back into society and provide access to various programs. These models have shown similar success rates to that of emergency shelter services, but allow for supported permanent housing of the mentally ill for the duration of the program unlike shelter programs. However, given the stress related to homelessness, and the intense side effects of anti-psychotic medications, many mentally ill homeless individuals "self-medicate" with both legal and illicit substances.

4.3.2. Crack and Methamphetamine

The link between drug use and social exclusion has been repeatedly examined in European research (Cohen & Stahler, 1995; Fountain, 2003; Robertson et al., 1997). Given the United

States government's punitive stance on the use or possession of illegal substances (further examined below), it is not surprising that drug users are excluded from American society. Drug users as a target group of policy have been given various burdens and no benefits. Past policy has constructed drug users as a deviant population, thus the sub-category of the substance-using homeless has cast a deviant label on homelessness in general and should be examined.

The introduction of crack cocaine and methamphetamine into mainstream society had several impacts on the homeless population in the United States. Until the mid-1980s, the very poor had relied largely on alcohol to self-medicate (Jencks, 1994, p.41). This pattern was due to the fact that many drugs were too expensive to be accessible. However, with the introduction of crack cocaine into the city streets, the substance issues facing the homeless changed drastically. The prevalence of substance use among the homeless varies enormously according to city, region, location of respondents (e.g. shelter or street), and demographic composition (Cohen & Stahler, 1995, p.1).

Homeless persons were eight times more likely to be abusing a substance than their housed counterparts according to a study conducted in Alameda County, CA in 1997 (Robertson et al., 1997). While many substances can have a devastating effect on a person's social network, it is not truly known is whether substances are the cause or effect of loss of social network..

There is rarely a unitary "cause" of homelessness for an individual, but certainly substance abuse increases the likelihood of residential instability; and crack use appears to be a particularly powerful risk factor in destabilizing one's social world, destroying the social resources and fabric that weave individuals into a community (Cohen & Stahler, 1995, p.3).

In a 2000 study of 389 homeless adults in the UK, almost two-thirds of the sample (63%, 244) cited drug and/or alcohol use as a reason for becoming homeless, and just under half (47%, 183) reported this as a major reason (Fountain, 2003, p.251). First synthesized in 1887 amphetamines were initially used to alleviate fatigue, treat narcolepsy, asthma and congestion up until the 1950's (Mosher & Akins, 2007). Methamphetamine's introduction into the homeless population occurred in the 1950s to 1960s when methamphetamine in pill form ("bennies" or "pep-pills") began to be sold illegally, heroin addiction clinics began administering methamphetamine to

treat heroin addiction creating new addicts, and drug subcultures began cooking methamphetamine for distribution. Methamphetamine has had a distinct effect on the homeless population. Crack cocaine was a cheap alternative to many drugs and was mainly available in cities, while methamphetamine was manufactured and available in many rural areas after the 1980's. This was mainly due to the fact that isolation and supply availability are easy to come by in rural areas, providing ideal places to cook methamphetamine. The impact of methamphetamine on rural areas was similar to what was seen in urban areas in response to crack cocaine. The homeless population now had easy access to controlled substances, creating more legal issues surrounding their usage and longer homeless cycles. And while crack and methamphetamine have been substituted for psychoactive substances, the criminal charges for these substances are great and have significant legal consequences not experienced with legal substances such as alcohol and tobacco products. The "War on Drugs" and the "War on Crime" have both had significant impacts on the homeless population.

4.3.3. Housing Availability

Housing availability has been impacted by various policy-driven developments. In the 1970's the destruction of skid rows within cities for the purpose of gentrification resulted in huge losses of cheap public housing (Jencks, 1994). The inflation of the housing bubble through the late 90s and early 00's caused housing prices to skyrocket, leaving low-income individuals with limited means to acquire homes. There is an obvious linkage between housing policy and homelessness even though housing policy does not specifically target the homeless population. However, social construction theory does not independently call for examining these policies. Social exclusion alerts us to "poor housing conditions", thus implying the value of examining housing policy and its impacts upon the homeless population and its sub-categories.

Over the past century most cities have adopted increasingly stringent rules about the kinds of housing that developers can put up (Jencks, 1994, p.61). Many of the units lost in the destruction of these low-income areas were single room occupancy (SRO) rental units or hotels. Many of the SRO's were destroyed due to housing policy changes in which changes were made to incorporate kitchens and bathrooms to these units. Later on in the 1980's, homelessness began to rise with the deep recession early in that decade, and many persons began to compete for and drive up the rental costs of the limited numbers of these units.

Quigley et al. (2001) finds that housing market conditions, rather than more complex causes, are responsible for fluctuations within the homeless population. They argue that “rather modest changes in housing markets, in vacancy rates and rents for example, have substantial effects upon the incidence of homelessness” (Quigley et al., 2001, p.325). Jencks (1994) also addresses this issue in his book, stating that many other researchers had found that rents were rising much quicker than tenants could afford as wages began to stagnate in the 1980’s. The high prices of housing were prohibitive to families searching for accommodations throughout the 1990s as rents and housing prices continued to rise with hardly any rise in wages. In 2005 housing prices were at an all time high until the bubble burst in 2007, and prices in homes continued to deflate until the present, resulting in “underwater” mortgages. After the bubble burst, many properties became available after foreclosure; however, banks have only been willing to loan to those with high credit ratings. It is also important to note that many foreclosures have forced families either to move in with other families to share the burden of mortgages, or face the prospect of homelessness on the street.

4.4. Federal Legislation Overview

Given the various causes of homelessness pointed out by social exclusion theory, it is now pertinent to address the legislation relating to those causes. In reviewing those policies, I here employ the basic theoretical concepts of social construction to examine these policy areas and demonstrate the placement of different subgroups within the homeless population as a result of policy.

4.4.1. Homeless Policy

Examining the progression of homeless policy and the target groups selected by these policies, we can see how social construction would construe future policy and its implications.

In the early 1980s, the initial responses to widespread and increasing homelessness were primarily local. However, by the mid 1980s federal legislation finally specifically addressed homelessness with the Homeless Housing Act. The Homeless Housing Act (1986) established the Emergency Shelter Grant program and a transitional housing demonstration program,

creating the first homeless target group. There have been many subsequent variations and amendments to this legislation, the details of which are provided below.

Later, the McKinney-Vento Act (Public Law 100-77) was reluctantly signed into law by Ronald Reagan on July 22, 1987 (National Coalition for the Homeless, 2006, p.1). Reagan's individual responsibility ideology clashed with assisting an undeserving population even with basic emergency services. The McKinney-Vento Act was the first legislation to define homelessness put forth by the United States Congress.

The Stewart B. McKinney Homeless Assistance Act – States that the purpose of this Act is to: (1) establish an Interagency Council on the Homeless; (2) use public resources in a more coordinated manner to meet the needs of the homeless; and (3) provide program funds for the homeless, with special emphasis on elderly persons, handicapped persons, families with children, Native Americans, and veterans.

McKinney-Vento targeted the visibly homeless with the creation of shelter programs, but also targeted more dependent homeless persons including the elderly, handicapped, families, children, Native Americans and veterans with particular programs. While the social construction framework can identify sub-categories, it does not provide guidance on other social constructions experienced by target populations. The homeless who did not fall into specifically mentioned categories received more general homeless services provided by the legislation but remained outsiders or deviants. Substantial parts of the Act were reauthorized for two years on November 7, 1988, in the Stewart B. McKinney Homeless Assistance Amendments Act of 1988. The 1988 amendments mostly served to expand eligible activities and to modify the distribution of McKinney funds (National Coalition for the Homeless, 2006, p.2).

Later modifications of the McKinney-Vento Act, implemented larger changes. The following programs were added during the 1990 amendments: Shelter Plus Care program; Projects for Assistance in Transition from Homelessness (PATH) program; demonstration programs within Health Care for the Homeless program. These programs were created to assist those with disabilities, mental illness, AIDS and substance abuse issues, as well as address the specific topic of homeless children and families. Thus it becomes apparent that AIDS, substance abusers, and

mental illness were targeted more specifically in this legislation, making them more dependent sub-populations. However, with respect to substance abuse, many of the programs were targeting children and substance abuse rather than long term users.

In 1992, the Rural Homeless Housing Assistance grant program was created and the Access to Community Care and Effective Services and Support (ACCESS) program was expanded to include substance abuse within its parameters. These policy changes targeted the rural homeless, which up until that time had very little recognition. Again substance abusers are cast in a more dependent like state with the extending of the ACCESS program to that population. Many programs initially in the McKinney Act (renamed McKinney-Vento in 1990) lost their funding in 1996 including: Adult Education for the Homeless, Homeless Veterans Reintegration Project, Emergency Community Services Homeless Grant, and Family Support Centers (National Coalition for the Homeless, 2006). This loss of benefits to these populations did not necessarily remove them from the dependent category, given that many of these services were offered by private, religious, or non-profit organizations despite a lack of federal funding.

