H.O.P.E. Hong Kong 2013
21.8.2013
Homeless **O**utreach **P**opulation **E**stimation Hong Kong   全港無家者人口統計行動

Survey Report
March 2014

City-Youth Empowerment Project
Department of Applied Social Studies
City University of Hong Kong

In collaboration with
Salvation Army, Society for Community Organization, & St. James' Settlement

無家者希望統計 公義你維繫

H.O.P.E. for the Homeless,
A Hong Kong for Me and You

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&

All H.O.P.E. HK 2013 Volunteers

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The H.O.P.E. HK 2013 was inspired by and dedicated to the homeless individuals near or far who never cease to demonstrate their tireless resilience that teaches us the depth of humanity and humility; and fellow advocates who are an important part of our *hope* for social justice.

INTRODUCTION

Homelessness

Homelessness is one of the most desolate human conditions where safety, personal hygiene, human dignity, and basic human needs such as food and shelter are at stake. Currently, the United Nations estimates that 1.1 billion people live in inadequate housing conditions in urban areas, while an estimated 100 million are homeless. In the United States, one of the wealthier developed countries, according to a 2007 study by the U.S. National Law Center on Homelessness and Poverty, approximately 3.5 million Americans experience homelessness each year, of which 23% are children. In many cities of developing countries, more than half of the population lives in informal settlements, without security of tenure and in conditions that can be described as life and health threatening (United Nations, 2010). When homelessness as a social issue first gained its global attention in the 1980s, the United Nations Center for Human Settlements estimated there were 40 million people without shelter globally (Bingham, Green, and White, 1987). Within the next decade, in 1996, the number grew more than twofold – it was estimated to be 100 million, with over one billion people suffering from inadequate shelter. In Russia, the rise of the number of people sleeping on the streets seemed to have coincided with the fall of the Soviet Union and the rise of a market economy (Wright, 2000). In Germany, families were seen living under the bridges, in tents, in squatter camps, emergency shelters, and housing encampments (Glasser, 1994). In Japan, single men suffering from mental illness and substance abuse are found living in tunnels of Tokyo, and in Sweden – even a country with high social wage, there was a surge of homeless people due to the open housing market (Wright, 2000).

Situations in Hong Kong

Over the past decade, homelessness has become a serious social problem in Hong Kong. Apart from the lack of supportive services - criminalization of the homeless, other containment strategies are becoming more aggressive, bordering on the invasion of human rights. However, homelessness in Hong Kong is severely under-researched, and the lack of understanding contributes to difficulties in identifying appropriate resources, including preventative measures. More importantly, it makes advocating for policy changes to address real needs of the homeless an obsolete. Prior to the 1990s, when Hong Kong was still a newly industrialized economy, the homeless were characterized as ageing, aberrant, and morally deficient individuals, and were largely invisible to the mainstream society and policy makers. Homelessness became more visible in the social and public policy area - coupled with rising poverty, growing unemployment, and an increase in the number of people who were inadequately house – after the Asian Financial Crisis in 1997 and the economic stagnation that followed the SARS epidemic (Kennett & Mizuuchi, 2010). To date, there has been no law to protect the rights of the homeless. Various government departments have used different tactics to monitor the homeless – yet these tactics serve more of a purpose to "evict" and persecute the homeless from their place of congregation rather than addressing and solving the issue (Society of Community Organization, 2010).

The Street Sleepers Registry has been officially established to record the number of street sleepers. However, the register does not include people who are staying at the self-financed singleton hostels and temporary shelters. However, lacking in the governmental data is the 100,000 people who live in substandard housing, such as cage homes and subdivided flats (Chung & Stewart, 2009; Kennett & Mizuuchi, 2010). Since 1994, the United Nations Committee on Economic, Social and Cultural Rights has been urging the Hong Kong government to eliminate inadequate housing in the form of cage homes (Legislative Council of Hong Kong, 2008). Yet, rather than being legislated out of existence, the number and rent continue to be on the rise. Cage dwellers are paying a per-square-foot price that far exceeds any other luxurious apartments in the city (Chung & Stewart, 2009). The conditions in such cramped spaces are so appalling that some people may see life on the streets as a better option (Ngo, 2012). In response to the pressure from the United Nations to act on eliminating such dehumanizing living conditions, the government's justification was that "people choose to live in cage homes and cubicles because apart from commanding a low rental level, they are mostly conveniently located in the urban areas…. Hence, there is still a demand for this type of private accommodation in the market. The government has no plan at present to displace such accommodation" (Legislative Council of Hong Kong, 2008). The Bedspace Apartments Ordinance that was recently enacted, was a policy that actually provides operation license to cage-home building owners (Legislative Council of Hong Kong, 2012), thus perpetuating and legitimizing this substandard housing conditions.

A recent report from the Social Welfare Department (Society for Community Organization, 2007, 2013) indicates that the most recent number of registered street sleepers is 745, compared to the report in 2007, the number has increased by over 50%. While the number has been increasing, resources such as temporary shelters have been shrinking. The government is only collecting information from 'registered' street sleepers, only homeless people who sleep on the streets. There is no clear classification of those who are staying at homeless shelters and inadequately housed, due to the lack of definition of the term homelessness.

H.O.P.E. HONG KONG 2013 –HOMELESS OUTREACH POPULATION ESTIMATION HONG KONG

Borrowing the idea from the New York City Homeless Street Count (HOPE New York), City-Youth Empowerment Project, together with community partners Society for Community Organization
(SoCO), Salvation Army, and St. James' Settlement – conducted an overnight city-wide homeless street count – the Homeless Outreach Population Estimation (HOPE Hong Kong 2013) on August 21, 2013. It was the first time in Hong Kong for community organizations that serve the homeless join forces with a university service-learning platform to conduct a city-wide homeless street count. The last citywide homeless street count was conducted in 1999, organized by the Social Welfare Department.

Why We Need HOPE HK 2013

The purpose was to collect numbers and data of street sleepers in order to facilitate better allocations of resources amongst community organizations and social workers that serve the homeless population, and to

improve resources and to enhance the effectiveness of services offered to the homeless. With accurate numbers and information, community organizations can then advocate for appropriate and effective resources on both individual and systemic levels to help the homeless get out of such destitution.

A Call to Answer to Community Needs

The lack of manpower of community organizations and governmental support has led to the lack of accurate statistics and data that community organizations desperately need in order to enhance service effectiveness and advocacy efforts. The discrepancies in numbers between SWD and community organizations have created many obstacles in community- based support and long-term service planning.

Enhancing Students' Civic Engagement through Service & Learning

We were also hoping, through participating in HOPE HK 2013, students would not only get to understand the needs of the street sleepers and gain knowledge of effective helping skills on an individual level, they would also explore the systemic and structural causes of homelessness - rather than understanding homelessness on just the individual level and seeing it as mere predicaments caused by individual failings. The goal is to enhance volunteers' understanding of homelessness as a social issue, and to enhance their civic engagement. The data collected on the public's attitudes toward the homeless would also inform community organizations on how to and how necessary it is to raise public awareness on the issues of homelessness.

CURRENT STUDY

Months of preparation allowed more than 300 volunteers to register to participate in the street count, and our partner-organizations who have been working closely with the homeless population over the years to identify all locations (including night heat shelters and temporary / emergency shelters) where they regularly engage and serve the homeless with a city-wide coverage (HK Island, Kowloon, and New Territories). Close to 180 locations were covered on the night of the street count, with close supervision by organization and project staff. The volunteers were divided into 48 teams, each team covering specific areas. In order to collect the most accurate number possible, CYEP had set up a headquarters at City University to place calls to all emergency shelters and urban hostels to record the number of homeless individuals. Apart from the headcount, questionnaires were also conducted by volunteers and the data collected was utilized for further research. A supplementary observational count at 70 twenty-four hour chain restaurants was conducted by our volunteers the following week to gain understanding of the number of homeless people who utilize these locations.

H.O.P.E. HK 2013 Headquarters				
Agencies	**St. James' Settlement**	**Salvation Army**	**SoCO**	**CYEP**
Covering Areas	HK Island & Outlying Islands	Yau Ma Tei, Tsim Sha Tsui, Mongkok	Shum Shui Po & Cheung Sha Wan	All remaining areas
In Charge	Social Workers	Social Workers	Social Workers	Social Workers Project Officers
Participants	H.O.P.E volunteers led by group leaders	H.O.P.E volunteers led by group leaders	H.O.P.E volunteers led by group leaders	H.O.P.E volunteers led by group leaders

**H.O.P.E. HK 2013 operation structure**

H.O.P.E. STREET COUNT RESULTS

1. **Street Locations**

The total number of the headcount conducted at street (unsheltered) locations was 663 individuals. This headcount was conducted across Hong Kong Island, Kowloon, New Territories, and outlying islands covering all 18 districts. Of all 663 individuals, 621 (93.67%) were male, and 42 (6.33%) were female. Highest concentration of street sleepers was in Yan Tsim Mong (27.45%), Sham Shui Po (25.19%), and Central & Western and Wan Chai (both 6.49%).