Housing First is a policy that has been integrated into housing/homeless legislation over the past 15 years. In 1992, a psychologist by the name of Sam Tsemberis who treated several homeless individuals with dual diagnoses, which entails that a homeless person is mentally ill as well as a substance abuser, decided to start to house individuals upon their request with no prior treatment or sobriety requirements. Housing First programs rank stable housing as the first and highest priority vis-à-vis abstinence from substance use and/or abuse, thus practicing a harm reduction approach (Gulcur, Padgett, and Tsemberis, 2006, p. 74). Housing First has recently been integrated into federal policy in the American Recovery and Reinvestment Act in 2009, and the HEARTH Act, within the, “Homelessness Prevention and Rapid Rehousing Program” or HPRP.

While there have been many attempts to address homelessness, the reason that the Housing First model was so diffusive and permeated so deeply into the United States was its amazing ability to increase the revenue of states through cutting the costs of publicly and privately funded programs, and to increase the consumer power of the homeless aggregate, thus providing an economical win-win situation. These economically beneficial results were conveyed through cost-benefit analyses conducted by several states. With a model satisfying Maslow’s hierarchy of needs, in which the satisfaction of basic needs leads to self-actualization, and saving several

states tens to hundreds of thousands of dollars, a Boston Globe article states, “Cost-benefit analysis may be the new compassion ...” (Graves, Sayfan, 2007, p.1).

The McKinney-Vento Act, being the first legislation passed that specifically addresses homelessness, provides a glimpse of the original target populations selected for homeless services. It is also interesting to note that the McKinney-Vento Act itself refers to several sub-target populations.

It specifically refers to the following sub-target populations: Adults, At-risk Persons, Children, the Elderly, Families, the Handicapped, Homeless Individuals, Low Income People, the Medically Underserved, the Mentally Ill, Migrant and Seasonal Workers, Native Americans, Substance Abusers, and Veterans (Kyle, 2005, p.53).

With the categories identified by the legislation it becomes clear that various sub-populations are identified to receive the benefits and burdens of this policy. This confirms the assumption that the homeless population is quite diverse as theorized by social exclusion. Thus social exclusion informs us of various policy areas allowing for a layered social construction framework approach.

4.4.2 Deinstitutionalization

Deinstitutionalization is the process through which the care of mentally ill persons was transferred from state run hospitals to the community. The legislation related to this process is civil commitment law, which determines the criteria that must be met in order for a mentally ill person to be committed to a state hospital. Civil commitment law lies in the hands of the individual states, however certain trends were present in its early years. In the mid-19th century mental hospitals were created in order to separate the mentally ill from prisoners. However, doctors, often acting at the request of the patient’s family, had almost unfettered discretion in decisions regarding commitment, and regulations protection the liberty and interests and individual rights of patients were virtually unknown (Fennell & Goldstein, 2006). This led to civil commitment law reform to protect patients, but statutes were quickly loosened to give power back to physicians rather than due process for the first half of the 20th century.

The initial impetus for deinstitutionalization of mentally ill persons arose in the late 1940's and early 1950's, when the intellectual leaders of the psychiatric profession became convinced that hospitalizing patients who were undergoing an acute episode of mental illness often did more harm than good (Jencks, 1994 p. 25). Krieg (2001) acknowledges several factors that accounted for this shift from hospitals to independent treatment environments, including the introduction of widely available drugs (e.g. Thorazine) in the 1950's which curbed paranoia and hallucinations, making previously long-term patients, such as schizophrenics, potential outpatients. Jencks argues that another cause of deinstitutionalization was multiple lawsuits during the 1970's proclaiming that involuntary commitment was taking advantage of the mentally ill, and that patients could not be kept against their will unless they posed a clear danger to themselves or those around them. In Krieg's 2001 study he cites court decisions, such as *Shelton v. Tucker* in 1960, in which commitment became acceptable when, "...there are no feasible means of treatment that would allow more freedom to patients" (*Shelton v. Tucker* 1960). Later cases such as *O'Connor v. Donaldson* (1975) found that non-dangerous mental patients who had been involuntarily placed in hospital care have the right to be treated or released. Congress created Medicaid in 1965 and Supplemental Security Income (SSI) in 1972 providing monthly stipends to those applicants determined to be unable to hold steady employment due to mental or physical disability while covering the costs of short term psychiatric care received at a general hospital and declining to cover stays in State mental hospitals. Therefore patients without completely disabling mental ailments were turned away from state hospitals, in lieu of nursing homes and out-patient care (Jencks, 1994).

This set of developments had multiple effects on the mentally ill. The consumers of mental health care now had the ability to be involved and make decisions about their treatment and life decisions. But mental health hospitals may have made patients more prone to homeless episodes, due to dependence on the hospital environment, encouraging a lack of independence and decision making of the mentally ill. Homelessness has been identified as a side effect of deinstitutionalization given that the mentally ill will not seek treatment for debilitating ailments, or will "self-medicate" with the use of illicit substances. A study by Lamb and Shaner (1993) found that many patients were being discharged without sufficient community based care, and also that those who do not receive necessary care are made exceptionally prone to homelessness.

Also the stigma of mental illness and the limited capabilities of the severely mentally ill may prevent them from actively participating in their communities and integrating into society.

4.4.3 Crime and Post Incarceration Prohibitions

Since felonies have been addressed by policy, the target population has been selected to receive burdens appropriate to their perceived deviance. A substantial proportion of homeless individuals have been incarcerated prior and/or during an episode of homelessness (Metraux et al., 2007), thus confirming a distinct overlap of these two policy areas. However, under current crime legislation, many substance abusing homeless have had various contacts with police, particularly in relation to substance abuse practices (March et al., 2006; Todd et al., 2004; Metraux et al., 2007; Cole et al., 2011; & Kemp et al. 2006), with some encounters leading to incarceration for longer periods of time due, in part, to the mandatory sentencing put in place by the “War on Drugs”. This displays another overlap of drug policy and homeless policy.

Between 1975 and 2008 the incarceration rate increased nearly 5 fold, from 111 to 504 persons per 100,000, (Sabol, West, & Cooper 2010) leading to increased numbers of incarcerated persons completing sentences or being released early (Ducksworth, 2010; Hannon & DeFina, 2010; Pinard, 2010). Felons targeted by post-incarceration legislation will continue to bear the label of felon post-release and thus remain within a deviant category of the population. Several articles (Ducksworth 2010; Hannon & DeFina, 2010; Pinard, 2010) cite astonishingly large numbers of prisoners who have been released (735,454 in 2008) and those on parole or probation (5.1 million in 2008). The reentry process for the formerly incarcerated is designed to help prisoners overcome many barriers in their transition back into society. These barriers include housing, employment, education, and training. The reentry process itself is a network of federal, state, and county programs that also include both private and public sector agencies designed to intercept individuals and provide services. Within a short period of time it was determined that the greatest assistance was needed in the area of housing and employment (Ducksworth, 2010, p.557). The prohibitions placed on post-incarcerated persons are not federal, and thus vary from state to state.

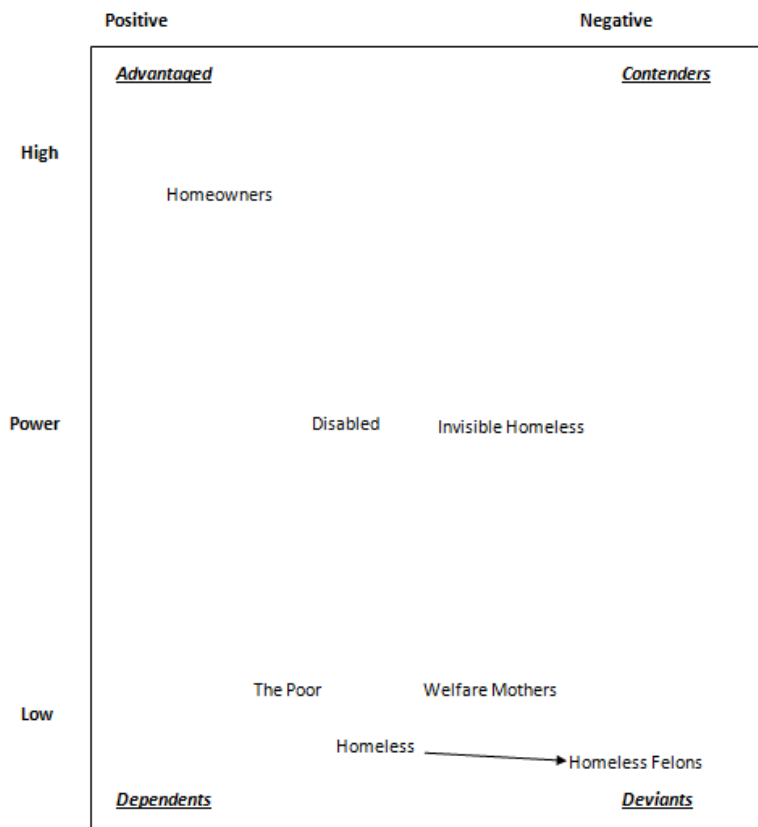
The “criminalization of homelessness” which refers to the enforcement of nuisance crimes (e.g. public drunkenness, public urination/defecation, vagrancy laws, etc.) has also been identified as

increasing the rate of incarceration among the homeless population. According to Fitzpatrick and Myrstol (2011, p. 282), roughly one out of every 12 arrestees in the 30-site sample reported being homeless for at least 15 of the 30 days immediately preceding their arrest. Obviously, this policy targets the visibly homeless, who choose not to be housed in shelters or transitional housing programs, burdening them with a deviant label. Snow et al. (1989) finds that the largest number of arrests for the homeless are for nuisance and petty crimes. Homeless arrestees were significantly less likely than domiciled arrestees to be jailed for a violent crime, equally likely to be booked for property crimes, and about twice as likely to be arrested for order maintenance (nuisance) offenses (Fitzpatrick & Myrstol, 2011, p. 284). The exact numbers of homeless persons who have been incarcerated are unclear, as HUD's Homeless Management Information System (HMIS) only collects data on the previous night's residence of sheltered persons. Figure 3 shows the position of the sub-category of the homeless population that has been convicted of a felony, or is visualized as criminal, compared to the more general homeless population.

4.4.4 War on Drugs

Drug policy in the United States is somewhat infamous around the globe for its extreme punishment and rigidity. These policies obviously target substance users and place substance users within the deviant category. The Nixon administration passed the Controlled Substances Act, as part of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Mosher & Akins, 2007). This allowed the government to have legal standing to begin the "War on Drugs". The war continues on, with US President Ronald Reagan and Prime Minister Margaret Thatcher, waging campaigns of "Just Say No" to drugs, and "Heroin Screws You Up" in the mid 1980's (Buchanan & Young, 2000). Reagan's changes to the original Controlled Substance Act included harsher penalties and mandatory sentencing in relation to drug offenses, reinforcing the initial policies stance and placement of the target groups within the deviant category. These policies distinctly affect the homeless population. Percentages are likely to underestimate the true extent of homelessness among problem drug users because they do not include those whose homelessness may be concealed (Kemp et al., 2006).

Figure 3. Target Population Shifts due to Post-Incarceration Policy



From Ingram, Schneider, and Deleon (2007).

The Anti-Drug Abuse Act made several modifications to the Controlled Substances Act including: modification of the qualities and kind of controlled substances that trigger revised penalties; imposes criminal penalties for simple possession of a controlled substance; and the treatment of controlled substance analogs as a Schedule I substance (Anti-Drug Abuse Act, 1986). It is also important to note the Anti-Drug Abuse Act contained the Homeless Eligibility Clarification Act, which both amended the Food Stamp Act of 1977 to include food served to the homeless to the definition of food stamps, and amended the Job Training Partnership Act to make the homeless eligible for job training programs (Anti-Drug Abuse Act, 1986). The Violent Crime Control and Law Enforcement Act specifically mentions programs and outreach concerning youth involvement in drug trafficking. This legislation places at-risk youth within the dependent category, while leaving adults involved in the drug trade in the deviant category.

The Drug Free Community Act continued this trend by focusing on the treatment of youth substance abuse problems, stating that:

The Director of the Office of the National Drug Control Program plans to establish a program to support communities in the development and implementation of comprehensive, long-term plans and programs to prevent and treat youth substance abuse (Drug Free Community Act, 1998).

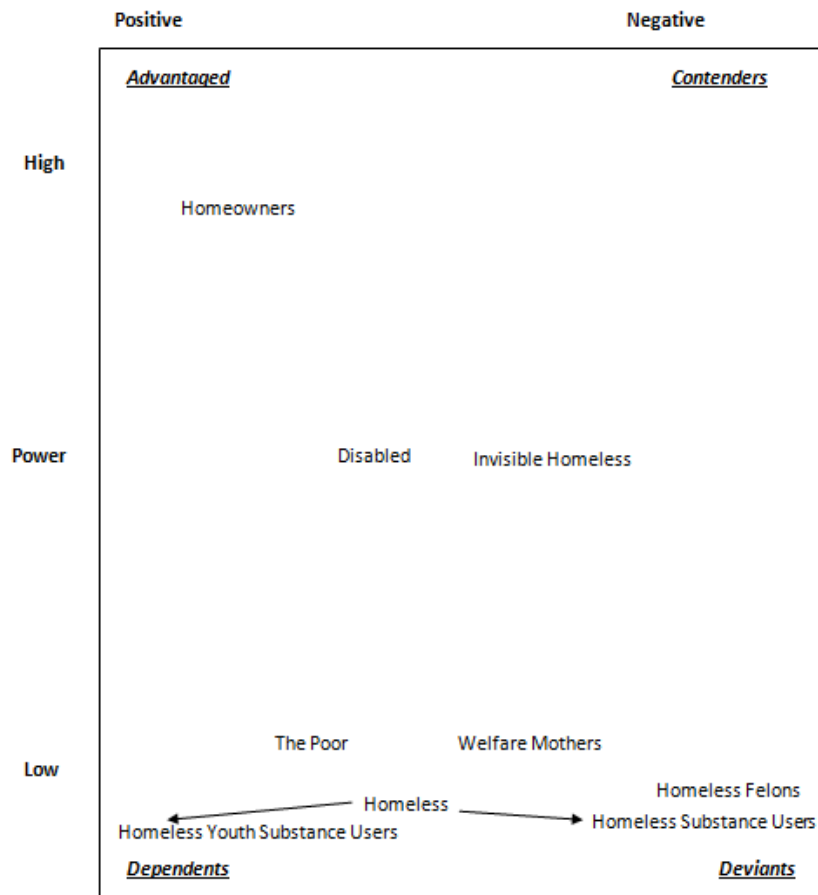
Figure 4 denotes the effects drug policy have had upon the drug using subcategories of the homeless population. Stacking the layers of homeless and drug policy upon the homeless population, it becomes apparent that youth substance abusers are shifted into a dependent position, while adult substance users are shifted towards deviance.

4.4.5 Welfare Reform

An intersection of the homeless issue and policy legislation can be seen in the Clinton administration's Personal Responsibilities and Work Opportunity Reconciliation Act of 1996, which among other things, terminated both Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) for substance abusers (Anderson, Shannon, & Goldstein, 2002). The target group of this policy was welfare recipients; however, in creating this policy addiction disability recipients, low-income persons, and long term benefit recipients, were removed from this target population through a cut in funding, placing a burden upon them. Many substance addicted persons became homeless due to an inability to pay rent that was previously subsidized by government payments, thus placing substance abusers, formerly in a position of more political power, within the welfare population, and shifting them fully into the deviant category. This legislation also imposed time limits on the recipients of federal aid, placing a cumulative five-year limit on those who wish to receive social welfare funds. This legislation also affected those who had been convicted of a drug felony. Persons convicted of a drug felony received a lifetime ban from welfare and food stamp benefits, via the welfare reform package passed by Congress (Mauer, 2003).