Districts	August 21 Head Count	Percentage
Central and Western	43	6.49%
Eastern	42	6.33%
Southern	7	1.06%
Wai Chai	43	6.49%
Kowloon City	18	2.71%
Kwun Tong	36	5.43%
Sham Shui Po	167	25.19%
Wong Tai Sin	4	0.60%
Yau Tsim Mong	182	27.45%
Islands	10	1.51%
Kwai Tsing	6	0.90%
North	38	5.73%
Sai Kung	0	0.00%
Sha Tin	17	2.56%
Tai Po	7	1.06%
Tsuen Wan	16	2.41%
Tuen Mun	12	1.81%
Yuen Long	15	2.26%
Total	**663**	**100%**
Male	**621**	**93.67%**
Female	**42**	**6.33%**

Figure 1 Headcount numbers in percentage at street locations
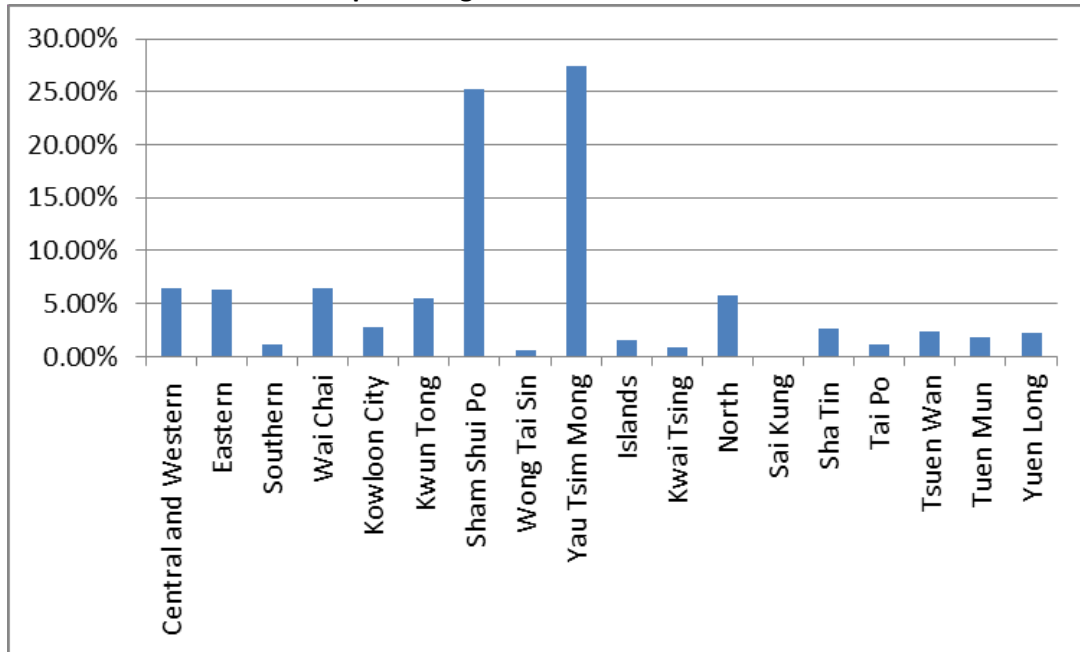
2. Empty Bed Spaces

As some street sleepers have the tendency to roam around the streets without staying put in a fix spot until very late at night, a count of the empty bed spaces was also conducted in conjunction with the head count on the night of August 21, in an attempt to obtain the most accurate number. The empty bed spaces are usually spots where street sleepers recline to rest or sleep later in the night. A total of 279 bed spaces were counted during the night citywide street count.

Districts	Bed Spaces
All districts	279

3. Temporary Shelters / Urban Hostels Count

CYEP volunteers collected the number of individuals staying at all the temporary shelters and urban hostels on the night of August 21. Of all 415 individuals, 352 (84.82%) were male, and 63 (15.18%) were female. Highest concentration of persons seeking temporary or short term shelter was in Sham Shui Po (42.41%), and Yau Tsim Mong (23.13%).

Districts	Temporary shelters / urban hostels	Percentage
Central and Western	21	5.06%
Eastern	35	8.43%
Wai Chai	87	20.96%
Sham Shui Po	176	42.41%
Yau Tsim Mong	96	23.13%
Total	**415**	**100%**
Male	**352**	**84.82%**
Female	**63**	**15.18%**

**Figure 2**   **Headcount numbers in percentage at shelters/hostels**
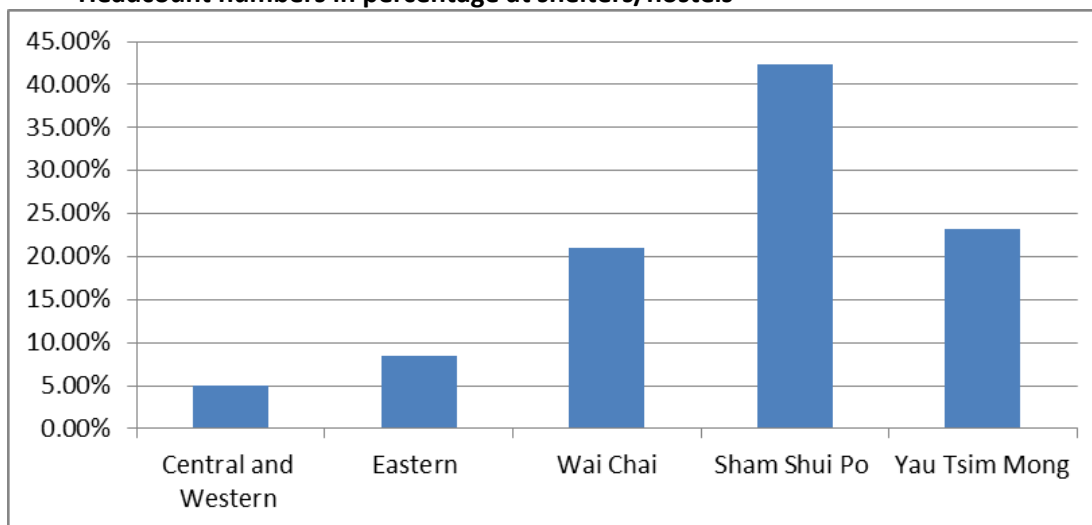
4. **Supplementary 24-Hour Restaurants Count**

CYEP volunteers conducted an observational count at 70 twenty-four hour chain restaurants in the districts below, covering those restaurants that were covered in the initial August 21 street count. Data from this count is best used as supplementary reference information. Of all 57 individuals, 43 (75.44%) were male, and 14 (24.56%) were female. Highest concentration of street sleepers observed was in Kwun Tong (28.07%), followed by Yau Tsim Mong (17.54%).

Districts	Supplementary 24-Hour Restaurants Count	Percentage
Central and Western	0	0%
Eastern	1	1.75%
Southern	0	0%
Wai Chai	0	0%
Kowloon City	5	8.77%
Kwun Tong	16	28.07%
Sham Shui Po	6	10.53%
Wong Tai Sin	6	10.53%
Yau Tsim Mong	10	17.54%
Islands	0	0%
Kwai Tsing	3	5.26%
North	0	0%
Sai Kung	1	1.75%
Sha Tin	5	8.77%
Tai Po	0	0%
Tsuen Wan	1	1.75%
Tuen Mun	2	3.51%
Yuen Long	1	1.75%
Total	**57**	**100%**
Male	**43**	**75.44%**
Female	**14**	**24.56%**

Figure 3　　　　Headcount numbers in percentage at 70 twenty-four hour restaurants
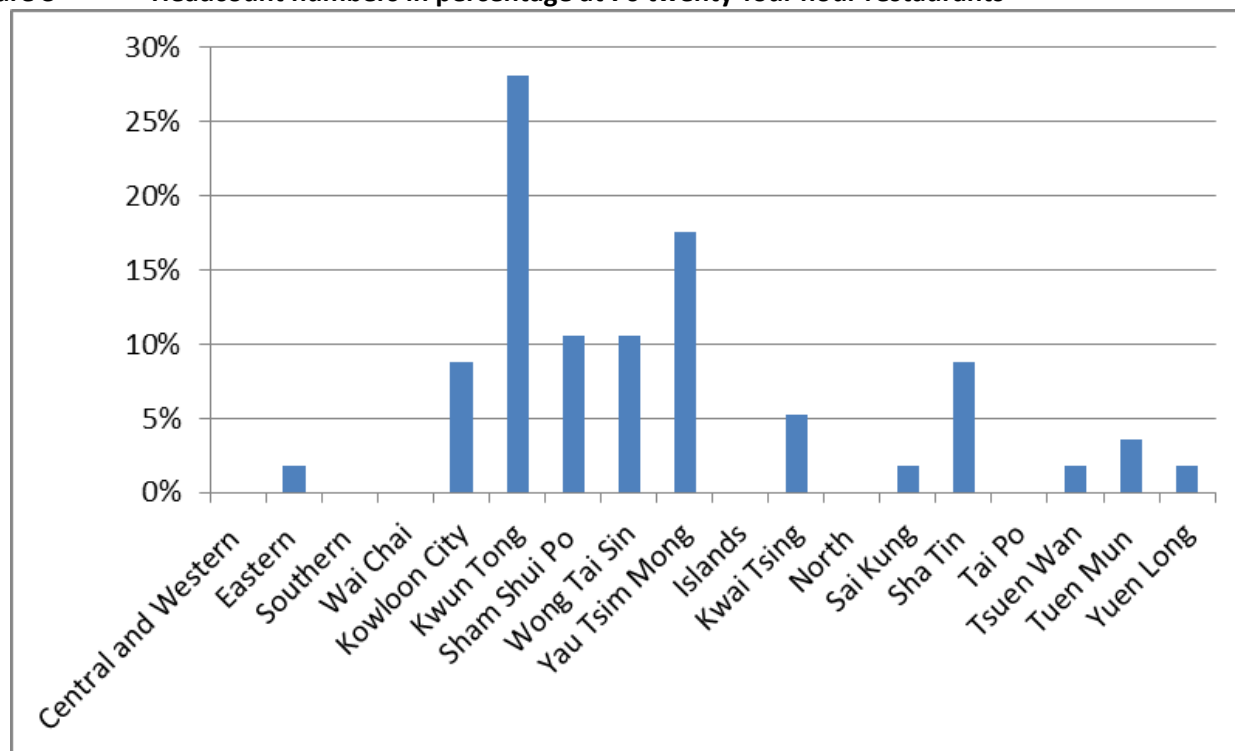
Total Homeless Number

Count	Number	Male	Female
August 21 Street Locations	663	621	42
Temporary shelters / urban hostels	415	352	63
Supplementary 24-Hour Restaurants Count	57	43	14
Head Count Total	**1135**	**1016**	**119**
August 21 Street Count Empty Bed Spaces	**279**	-	-
Homeless Population Estimation	**1414**	-	-

SURVEY STUDY ON THE HOMELESS

Apart from conducting headcounts from the streets and 24-hour restaurants, as well as gathering headcount numbers from shelters and urban hostels, volunteers also participated in collecting data on the homeless under direct supervision of social workers from community organizations and CYEP. Volunteers followed confidentiality protocols, and the identity of the respondents remained anonymous. During the street count, social workers from partner-agencies assisted in collecting all surveys, data collected was directly transported to the CYEP office by CYEP supervisor immediately after the survey interviews, and was stored securely. Additionally, a second round of data collection was also conducted at a number of temporary shelters and urban hostels, to ensure maximum coverage of the population. The total sample population was N=323.