This was an optional welfare policy which states could elect to enact; however, over twenty states have adopted this policy in full. Eliminating those ever convicted of a drug related offense

Figure 4. Target populations shifts due to Drug Policy



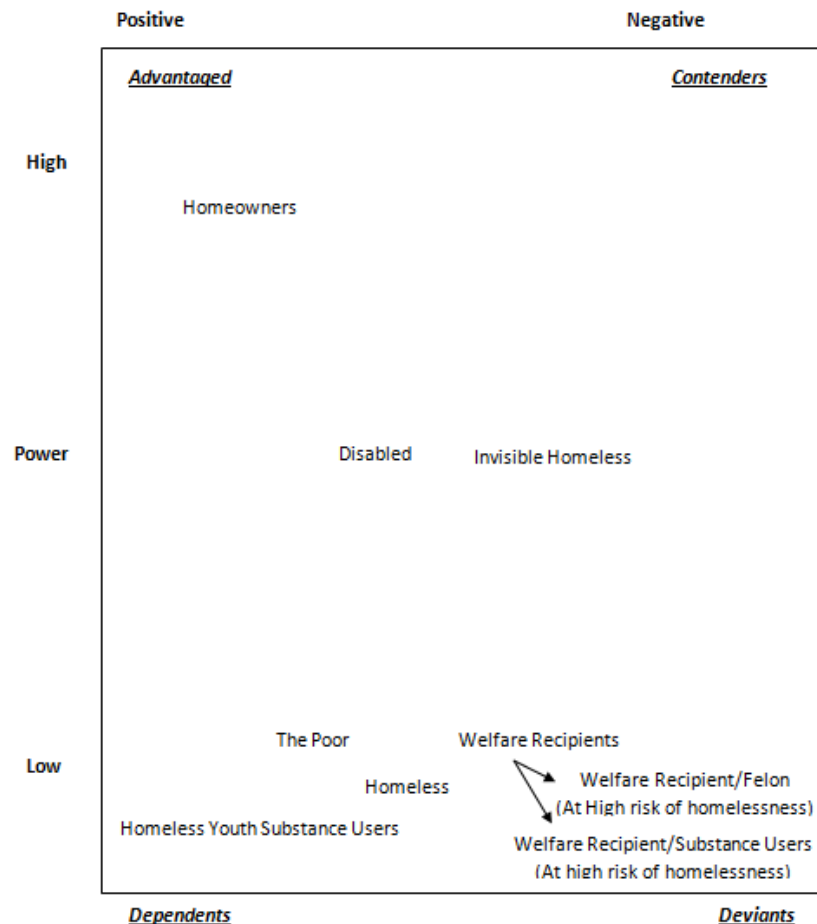
From Ingram, Schneider, and Deleon (2007).

from social welfare rolls immediately solidified felons convicted of drug related crimes within the deviant category despite having paid their debt to society. Illustrating the effects of Welfare reform, Figure 5 depicts the potential movements of felons and substance abusers who were previously housed using welfare benefits towards homelessness.

4.4.6 Housing Policy

The review of housing policy begins with the Housing and Community Development Act of 1974. The Act addressed the acquisition of property for development, preservation and

Figure 5. Target population shifts due to Welfare Reform



From Ingram, Schneider, and Deleon (2007).

rehabilitation for public housing purposes. This included the rehabilitation or improvement of buildings that house families of low- or moderate- income levels (HCDA, 1974). Low- and moderate-income persons were also affected by the assistance given to lenders to support improvement activities towards the conditions of their housing (HCDA, 1974). Thus these policies are targeting low- to moderate-income households looking to improve their situations and create more housing for this population. Small revisions were also made to this act in 1977, 1988 and 1992.

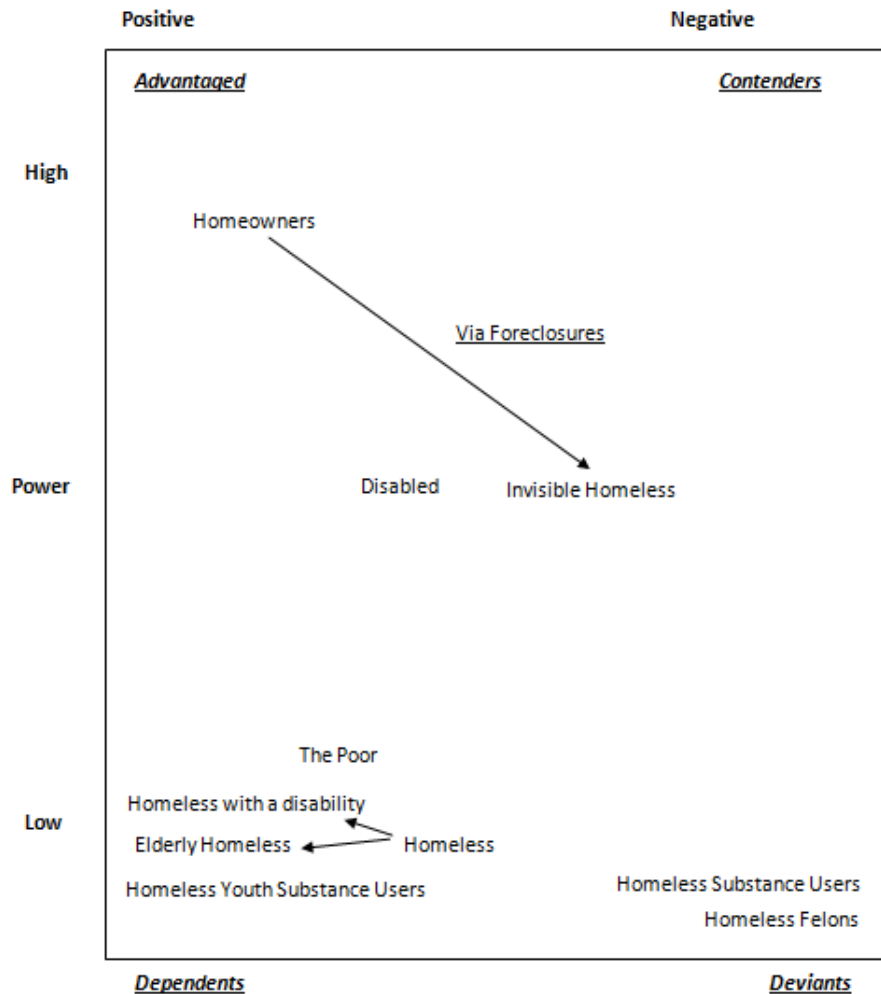
In 1974, the Housing and Urban Development Act was passed, authorizing the Community Development and Housing Block Grants, which deal in the acquisition of property, public works

construction, and improvements. Within this legislation was a section entitled Public Housing Assistance Programs, which provided loans to finance, purchase, or repair privately owned dwellings for those eligible. This bill targeted homeowners, but neglected the homeless population. Following the Community Development and Housing Block Grant was the Housing, Community Development, and Homeless Prevention Act of 1987, amending the US Housing Act of 1937 for lower income housing programs, particularly Section 8 (HCDHP, 1987). Section 8 housing is particularly important to the homeless who receive federal aid due to a disability, as they would be eligible for this type of aid. Homeless persons with income could also be eligible for subsidized homeownership loans, low-income and elderly subsidized rental housing loans, and rental assistance payments (HCDHPA, 1987). This provision places the homeless receiving federal aid such as the disabled, elderly, or youth, in the dependent category, as opposed to those who are receiving no income.

In 1990, the Cranston-Gonzales National Affordable Housing Act reiterated that any American family should be able to afford decent housing within a safe environment, and moved to increase the amount of affordable housing available within the United States. Affordable housing, according to this Act, includes housing occupied by low-income families, available to those using Section 8 vouchers, and has a plan in place to keep housing prices affordable for future tenants (CGNAHA, 1990). Again this reaffirms the previous legislation in its stance, which can be seen in the Figure 6.

In 2007, the United States economy took a crippling blow with the burst of the housing bubble. Many leading economists agree: The economic crisis we are experiencing is directly tied to an over-inflated housing bubble wherein mortgage lenders made reckless, high-risk loans (Issa, 2010, p.407). Many families bought homes they could not afford using subprime or adjustable rate mortgages, and financial institutions' repackaging of those mortgages, to create allegedly safe assets for retirement plans and municipalities, brewed a perfect storm as the housing market stalled in late 2005. Without continued growth the bubble burst and sent the United States into a recession, leaving many homeowners buried in debt beyond the values of their homes and with payments they could not afford. According to the Mortgage Bankers Association, an industry group, about one percent of all home loans were in the foreclosure process in the second quarter of 2006.

Figure 6. Target population shifts due to Housing Policy



From Ingram, Schneider, and Deleon (2007).

By the third quarter of 2008, the rate had tripled to almost three percent (Congressional Digest, 2009). Thus homeowners logically abandoned their properties and their financial obligations. This situation changed the composition of the homeless population, casting multiple families formerly with political power and advantaged status into a politically powerless population. However, many of the families losing homes to foreclosure did not appear within the mainstream homeless population, but instead became what researchers have coined the invisible homeless. Figure 6 shows their downward trajectory. In 2008 the government's response to high foreclosure rates and the housing crisis was the Housing and Economic Recovery Act (HERA).

The HERA legislation includes the following titles: Foreclosure Prevention Act of 2008; Mortgage Foreclosure Protection; Emergency Assistance for the Redevelopment of Abandoned and Foreclosed Homes; Housing Counseling Resources; and Housing Preservation. This legislation targeted homeowners who had not lost their homes, but for many families this legislation came too late, leaving them in a politically powerless and potentially deviant population. The American Reinvestment and Recovery Act (ARRA) was passed as a stimulus package meant to jump start the economy, and included a section under Title XII, making supplemental appropriations for the fiscal year of 2009 targeting those who had already lost their homes to foreclosure through the homeless prevention and rapid re-housing programs. This development led policymakers to expand the definition of homelessness, to include these families and those on the verge of losing their homes, in order to make them eligible for services.

This review of legislation demonstrates that all of these policy realms have impacts upon the homeless population, thus providing evidence that social exclusion alerts us to the multiple layers of policy that have an impact upon a target population. Thus Figure 7 demonstrates this concept of layering of policies to accurately represent the homeless population and how they have been impacted by various policies.

This diagram also represents the process that will be used in the next section of this study, to apply social construction theory to each of these policies to give an overall social construction of the homeless population, placing sub-categories in their respective quadrants.

Figure 7. Diagram demonstrating the layering of policies



5 Summary Analysis of Policies Relating to Homelessness

Now that a foundation of information has been laid concerning past legislation, causes, and definitions of homelessness, we can move forward to apply the social construction framework, informed by social exclusion, to the homeless issue in the United States. This section addresses the major elements of the social construction framework, identifying institutions and culture, target populations, society, and policymaking dynamics related to the past legislation examined in the previous section and concluding with a discussion of the legislation predicted by the framework.

5.1 Institutions and Culture

This section describes the public and elite opinions expressed in past policies and the current policy environment, the social constructions which have been applied to the target populations of these policies, the distribution of power between policymakers and the target populations, and the preferred knowledge systems concerning these target populations.

The policymakers, government officials and the electorate, and influential activists all fall into the category of public elite opinion. With the introduction of homelessness as a national policy issue in the 1970's, there was a basic understanding of a certain kind of homelessness. The McKinney-Vento Act was written to address this sub-population and through this legislation we can see the opinion of the creators of the policy. The McKinney-Vento Act provided life necessities, such as clothing, shelter and food. Additional services were offered to more deserving populations as mentioned earlier; however, this was no doubt partially necessary to gain support for legislation offering services to a previously negatively constructed population. Therefore deserving subpopulations of homelessness needed to be identified in order to change the conception of the homeless from deviant to dependent, allowing the legislation to pass. This is especially true given President Reagan's hesitance to sign the bill after it passed Congress. Within the McKinney-Vento Act, however, neither the deviant or dependent populations were given any means to obtain political power, and thus were left unable to influence the social construction placed upon them by policymakers. Again this is no doubt by design as Ingram et al. (2007, p.106), states, "Policymakers, especially elected politicians, respond to, perpetuate,

and help create social constructions of target groups in anticipation of public approval or approbation.” Given that the homeless population is so negatively regarded and has no financial means to contribute to campaigns, elected policymakers have no incentive to give power or benefits to this population.

There are limitations to policy and its ability to shift the social construction, or more specifically, the public opinion concerning a target group. The images of beggars, vagrants, drifters, and railroad stowaways have persisted over decades, and public opinion was not going to change quickly, even with a “sympathetic” portrayal/policy by policymakers. Thus the system of thinking continued with regard to this population, and stigma in mainstream society continued to persist as predicted by social construction theory and its concept of preferred knowledge systems. While various programs were added to address the transitionally homeless or discontinued in the following amendments to the McKinney Act, no large differences were made to the treatment model for chronically homeless individuals.

The George W. Bush administration introduced the Housing First approach to homelessness as a way to contain the costs associated with homelessness. This approach housed individuals immediately without sobriety or other requirements, giving them more permanent shelter and access to a caseworker and various services. Given the message of “individual responsibility” presented by the president throughout his administration, it was an unexpected move; however, there were many stories in the mainstream media concerning the financial burden of homeless individuals on society. An infamous example of this burden was portrayed by an article in the New Yorker (2006), entitled “Million Dollar Murray”. Murray, a chronically homeless alcoholic in New York City, was tracked over ten years, and determined to have accrued more than a million dollars in medical and other bills, which he was unable to pay. Housing First, in its removal of homeless persons from the streets, prevented illness, reduced time in jails/prisons, and reduced the number of fines for homeless persons, resulting in enormous savings. Thus the Bush administration funded organizations to house substance abusers and the mentally ill using the Housing First approach, citing them as a dependent group, but also acknowledging the economic initiative behind housing formally deviant populations.

The United States has had a deterrent model in place to deal with crime since its inception. The federal government has extensive legislation concerning criminal activity and the rights of

persons convicted of crimes after their release. However, several states have also added criminal legislation to federal statutes concerning convicted felons and their rights. Policymakers have added additional restrictions on the political rights of convicted felons over time, conveying the opinion that harsher penalties will create more deterrence for persons who intend to commit crimes. The public opinion of felons is that of distrust, as can be seen by the disclosure of felonies upon volunteer and job applications, which can lead to immediate dismissal. This public opinion is related to laws, the mainstream media reporting crime on a nightly basis, and the general public's lack of exposure to felons who have reintegrated into society. There is also a distinction between white-collar crime, such as embezzlement, and the non-violent robbing of bank. Both result in felony convictions, however, someone convicted due to a robbery is to be feared, while an embezzler is thought to be mischievous, but not threatening. Felons are one of the most negatively constructed populations, and combined with the issue of homelessness, homeless felons find themselves as a negatively constructed and powerless population. Policies aimed towards this subcategory of homeless persons are usually punitive in nature, while wealthy felons reintegrate back into society and emerge unhampered by the financial restrictions (fines, suspension from public benefits, etc) placed upon low-income felons.

Prior to the deinstitutionalization process, the main institutions that dealt with the mentally ill were state run mental facilities, in which around the clock care could be provided to patients. However, following deinstitutionalization many mentally ill persons were released to private dwellings, and while the social construction of the mentally ill as dependent and powerless individuals did not change, the mentally ill became much more visible. Hence the federal government began supplementing the income of mentally ill individuals to remove them from public view, changing the public view of the mentally ill population. Given that the public has a history of fear regarding individuals suffering from mental illness due to unpredictable behaviors and mannerisms, their main concern was the interaction with this population as well as their prominence within society. Therefore policies have granted financial assistance and a positive social construction to this population, granting them access to homeless and other services allowing them to be less visible to the public.

Drug use in the United States has been taboo since the passing of the Controlled Substance Act. From this point government has maintained the position that any illicit substance is illegal, with

the exception of substances used for medical purposes. This legislative stance has criminalized all illicit substance users, thus giving them a negative construction. Also given the harsh penalties associated with substance abuse, many illicit substance users may have previous felonies related to their drug use adding to their negative social construction and eliminating their political power. Substance abusers in general are characterized as deviants; however, particular substances are more harshly penalized than others (e.g. crack versus powder cocaine). The “Just Say No” and the Drug Abuse Resistance Education (DARE) programs sent the message of all drugs as equally dangerous, which seems to remain the preferred knowledge system for drug policy. There is no political power given to illicit substance users by legislation; however, wealthy substance abusers are better able to avoid the consequences posed by law enforcement than low-income drug users with limited financial resources.

The Personal Responsibility and Work Opportunity Act passed in 1996 mainly addressed issues concerning the eligibility and services offered to persons receiving federal assistance through the welfare program. The Welfare program was created by Franklin D. Roosevelt to aid families with dependent children. Receiving government aid has carried a societal stigma since the creation of the welfare program. However, with a trend of individuals receiving welfare benefits for extended periods of time legislation was drafted to limit the length of time for which benefits were available to people, prompting welfare reform in 1996. The government’s opinion of these programs has seemed to be that families with children who are in need of temporary aid should be able to receive that aid; however, that message was strictly enforced with the time limits placed upon benefits received from welfare programs. Welfare recipients have a reputation in the public arena as lazy, especially since the emergence of the “welfare queen” image. Thus welfare recipients and their social construction from a policy perspective may have been dependent, while public opinion and media have constructed this population as deviant. Recipients of welfare benefits have low political power as they are perceived negatively by general society, and their low socioeconomic status prevents them from economically contributing to political campaigns.

Government and public opinion concerning housing policy has been fairly consistent over the four decades. The opinion that families who experience problems not of their making should be able to receive assistance has long been supported by society as a whole and housing policy in

particular. This includes persons experiencing difficulties in relation to short-term unemployment, documented mental illness, documented disability, and the elderly. The individual responsibility ideology also impacts deviant populations needing assistance with housing by requiring income and meeting particular requirements for programs. Failure to meet these criteria results in the revocation of eligibility for housing. The social construction for populations targeted by this policy is positive (e.g. people requiring assistance when faced with issues beyond their control). Persons within these programs can have more or less political power based upon their income, professions, etc. There is still some stigma surrounding government or state subsidies, that may limit their power, along with their economic hardship which prevents them from fiscal involvement in policy. However, with the positive social construction experienced by these dependents they can be a publicly sympathetic group potentially resulting in more political power.