The survey primarily consisted of the following components:

- Demographic information: gender, age, level of education, employment status, length of time sleeping on the street, brief health status.
- Needs in services and resources
- Participants' self-reported reasons for homelessness

Nature of Homelessness

Of the whole sample population being surveyed, 244 respondents were sleeping on the streets, and 74 were temporarily seeking residence at temporary shelters and urban hostels.

N=323

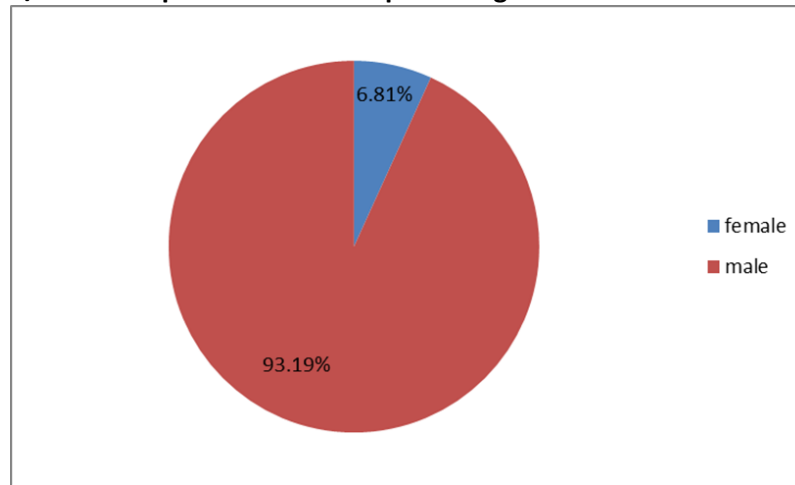| Homeless Nature	Number	Percentage
Street	244	75.54%
Shelter	74	22.91%
Unknown	5	1.55%
Total	323	100%

Gender

Over 90% of the sample was male, which is consistent with the male/female distribution reflected in the street count (see above).

N=323

Gender	Number	Percentage
Female	22	6.81
Male	301	93.19%
Total	323	100%

**Figure 4   Female / male sample distribution in percentage**

Age

The average age of the total sample population was 54.9 years, which the youngest being 21 years old, and the oldest being 90 years old. Age groups 51-60 and 61 and above was each composed of about 1/3 of the respondents sample, which means about 2/3 of the respondents were 51 years old or above.

N=323

Age Groups	Number	Percentage
21-30	10	3.1%
31-40	32	9.91%
41-50	66	20.43%
51-60	108	33.44%
61 and above	107	33.13%
Total	323	100%

Figure 5   Age distribution of study sample in percentage

Legend:
- 21-30
- 31-40
- 41-50
- 51-60
- 61 and above
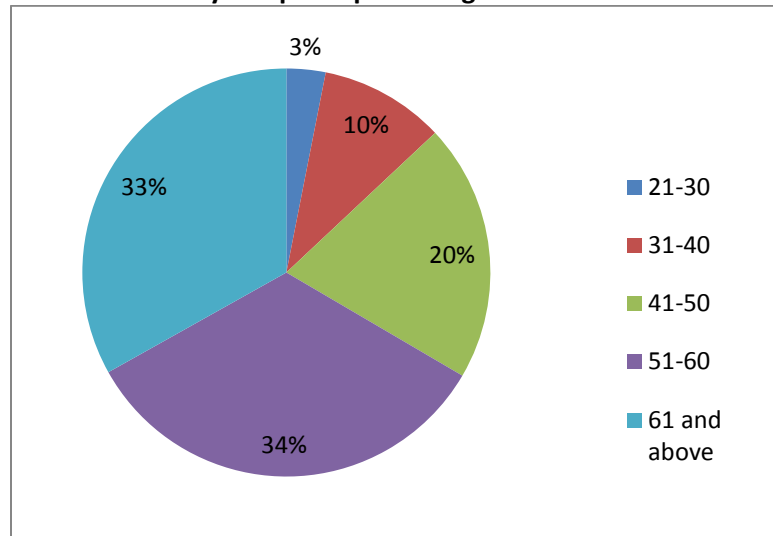
Gender and Age

Average age of the female sample group was 54.7 years, the youngest being 30 years old, and the oldest being 90 years old. Similarly, average age of the male sample was 54.9 years old, with the youngest being 21 years old, and oldest being 89 years old.
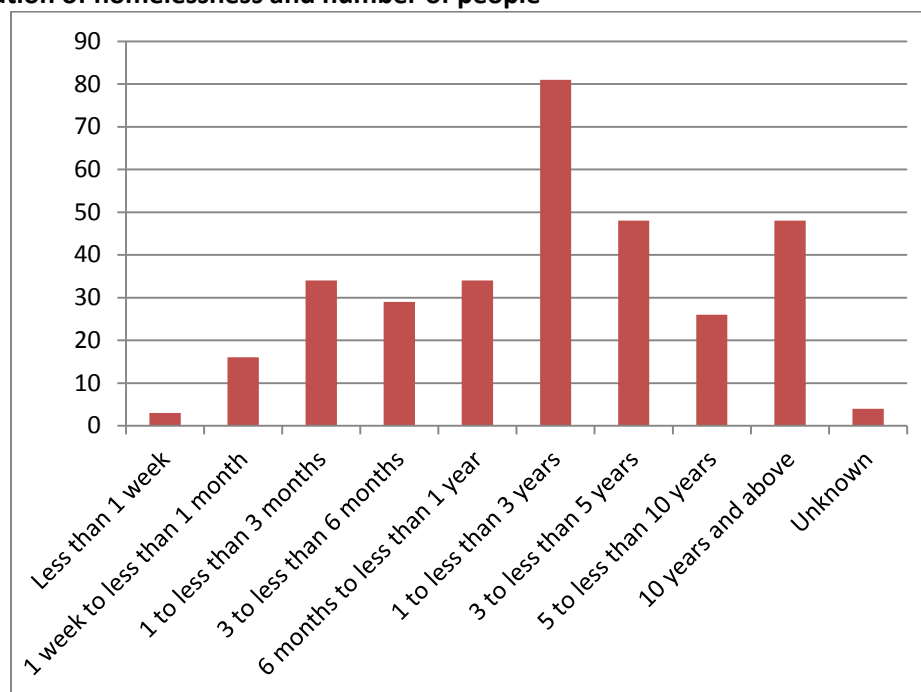
Duration of Homelessness

Duration of homelessness ranged from 1 day to 36 years. Average length of time was 3.9 years. The highest duration timeframe was 1 to less than 3 years (25.08%). Close to 40% of them have been homeless for over 3 years (37.77%).

N=323

Duration of Homelessness	Number	Percentage
Less than 1 week	3	0.93%
1 week to less than 1 month	16	4.95%
1 to less than 3 months	34	10.53%
3 to less than 6 months	29	8.98%
6 months to less than 1 year	34	10.53%
1 to less than 3 years	81	25.08%
3 to less than 5 years	48	14.86%
5 to less than 10 years	26	8.05%
10 years and above	48	14.86%
Unknown	4	1.24%
Total	323	100%

Figure 6   Duration of homelessness and number of people

Duration of Homelessness and Gender

The average length of homelessness was 3.9 years for both male and female groups respectively. As for the female group, minimum of duration was 7 days, and the maximum was 16years. As for the male sample, the minimum was 2 days and maximum was 36 years.

Education

Over half (52.12%) of the respondents had a high school education or above, of which 45.93% of them with a high school level, 1.63% of them having a matriculated level, and 4.56% with higher education.