5.2 Target Populations

This section examines policy from the perspective of the target population. This includes their policy experiences, how they have experienced the policies targeting them, their interpretations of these policies, and how these policies have affected their opinions and participation in government functions. As with the previous section, this section begin with homeless policy and moves on to the other policy areas discussed.

Homeless persons have been on the receiving end of various policies, with different experiences dependent upon the subcategory they are placed in. With the McKinney-Vento Act in 1987, the homeless were able to receive more systematic sheltering as a result; however, the basic necessities provided by this act did little to improve their public image. The message of the policy seemed to be that homeless persons have to follow the rules laid out by organizations sheltering them to receive basic care, and with that care came the understanding that homeless persons were expected to reenter society. It was also made clear by the lack of political power available to this population that until a person became a productive member of society, they would have no political power and thus no influence on the policy affecting them. Consequently many persons did not participate in various governmental activities due to their lack of political power. A homeless person's orientation towards government depends on the subgroups in which a homeless person resides. Hence while the dependent groups might be pro-government

in their activities, the deviant population may be hesitant to trust or participate in government programs.

The policies concerning rights of previously incarcerated persons target convicted felons after their release from prison. The experience of this population has varied widely depending upon their state of residence, as some states have increased restrictions upon the rights of felons. The interpretation of policy messages appears to be that punishment continues following the completion of your sentence, and requires felons to feel the weight of their deviant actions until such a time that the restrictions are lifted, or for the rest of their residence within that state. This provides felons with a negative orientation towards the government, due to continuing punishment, which in some cases may prevent felons from participating in government or community activities. However, felons are a negatively constructed population and thus their political power is limited to other aspects of their life including socioeconomic status, housing status, etc.

The mentally ill as a target population have received a policy message of voluntary treatment over the past 50 years. Given that deinstitutionalization has been the main policy area relating to mental illness, these experiences as seen through the eyes of the target population may be varied. Many mentally ill persons were in favor of deinstitutionalization as it would free them from mental hospitals and involuntary commitments. Their self-advocacy was one argument in favor of a policy; however, others argued that the mentally ill may not have the foresight to see the hardships accompanied by living independently without assistance. Thus some mentally ill persons may have perceived deinstitutionalization as positive, and a message that they could care for themselves. Others, after experiencing living on their own, may have interpreted these messages as abandonment after losing their social structure and assistance, which was given at mental health facilities. The mentally ill are a unique population as their involvement in government affairs and their viewpoints on government are fairly limited due to their mental state and their lack of influence on policy. Hence it can be concluded that while the target population of the mentally ill is seen as a dependent population because of their need for care, they are also powerless given their low income and lack of participation within policy making.

The War on Drugs targeted illicit substance users within the United States. Persons using illicit substances have experienced the penalties put in place by the Controlled Substances Act as well

as the even more stringent penalties including mandatory sentencing put forth in its amendments. The interpretation of this message is that drugs not marketed as legal by the United States, or without a prescription, are forbidden, and that those using these substances are deviants and delinquents. Many illicit substance abusers thus avoid government in the form of law enforcement due to harsh penalties, and, in general, have a negative view of government due to the punitive measures taken against this population. Given this populations' negative construction and lack of public sympathy, their political power is fairly low; however, as with felons other factors may influence their ability to influence politics, (e.g. socioeconomic status).

Welfare reform was designed to target current and former recipients of welfare benefits. The experiences of this population had been subject to various alterations to the Aid to Families with Dependent Children (AFDC) program in place since the Roosevelt Administration. However, the changes in this policy specifically targeted long-term welfare recipients, substance abusing recipients formerly receiving support from SSI, and substance abusing recipients who had been convicted of a felony. The interpretation of the policy to recipients made clear that aid was temporary and that the transition to productive employment was required within five years or all benefits would be terminated. There was also the distinct message that substance abusers should not be in the program unless committed to combating their addiction. This can also be seen in the nationwide movement to have welfare programs require drug testing of their participants. Welfare recipients on the whole, due to their negative social construction and socioeconomic status, do not have much pull, or large participation patterns within political movements. Also while they may have a positive orientation towards the government for the benefits received, those cut from the rolls have a negative image of the government.

The populations targeted by housing policy, have mainly been low- to moderate-income persons, unable to afford housing despite having income. The interpretation of the messages given to support these policies must be positive for those receiving aid, however some might resent needing assistance. The policy message also clarified that those potential applications lacking income were not socially worthy of housing support. The orientation of those not receiving aid toward the government would likely be negative, due to the fact that they may be struggling to find income, but may require housing. Participants in these types of programs are likely to be positively oriented toward the government, and given that they are a dependent population may

have more political power than non-participants. However, given the recipient's involvement in an assistance program it is unlikely such persons would be able to contribute to political activities economically.

5.3 Society

The societal dimension of the social construction framework deals with how society handles and interprets a policy issue. This dimension is related to society's values concerning democracy, what qualifies a person as a citizen, society's ability to handle the issue independently, and the justice system's interaction with society and the specified policy areas. Thus all of these policy areas within the United States will be explored at once in this section.

Society in the United States values democracy and the rights of citizens. The idea of citizenship is integral to our society; however, certain acts can be committed which limit the rights of citizens. Citizenship is tied to activities such as voting, having an influence upon policies, and rights which can be removed temporarily or permanently by a lack of residence, crime conviction, etc. Society also embodies the notion of citizenship within a society. While we understand that citizenship is a legal process, it is also an issue of having particular rights tied to residence within the United States. Therefore with the issues of homelessness, do they really have residence within the United States given that they have no dwelling to call their own? Some states require a residence to vote, thus giving a sufficiently diminished version of citizenship to those without residences. Also those who are homeless and experiencing compounded issues of substance use, criminal records, and mental illness have several rights that are temporarily or permanently restricted. Additionally, the homeless population has few financial resources to be involved or contribute to activities within society, thus not allowing for numerous connections to society, or the power to participate in it. There is also a societal stigma surrounding the issue of homelessness casting the homeless as outsiders or failed citizens, thus giving a societal view of the homeless as lesser citizens. Thus it becomes clear that dwelling occupation is a crucial piece of citizenship in the United States, and homelessness, compounded with other issues of drug abuse, mental health, and other failings, will provide persons with a lesser version of citizenship than their housed counterparts.

Society's capacity to independently handle the homeless issue is limited given the previous evidence that the homeless are a diverse population, and that several of them do not wish to be identified, due to past actions, or not wishing be labeled as homeless. Also those who are homeless may have several confounding issues such as mental illness, chronic conditions, drug habits, etc. Various community and religious organizations are involved in providing services for the homeless, but require funding to operate programs potentially beyond mainstream society's ability to address. This logically dictates that government intervention in this situation to create a network of services seems necessary to address these issues. The justice system also plays a crucial role in any society. As discussed previously, the homeless population comes into contact with the justice system quite frequently either due to the conditions of being homeless itself (trespassing, public urination, camping, etc.) or due to other illegal activities such as drug use, violation of parole, etc.

5.4 Policymaking Dynamics

The policymaking dynamics referred to by Ingram et al. (2007) can be attributed to the processes surrounding policy. However, policymaking dynamics also refers to the changes in political climate such as the political party in power and the ideological stance of the current administration. Agenda setting is the process by which problems and alternative solutions gain or lose public and elite opinion (Birkland, 2005, p.108). This process involves various groups competing to implement their version of legislation. The groups competing in these issues use political power to attain placement upon the agenda, attempting to create social constructions that grant them favor within the current political climate. The agenda itself is a collection of issues, their causes, their constructions, and their potential solutions that are brought to the attention of the public and representatives (Birkland, 2005).