N=307

Level	Number	Percentage
No formal education	19	6.19%
Primary School	128	41.69%
High School	141	45.93%
Matriculations	5	1.63%
Higher Education	14	4.56%
Total	307	100%

**Figure 7   Level of education and number of people**
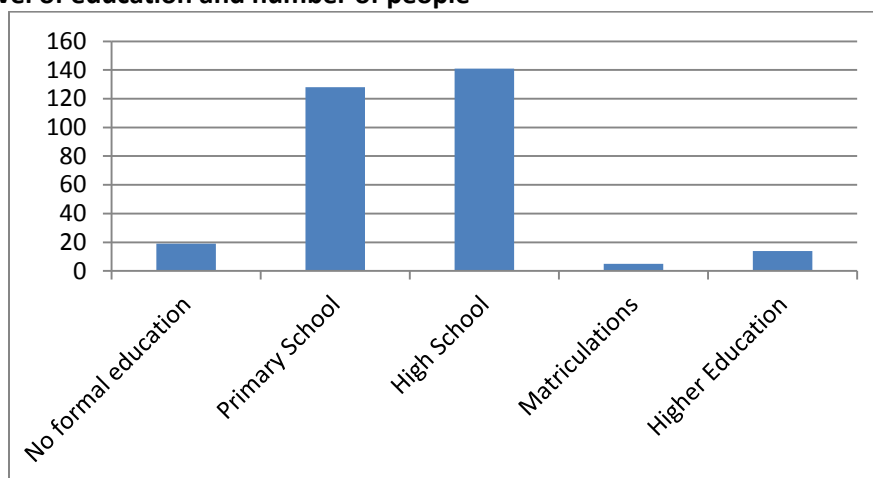
Financial Status

Monthly income

        Of those who reported their monthly income (N=78), the minimum was $300 per month, and the highest was $20,000. Although over 1/3 of the respondents received $7,000 and above per month, the average income is $5,688, and the median is $5,500. It is noteworthy that the average rent for a subdivided flat is approximately $3,800 (Ng, 2013), and with the said level of average and median income of our respondents, the rent level of subdivided flats are considered highly unaffordable.

N=78

Income Level	Number	Percentage
Less than $1000	8	10.26%
$1000 – less than $3000	16	20.51%
$3000 – less than $5000	10	12.82%
$5000 – less than $7000	11	14.1%
$7000 or above	27	34.62%
Unstable	6	7.69%
Total	78	100%

**Figure 8   Income level and number of people in percentage**
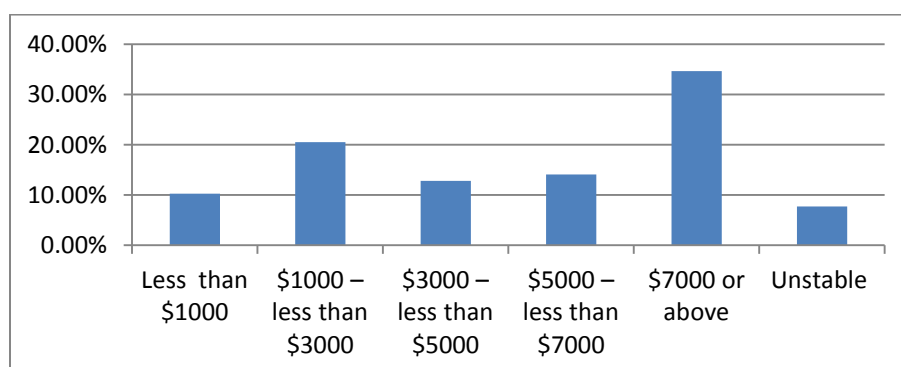
Welfare Benefits - Comprehensive Social Security Assistance (CSSA)

50.15% reported receiving CSSA, including respondents who reported who are only receiving CSSA on an intermittent basis.

N=323

CSSA Status	Number	Percentage
Receiving	162	50.15%
Not receiving	161	49.85%
Total	323	100%

Figure 9   CSSA & non-CSSA recipients distribution in percentage
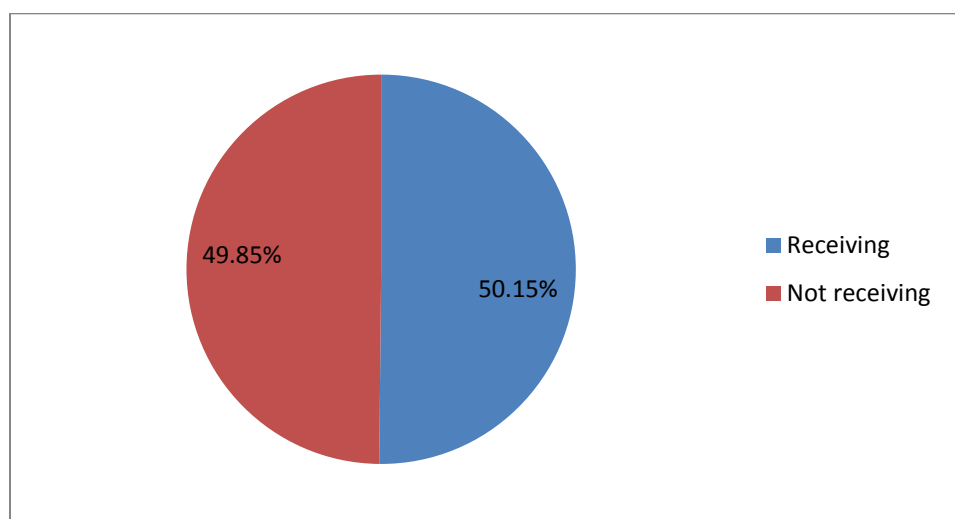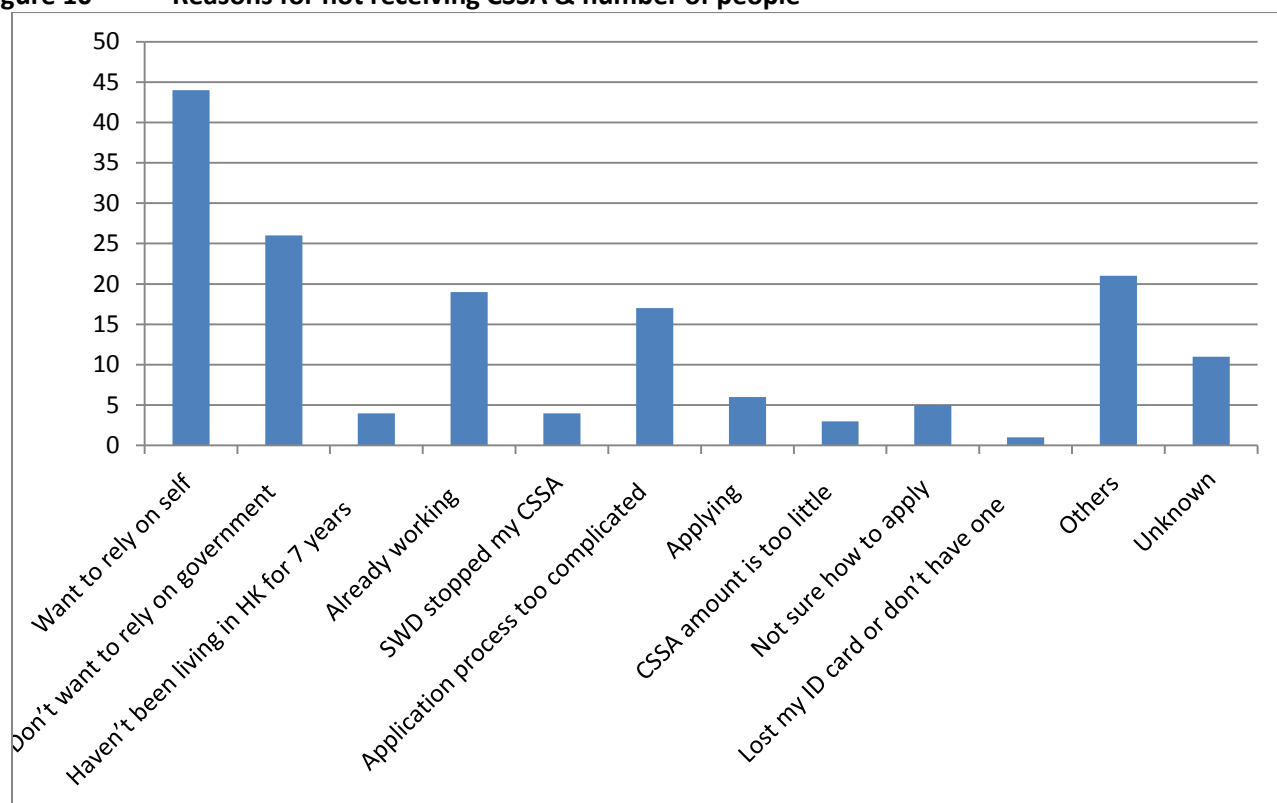

Of those who reported not receiving CSSA, over ¼ of them reported self-reliance to be the main reason for them to not be on CSSA (27.33%), with the second highest number of respondents citing not wanting to rely on the government as the main reason. Those who cited reasons in the "other" category reported reasons such as having properties/assets and receiving other government benefits.

N = 161

Reason	Number	Percentage
Want to rely on self	44	27.33%
Don't want to rely on government	26	16.15%
Haven't been living in HK for 7 years	4	2.48%
Already working	19	11.8%
SWD stopped my CSSA	4	2.48%
Application process too complicated	17	10.56%
Applying	6	3.73%
CSSA amount is too little	3	1.86%
Not sure how to apply	5	3.11%
Lost my ID card or don't have one	1	0.62%
Other	21	13.04%
Unknown	11	6.83%

Total	161	100%

**Figure 10   Reasons for not receiving CSSA & number of people**

Other forms of financial support other than CSSA

Those who are not receiving CSSA reported that receiving help from friends and family and community organizations as the two main sources of financial support (19.25% and 18.63%). Those who reported "other" included getting by with help from their local church, personal savings, and asking for food from nearby restaurants / food vendors.