Since the 1980s, the political climate has clearly influenced the types of legislation passed. With a large visible homeless population growing in the 1980's, there was no ignoring the issue and members of the public and policymakers were pressed to address it. However, given the individual responsibility Republican platform of Reagan, any legislation regarding the homeless population needed to remove them from the public eye but not reward them for their status. Thus the resulting legislation of emergency services emerged. The next large shift in homeless policy was the implementation of Housing First, which symbolically made no ideological sense

under Republican president George W. Bush. This was a policy that allowed for the housing of persons that this president may have characterized as deviant; however, it was a fiscally attractive option, saving thousands of dollars per client. Hence the social construction of the homeless as dependents who needed temporary help was used to pass the legislation. Public opinion regarding felons has been reflected in the penal code and prisoners' post-incarceration restrictions. As felons have limited rights, it was mainly up to legislators to present their image according to the policy desired. Thus the image of the persistent deviant and an extremely fiscally demanding prison system is maintained based on the political opinion surrounding crime committed by individuals with low socioeconomic status. The same argument can be made for substance abusers. At the inception of the War on Drugs, the presence of illicit drugs entering the United States from other countries was large, and was responded to by an attempt to lessen demand for the drugs by deterrence. Consequently drug users were immediately confronted with the justice system for any substance use that was not by prescription, cigarettes, or alcohol. Given that homeless persons' visibility is quite high due to a lack of a private space their substance use was also public, increasing their interactions with the justice system beyond nuisance crime arrests and citations.

5.5 Resulting Policy as Predicted by the Social Construction Framework

Using the application of the social construction framework to multiple policy areas informed by social exclusion, this study can hypothesize what a resulting policy would include. The social construction framework acknowledges that policies mainly reiterate the stances taken by former policies and their social constructions, unless there is a political motivation for changing those social constructions.

The institutions and culture dealing with policy issues are fairly rigid and difficult to change. Thus it is highly unlikely that the government programs, policymakers, and public opinion surrounding drugs, mental health, housing, welfare, and criminal policy will change in any drastic manner. Thus the same motivations and preferred knowledge systems will most likely be used in future policy.

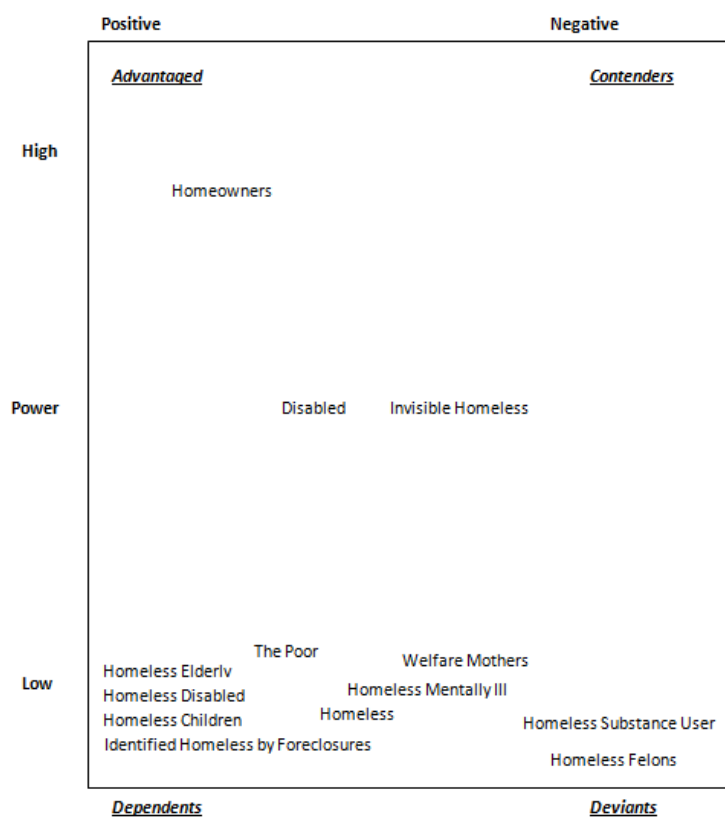
The target populations of these various policy areas are likely to shift, in that sub-categories will be removed or added. However, the social construction of general target populations of policy is

likely to remain fairly stable. Any homeless policy will likely still address the chronically homeless, temporarily homeless and transitional homeless, but may not address illicit substance using homeless individuals. This also applies to other groups constructed as deviant including drug users, felons, and the mentally ill. The social constructions of these groups are likely to be maintained unless there is an impetus for change. For example while there have been movements to legalize marijuana, which would remove certain drug users from the deviant category, there have been no policy decisions that have significantly changed the social construction of the target population (i.e. drug users). Mental health policy has remained fairly constant in their characterization of persons as mentally ill, with no current impetus for change. Policy relating to felons refers to their convictions and thus the target population affected by this legislation is likely to remain the same; and given society's opinion is also likely to remain negatively socially constructed. Housing policy has provided benefits in the past to those with some form of income wishing to be housed, specifically targeting dependent groups receiving federal aid such as the elderly, disabled, and children. There does not appear to be any movement or attempt to characterize these populations as anything besides dependents.

All of the sub-categories of homelessness that have been discussed here have very little if any political power. Hence they would have a minimal effect on the policymaking process and policymaking dynamics. It is only when politically advantageous or necessary that policy changes will be made to address these populations. Thus after examining all of these factors in relation to the social construction of the homeless population we can see that the multiple areas of policy have affected the homeless population. The resulting social constructions of the subcategories of the homeless population due to these policies can be seen in Figure 8.

A stacking of social constructions informed by previous legislation relating to homelessness, drug, criminal, and deinstitutionalization policy, subcategories and their constructions are represented in Figure 8. The Social Construction framework suggests that any future homeless policy will likely be drafted to expand or contract the target population or limit the benefits/burdens distributed while still maintaining the social constructions of the various sub-categories of the homeless population.

Figure 8. Framing of Homelessness in the Social Construction Framework



From Ingram, Schneider, and Deleon (2007).

6 Is the HEARTH Act Consistent with Legislation Social Construction Would Have Predicted?

The HEARTH Act consists of amendments to four programs, but does not address the programs that remained unchanged. However, given that former homeless policies have already been reviewed and used to provide the social constructions illustrated in Figure 8, the main focus of this section will be the amendments to programs discussed in the HEARTH Act and their impact upon the social constructions portrayed above. The Act is made up of four subtitles, the first of which covers the definitions of terms used within the legislation.

Many of these definitions are borrowed from previous legislation; however there are two which are especially worth addressing here: homelessness and ‘at risk of homelessness’. The definition of homeless previously given has been in place for close to twenty years. The definition included in the HEARTH Act encompasses people who will ‘imminently lose their housing,’ which is not paid for by Federal, State, or local government programs. This addition was made in response to the housing crisis and to assist current housing policy legislation. Given that previous housing legislation affected those who had not lost their housing, the HEARTH Act added those at risk of losing their housing to compensate for the gap in housing policy. However, it did so by placing them in a powerless and dependent position. The definition for ‘at risk of homelessness’ with respect to individuals or families, states:

(A) has income below 30 percent of median income for geographic area; (B) has insufficient resources immediately available to attain housing stability; and (C) (i) has moved frequently because of economic reasons; (ii) is living in a home of another because of economic hardship; (iii) has been notified that their right to occupy their current housing or living situation will be terminated; (iv) lives in hotel or motel; (v) lives in severely overcrowded housing; (vi) is exiting an institution; or (vii) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness (HEARTH, 2009, p.3).

The expansion of the definition of homelessness to include those at-risk of losing their housing and those who are relying on individual support systems, encapsulates the formerly independent

invisible homeless group into the homeless population. This shifting individuals from a neutral or even advantaged position to a dependent and powerless social construction.

The following sections of the Act outline various amendments to several programs to deal with the changing homeless population, including the Emergency Solutions Grants (ESG) Program, Continuum of Care (CoC) Program, repealing of the Safe Havens for Homeless Individuals Demonstration Program, and the establishment of the Rural Housing Stability Assistance Program. Nonprofit organizations were eligible to apply for ESG program funding if they engaged in the following activities:

The renovation, rehabilitation, or conversions of emergency shelters; provision of services related to shelter not provided by other local government agency or nonprofit; operating costs of emergency shelter (i.e. utilities, insurance); provision of rental assistance; and housing relocation/stabilization services (HEARTH, 2009).

The large change within this section of the act was the addition of a rapid rehousing program in which organizations can provide rental assistance to both chronically homeless and at-risk homeless families who have income, with the restriction of using 60% of funds for emergency shelter services, with the remaining 40% used for transitional services. These services mirror the Housing First policy and its principles, maintaining the construction of the homeless who receive income as dependent, while those without income are excluded from the program. However the shift in percentages of funding to promote transitional rather than emergency services can be seen as a progression towards “ending” homelessness rather than sustaining it. Transitional programs attempt to shift substance abusing and mentally ill chronically homeless persons from a deviant to a dependent construction, yet face conflict with societal opinions and drug policy. However, large shifts towards transitional rather than emergency housing can provide for a more hygienic appearance, and less visibility, resulting in a positive impact upon society’s perception of homelessness.