N=161

Other forms of financial support	Number	Percentage
Help from friends and relatives	31	19.25%
Help from community organizations	30	18.63%
Retirement	4	2.48%
Borrow money (including money-lenders and loan-sharks)	3	1.86%
Non-CSSA social welfare benefits (e.g. elderly benefits, disability benefits, etc.)	26	16.15%
Scavenging	17	10.56%
Panhandling	1	0.62%
Others	25	15.53%
No reported forms of Support	24	14.91%
Total	161	100%

**Figure 11**　　　　　**Non-CSSA financial support & number of people**
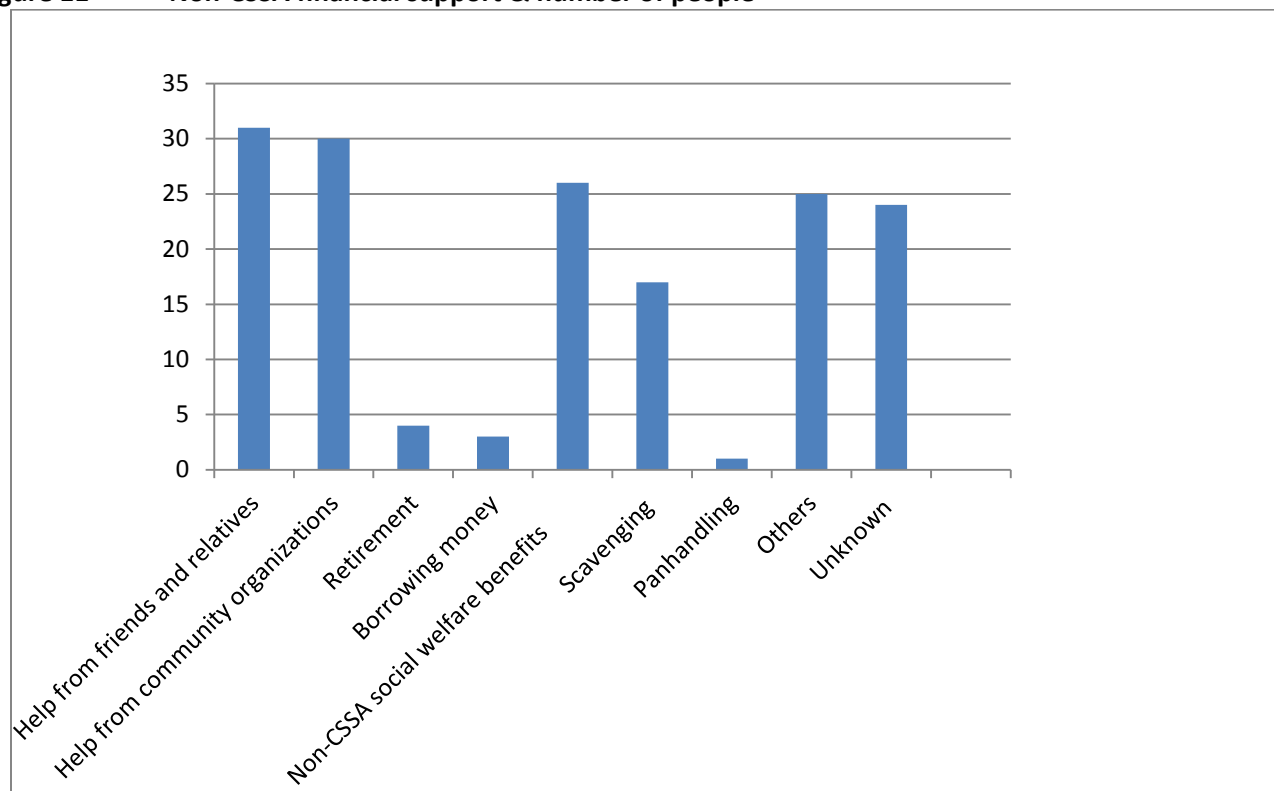
Employment Status

　　　　Over 40% of respondents reported having worked in the past 6 months. Of which, 23.31% of them worked full time and over 70% of them were doing part-time or freelance hourly work.

N=323

Work Status	Number	Percentage
Worked in past 6 months	133	41.18%
Did not work in past 6 months	185	57.28%
Unknown	5	1.55%
Total	323	100%

Figure 12   Work status distribution in percentage
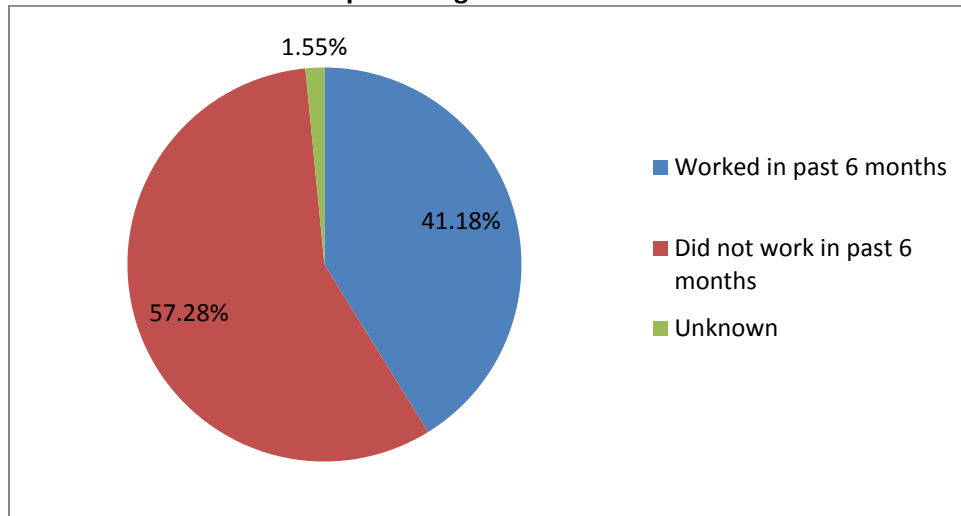
N=133

Work Mode	Number	Percentage
Full time	31	23.31%
part time / freelance (hourly work)	99	74.44%
Unknown	3	2.26%
Total	133	100%

**Figure 13   Work nature distribution in percentage**
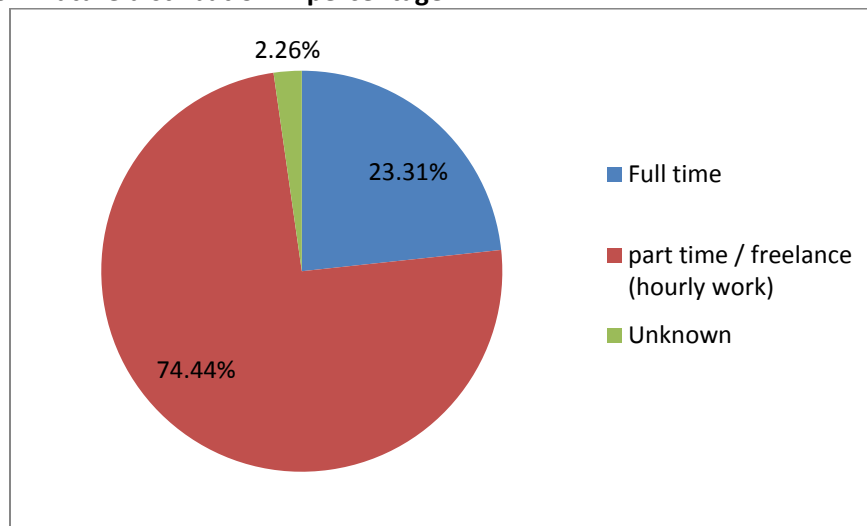
Type of Work

Over 1/4 of those who work are engaged in low-paying temporary jobs such as cleaning, and labor work (27.27%), with the second highest group in construction and contracting work (18.18%). Those who reported "other kinds of work" included delivering newspapers, recycling papers, courier, private tutoring and giving out fliers.

N= 133

| Work Type	Frequency	Percentage
Factory worker, manufacturing, hardware	5	3.03%
Construction site, renovations	30	18.18%
Temporary worker / cleaning	45	27.27%
Driver / transportation / labor	18	10.91%
Movers	16	9.7%
Self-hired (e.g. street vendors)	3	1.82%
Food/restaurants /retail /wholesale	22	13.33%
Watchman / security guard	7	4.24%
Executive professionals	0	0%
Administration / office work	2	1.21%
Others	17	10.3%
Total	165	100%

Figure 14　　　Type of work and number of people
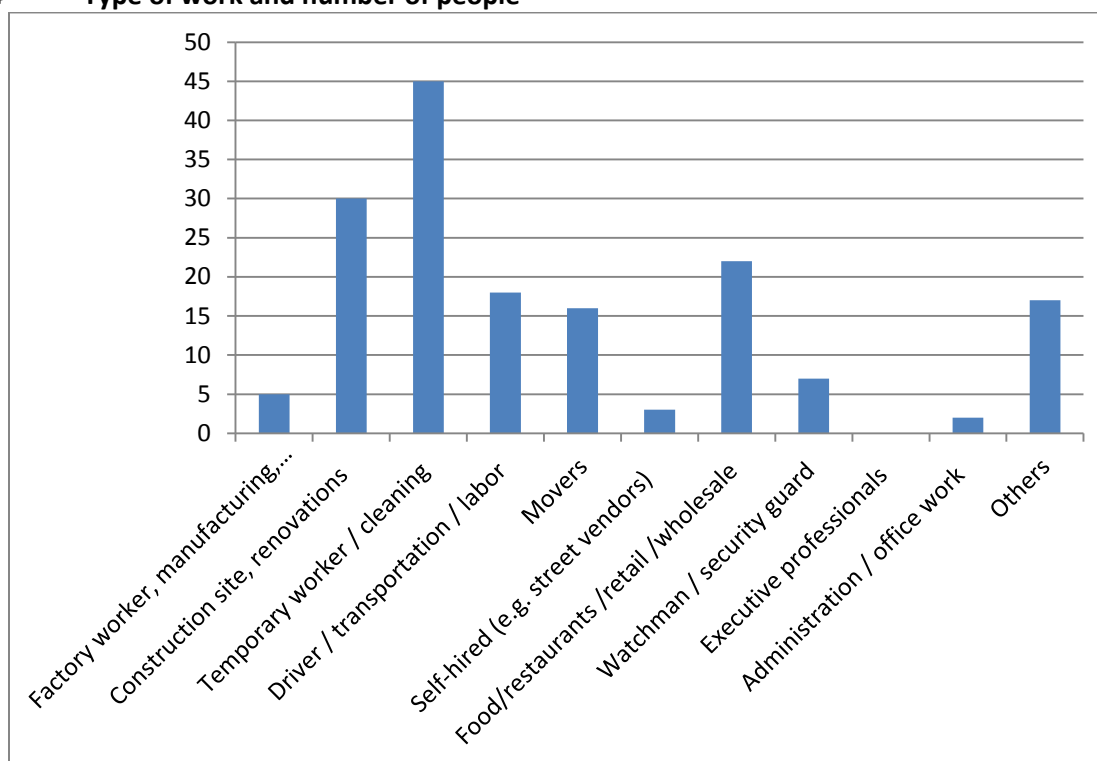
Job Search

Close to 40% of respondents (127 out of 323) reported having looked for work in the past 6 months. Of those, the average of number of jobs they have looked for as 7, ranged from 1 to 60.

N=323

Group	Number	Percentage
Looked for jobs	127	39.32%
Did not look	163	50.46%
Unknown	33	10.22%
Total	323	100%

Figure 15   Job search distribution in percentage
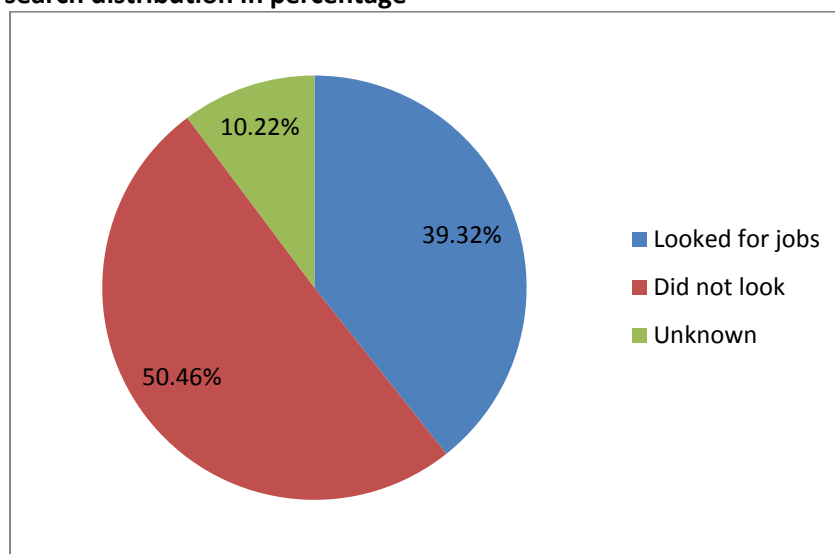

Difficulties in Looking for Jobs

The top three difficulties in looking for jobs were old age (24.84%), other (11.66%, which included structural changes in job market, believing they have no ability to work, not having a valid ID, and lack of experience), and not having an address (9.50%).

N = 290

Difficulties	Frequency	Percentage
No phone	8	1.73%
No address	44	9.50%
Not enough money to interview/start work	9	1.94%
Unappealing personal hygiene and appearance	10	2.16%
Lack of interpersonal connections	21	4.54%
Too old	115	24.84%
Lack of relevant information for job search (such as computer skills)	10	2.16%
Physical inability	36	7.78%
Poor health	38	8.21%
Criminal record	9	1.94%
Lack of education	43	9.29%
Disability	21	4.54%
Mental health problems	8	1.73%
No bank account	6	1.30%
Other	54	11.66%
No difficulty	31	6.70%
Total	463	100%

Figure 16   Difficulties in job search and frequency
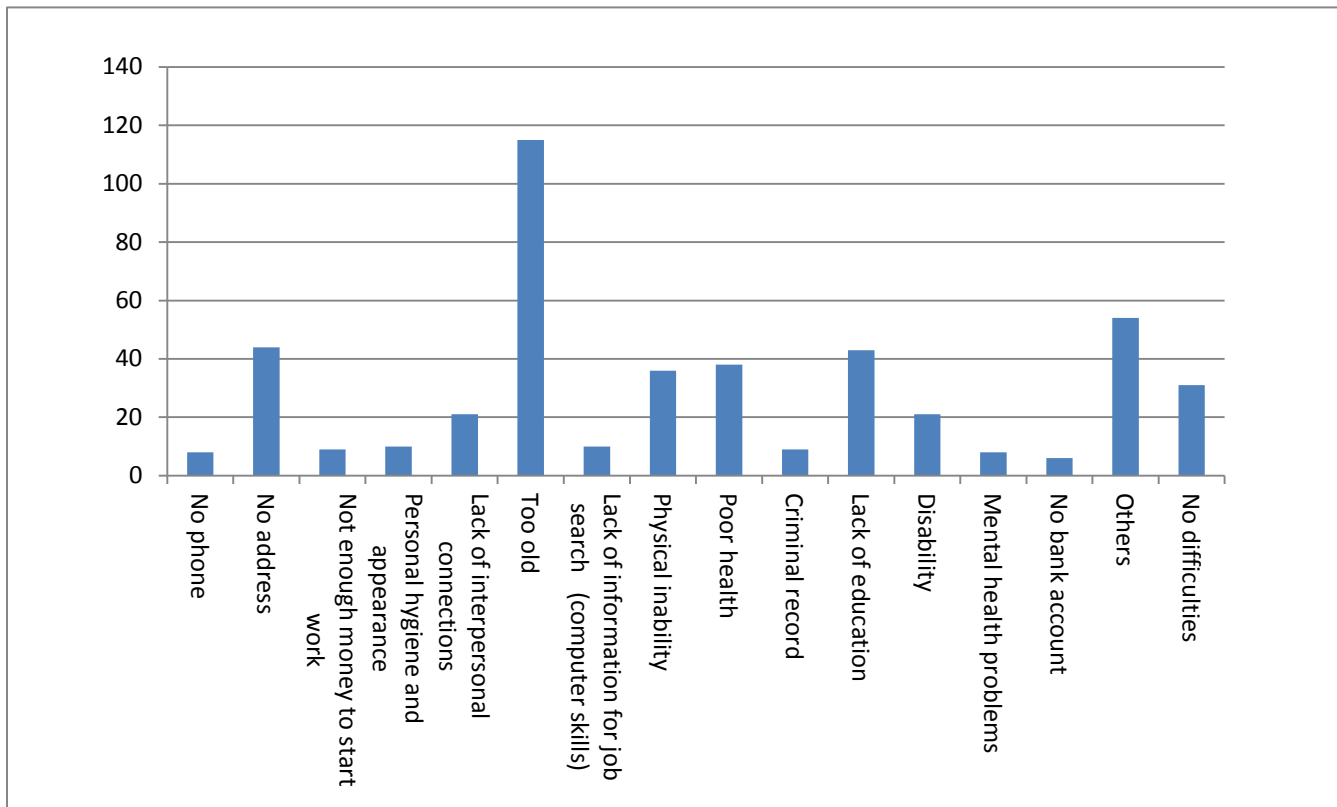
Causes of Homelessness, Barriers to Ending Homelessness, and Housing
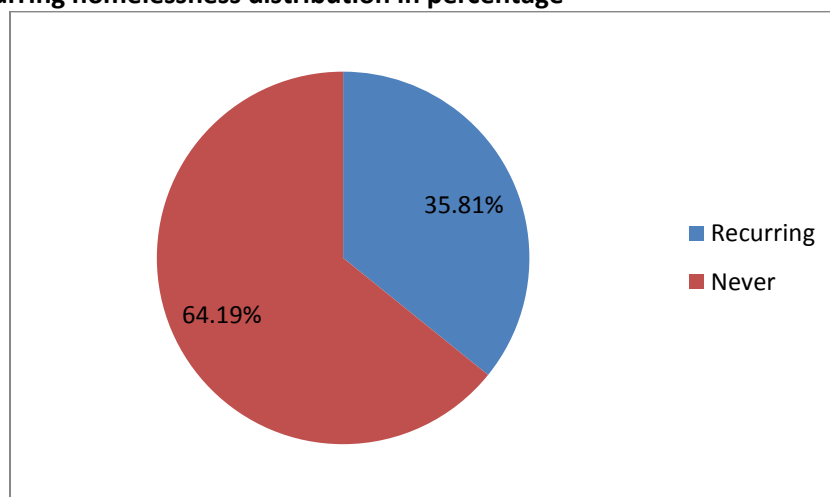
Recurring Homelessness

Recurring homelessness means those who were homeless, subsequently found housing, and then became homeless again, for once or more. Over 1/3 of respondents (35.81%) reported having been homeless for more than once, with the maximum recurring number being 30. The average number of recurrence was 2.8 times.

N=296

Recurring Homelessness	Number	Percentage
Yes	106	35.81%
No	190	64.19%
Total	296	100%

Figure 17   Recurring homelessness distribution in percentage

**Reasons that Contribute to Homelessness**

Unaffordable rent was the most highly-reported reason that contributed to homelessness (25%), with the next highest being not having enough income to pay rent (20.38), and 'other' (10.96%) including being homeless as a habit, escaping from family, unable to front security deposit, and having just returned to Hong Kong and have no support system. Of all, causes related to the 'unaffordability' of the housing stock make up over 50% (51.72%).