The CoC program is designed with the purposes of promoting community networking and communication to work together towards ending homelessness, and minimizing the trauma experienced by homeless or those at-risk of homelessness. These programs attempt to

accomplish this goal through the promotion and reference of local and mainstream assistance programs as well as promoting self-sufficiency of homeless persons. The activities that fall into the CoC program, that are eligible for funding include the construction, rehabilitation, or leasing of property for transitional or permanent housing. Also the CoC program has several rental assistance and operating cost components for transitional, permanent and rehousing activities, as well as supportive services for the population that has been homeless within the past six months but is currently housed (HEARTH, 2009). These activities do not truly affect the positions of persons within the social construction diagram though their purpose is to encourage transitions out of homelessness.

The Rural Housing Stability Assistance Program is essentially an extension of the homeless services offered within the HEARTH Act that specifically targets rural areas. This legislation authorizes organizations to apply for federal funding to rehouse and improve the dwellings of those in poor housing situations, stabilize those at-risk of losing housing, and increase affordability of housing. The tangible services offered include rental assistance, mortgage assistance, utility assistance, security deposits, short term emergency lodging, construction of new housing units, and rehabilitation of housing units (HEARTH, 2009). Thus while this policy specifically allocates funds to address rural residents, the program itself provides services already provided in urban areas. So while this legislation adds the ability of including rural homeless persons in the homeless target population, no shifts in the social constructions of target populations are expected due to the implementation of this program. Rural homelessness mimics urban homelessness in that similar subcategories appear, thus more persons may fall into each subcategory of the homeless population, but the constructions imposed on those subpopulations are unlikely to change.

The main changes involved in the HEARTH Act reinforce the previous social constructions utilized by previous legislation. However, a critical innovation in the HEARTH Act is the extension of the definition of homelessness to allow those at-risk of homelessness who are willing to identify themselves as homeless and accept that label, to receive services. It is important to note that those being targeted by the at-risk of homelessness definition were those losing their homes to foreclosures or evictions due to the fall in the housing market and

attempting to remain outside of the homeless population. Given that homelessness is seen as an individual failing by society, one can conceive of it as a type of deviance.

Overall, the HEARTH Act mainly reinforces the previous social constructions laid forth by previous policy, placing those with income in the dependent category including the elderly, handicapped, children, the at-risk of homeless, and the previously invisible homeless who wish to identify themselves as homeless. Yet despite the additions to this policy, homeless substance abusers, felons, and mentally ill persons, maintain their deviant constructions. Therefore according to social construction informed by social exclusion the convergence of all of these policies into the HEARTH Act are supported by the previous experiences of target populations, institutions and culture, society and policy making dynamics. Social construction informed by social exclusion also supports the dependent construction for those who lost their homes due to the economy, to bridge the gap between homeless and housing policy.

7 Will the HEARTH Act Effectively Reach its Expanded Target Population?

The HEARTH Act is a large piece of legislation and as previously stated the homeless population is diverse and requires various services. Chronically homeless individuals make up a small portion of the homeless population, but utilize the most services. Thus I would predict that programs geared towards the chronically homeless population will reach their targets with the same consistency as past policy due to the continued use of similar policy tools (emergency shelters, food services, resource centers, etc.). There are chronically homeless individuals who have chosen to avoid homeless services, thus their participation is likely to be rare despite various policy tools. The requirement of creating transitional housing services by organizations wishing to acquire Emergency Solutions Grants will help many persons out of homelessness with drug and mental health issues, who may not have been assisted by temporary shelter situations used to address chronic homelessness. The CoC program has various purposes, some of which are to provide support to the homeless population in their transition out of homelessness. This is accomplished through the creation of a network between services, referrals, and direct services. Thus an expansion of the CoC program to include rental and housing assistance and provide support services to the recently housed will effectively help those in transitional programs, but will also aid the temporary homeless requiring referral and support.

The addition of persons at-risk of homelessness and the invisible homeless to the general homeless population was included to provide support for individuals in a time of need. However, as we have seen previously, an individual may have several social constructions, positive or negative and with varying levels of political power. Therefore requiring at-risk homeless persons who are outside of the homeless population to assume a low-political power and potentially deviant label to receive homeless services is highly unlikely to succeed. While this policy is meant to create a bridge between gaps in services, the societal implications for those hoping to receive services may be too great. Many of these at-risk persons and the invisible homeless may have other attributes that provide them with political power and a positive social construction, such as employment or membership in well-respected clubs/organizations that allow them to retain at least part of their previous social construction. Many may choose to hide their new deviant (i.e. homeless) status and avoid being publicly exposed thru participation in these programs. Through this secret deviance, they can retain their

self-image, which symbolic interactionism theorizes to be directly related to the conception of themselves through the views of others. Those losing their homes to foreclosures or evictions will more likely choose to remain a member of the invisible homeless population until forced into self-identifying themselves as homeless via a lack of resources. With respect to this outreach attempt to the at-risk homeless, I predict that the HEARTH Act will fail in its attempt to bridge the gap in services for those who have lost their homes due to foreclosures and evictions, given that those people will reach out to other resources that allow them to retain more political power and a positive social construction, before labeling themselves as homeless.

8 Conclusion

The initial goals outlined in this study were to provide evidence that the use of multiple theories provides a richer, more realistic picture of the homeless policy issue, to determine if the HEARTH Act was the policy response predicted by the social construction framework, and to determine if the HEARTH Act will effectively reach its newly expanded target population. The theoretical integrations presented and the use of social exclusion to inform social construction to give insight into the social constructions of sub-categories and their experience with policy led to a greater understanding of current and future homeless policy. Also the use of labeling theory provided crucial insights about the potential failings of the HEARTH Act, in its attempt to reach at-risk populations, addressing the psycho-social aspect of the at-risk individuals being targeted by that policy. Without this theoretical integration that topic would have been left unexplored by social exclusion and social construction framework. Hence this research shows that the use of multiple theories applied to a policy issue has the ability to provide a more in depth understanding of the policy area as well as the potential effectiveness of current or future policies.

After a thorough application of the social construction theory to the various policy areas selected by social exclusion, it became clear the HEARTH Act is a somewhat predictable resultant policy based on past legislation, institutions and culture, target populations, society and the policymaking dynamics found in the previous policy. And while the social constructions of the various subcategories of homeless persons remains the same, the expansion of the homeless target population to include at-risk persons was the main change to the policy in an attempt to serve those losing their homes to evictions and foreclosures. However, labeling theory provides evidence that this expansion of the definition of homelessness will not reach those at-risk persons it was altered to provide for. Thus the HEARTH Act will provide similar services to the homeless population that it has in the past, yet those at-risk of homelessness will continue to struggle secretly rather than publicly accept the label of homeless.

9 Policy Recommendations

The integration of social exclusion theory and the social construction framework has provided insight to future policy, and how the layering of social constructions can explain shifts of target populations or a lack there of. For example the attempts of the Housing First policy to place substance abusers within a dependent category appear negated by the consistent negative construction of illicit users provided by drug policy. Thus the various policy areas affecting a target population must be considered before trying to shift subcategories of that population, or risk ineffectiveness. Also labeling theory provides the insight of those targeted by a policy, which addresses the question, “If these services are provided, will they be used?”

Through this research it has become clear that the implementation and policy tools utilized by a policy drastically affect its ability to address the needs of a target population. The HEARTH Act as a whole looked to transition people out of homelessness, and to address the needs of the newly homeless due to the Great Recession. One of these goals seems to be reached, in the focus on transitional housing programs; however, the implementation of the programs to address the newly homeless seems unlikely to succeed. Any policy which is put in place to address these individuals has to allow them to retain their political power and previous or current alternative social construction. Given the past images and legislation addressing the homeless population, the negative social construction prevents potential beneficiaries of a policy from taking advantage of those services. Thus a policy which specifically targets individuals at-risk of homelessness as an independent, specific population would be the most beneficial. However, a policy which would allow persons to remain somewhat anonymous to society at large, while meeting the criteria and obligations associated with receiving aid, would be the most effective. Labeling theory proposes that receiving a public label and no longer being able to associate with their alternative labels is more than targeted individuals are willing to do to receive government assistance.

Providing an avenue that permits individuals to retain their previous identities is essential, and while policy tools may be similar to those utilized within the HEARTH Act to rehouse these individuals, labels should not have to be publicly accepted as this will drive individuals to struggle independently until they have no other option. A possible solution to the issue of public exposure is the government subsidization and utilization of the private banks and credit

unions to provide financial assistance to those at-risk of becoming homeless. Thus the home loans department of local branches could see clients and provide assistance and program enrollment information, as well as issuing assistance upon approval. This would allow for individuals to retain their alternative social constructions while receiving government assistance through a private entity. Thus encouraging higher enrollment rates in the program, and removing social barriers for those requiring homeless prevention services.

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