N=323

Causes	Frequency	Percentage
Became unemployed and had no income to pay rent / Not enough income to afford rent	119	20.38%
Street sleeping could save money	37	6.34%
Could not find accommodation with affordable rent	146	25.00%
Evicted or rejected by landlord	20	3.42%
Previous accommodation was provided by others and was no longer available	15	2.57%
Previous accommodation demolished	3	0.51%
Homeless after discharge from prison/hospital/drug & alcohol treatment center	13	2.23%
Personal choice	26	4.45%
Had relationship problems with family / tenants	37	6.34%
To avoid loan shark	2	0.34%
Previous accommodation too crowded / conditions too poor	37	6.34%
Convenient for daily life/work	12	2.05%
Prefer street sleeping than living with others	16	2.74%
Forced to leave by landlord / landlord discontinued renting to me	9	1.54%
Drug and alcohol problems	9	1.54%
Family in mainland/overseas	3	0.51%
Homeless so I can be with others	4	0.68%
Health reasons	12	2.05%

Others		64	10.96%
Total		584	100%

**Figure 18   Causes that contribute to homelessness & frequency**
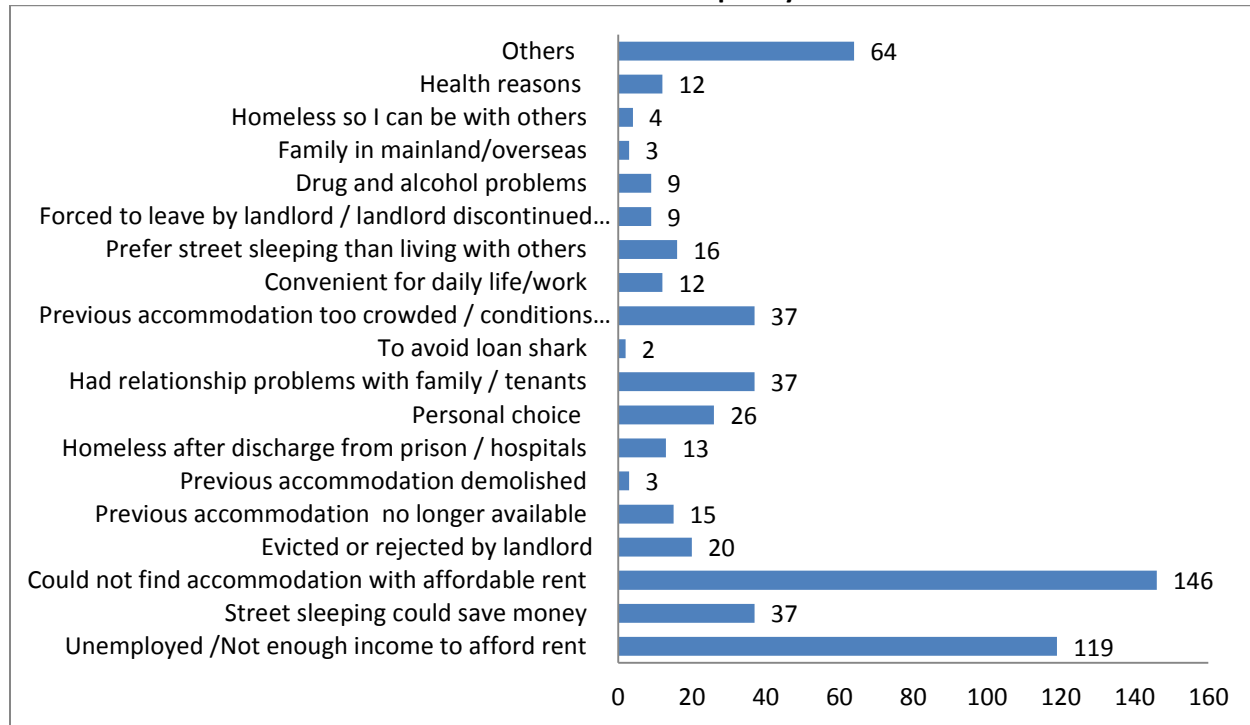
Ending Homelessness

When asked what are the obstacles they face when trying to end their homeless conditions, close to 1/3 of them reported that rent in private housing market is too unaffordable, and over 1/3 of them reported that that underemployment or unemployment was the obstacle. Reasons cited in 'other' category included drug use, health problems, and long pending period for public housing application.

Obstacles	Frequency	Percentage
Private market rent is too unaffordable	147	29.52%
Don't have enough money to pay for security deposit	40	8.03%
Unstable work / no work	106	21.29%
Income too low	71	14.26%
Conditions of private housing are poor	29	5.82%
Find living in housing too loud and hectic	12	2.41%
Other	93	18.67%
Total	498	100%

Figure 19   Obstacles to ending homelessness & frequency

| Category	Value
Other	93
Find living in housing too loud and hectic	12
Conditions of private housing are poor	29
Income too low	71
Unstable work / no work	106
Don't have enough money to pay for security deposit	40
Private market rent is too unaffordable	147
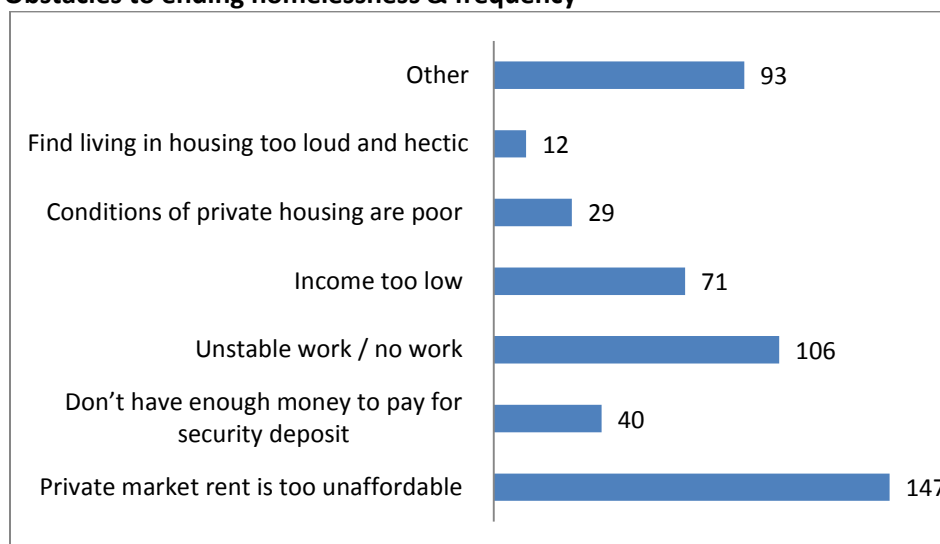
Is Public Housing a Solution?

Of 313 respondents, 141 (over 45%) have applied for public housing. At the time of the study, the waiting period has been an average of approximately 3 years (34.3 months = 2.86 years) , and the study is unable to estimate the actual average waiting period as these respondents' applications are still pending, with the highest reported waiting period thus far being 18 years.

N = 313

Public Housing Application	Number	Percentage
Applied for public housing	141	45.05%
Have not applied	172	54.95%
Total	313	100%

Figure 20   Public housing applicants distribution in percentage
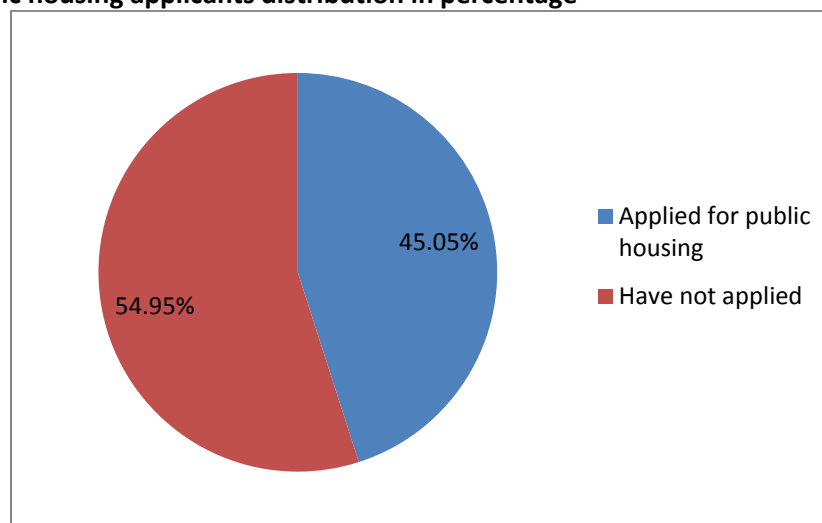
Public Housing Application –How Long Have They Been Waiting?

N=124

| Minimum (months)	Maximum (months)	Mean (months)	Std. Deviation
1.00	216.00	34.3065	42.59856

Reasons for Not Applying to Public Housing

For those who did not apply for public housing, close to half (47.4%) of them reported they did not apply for public housing because they were not sure about the application procedure, the process is too complicated, and the waiting period is too long. Reasons in the 'other' category included not having an address for the application form, worries about not being able to pay rent on time, and not able to find help with the application.

N=172

Reasons	Frequency	Percentage
Application process too complicated / Not sure how to apply	50	28.9%
Waiting period is too long, does not help	32	18.5%
In process of a divorce	7	4.05%
Already have a public housing unit	6	3.47%
Income exceeds the eligibility limit	4	2.31%
Families in mainland, cannot apply for 2- 3 ppl household units	2	1.16%
Applying	1	0.58%
No city/preferred units available	8	4.62%
Personal choice	28	16.18%
Others	35	20.23%
Total	173	100%

**Figure 21   Reasons for not applying for public housing & frequency**
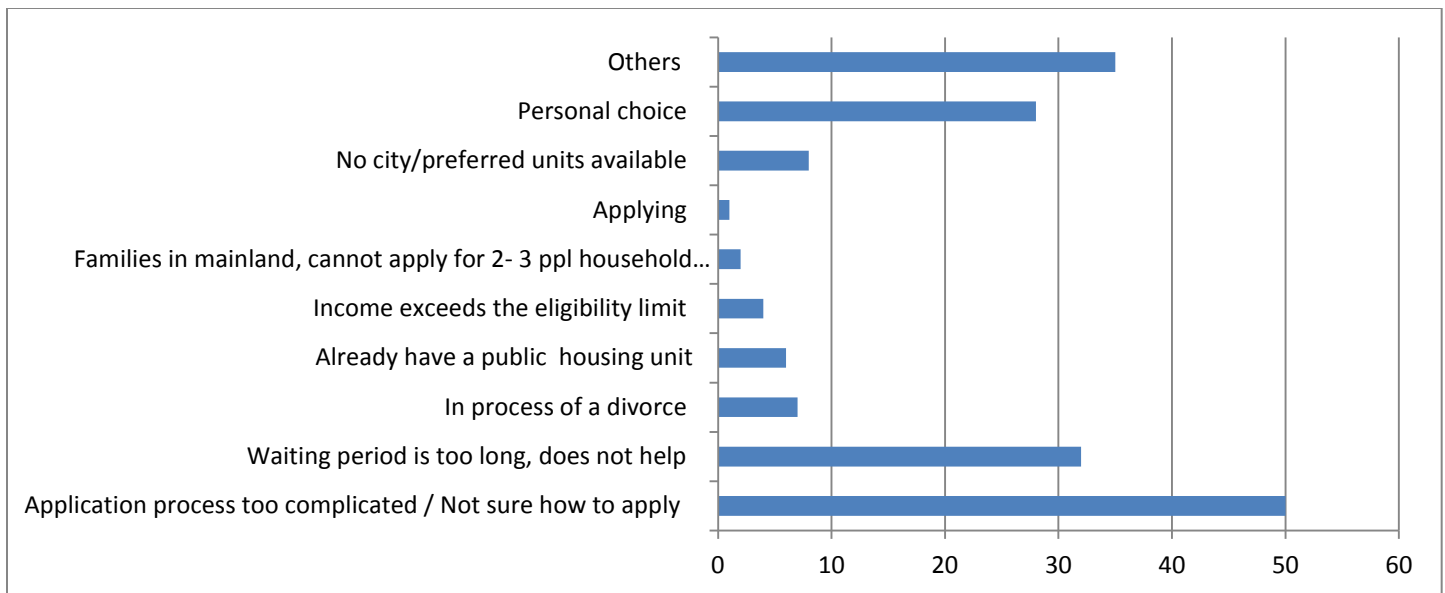
Alternative Housing Options

Apart from public housing, 121 of respondents (over 40%) reported having searched for alternative low-cost housing options such as cage homes, boarded / cubicle rooms, and 'suites'.

N=296

Searched for Housing?	Number	Percentage
Looked for other types of housing	121	40.88%
Did not search	175	59.12%
Total	296	100%

Figure 22   Housing search status distribution in percentage
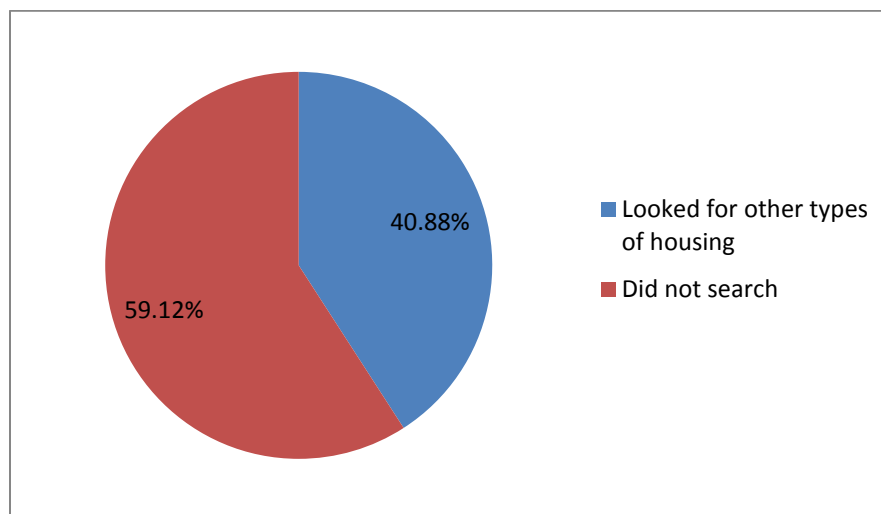
What type of housing?

N=121

Type of Housing Option	Frequency	Percentage

Private housing	18	11.61%
Suite	23	14.84
Boarded / Cubicle room / Subdivided Flat	68	43.87
Cage home	9	5.81
Roof top units	3	1.94
Shared accommodation with roommates	7	4.52
Others	27	17.42
Total	155	100%

Figure 23   Type of housing search frequency
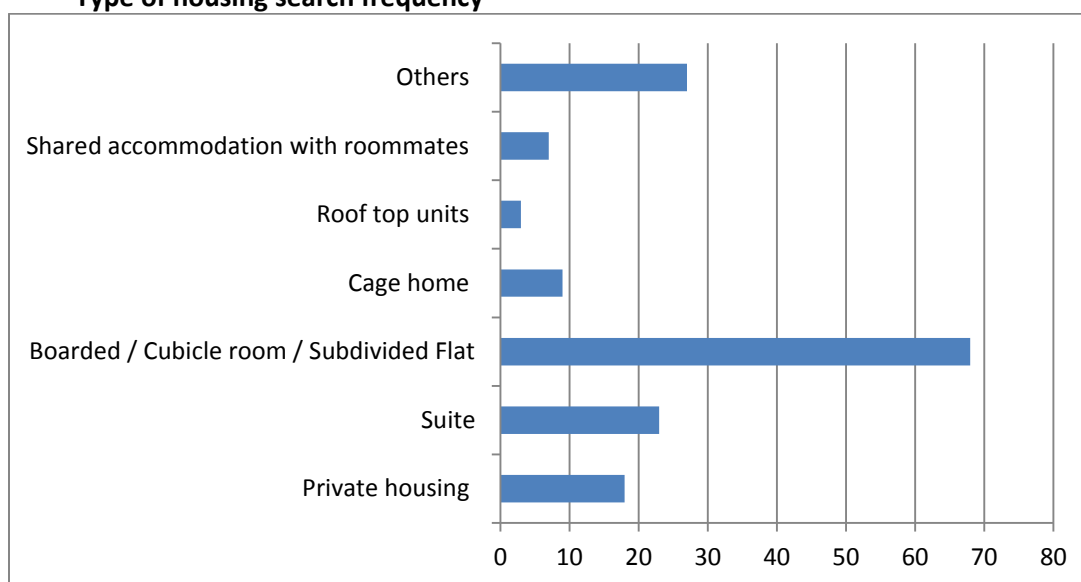

Returning to Live in Hong Kong after Having Lived in the Mainland or Other Countries

Recent studies on homelessness in Hong Kong reflected that homeless rates are on the rise with individuals who have returned to Hong Kong after having moved away from Hong Kong (mostly to mainland China) in earlier years in search of work opportunities. Of 306 respondents, over 1/4 of them (26.7%) were returnees from other places, mainly mainland China.

N =306

Returning Status	Number	Percentage
Returned from other places	81	26.47%
Never lived in other countries	225	73.53%
Total	306	100%

**Figure 24   Returnee status distribution in percentage**
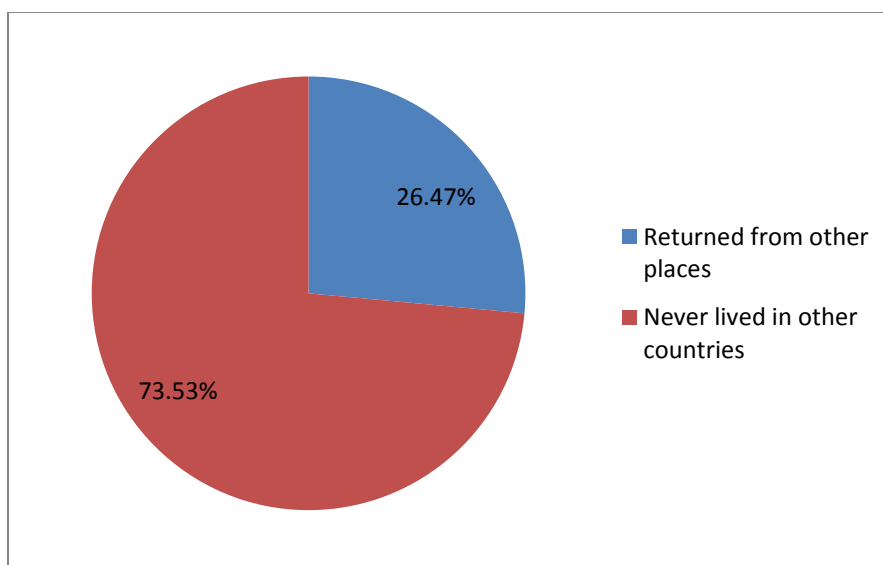
Reasons for Returning

Almost 1/3 of the respondents (32.1%) reported returning to Hong Kong to look for work, and other reported reasons included unemployment, family reunion, and failed business.

N=81

Reasons for Moving Back	Frequency	Percentage
Unemployed	12	14.81%
Reuniting with families in HK	10	12.35%
Business failed	9	11.11%
Spent all my savings	5	6.17%
To find work	26	32.1%
Others	19	23.46%
Total	81	100%

Figure 25   Reasons for returning to Hong Kong frequency in percentage
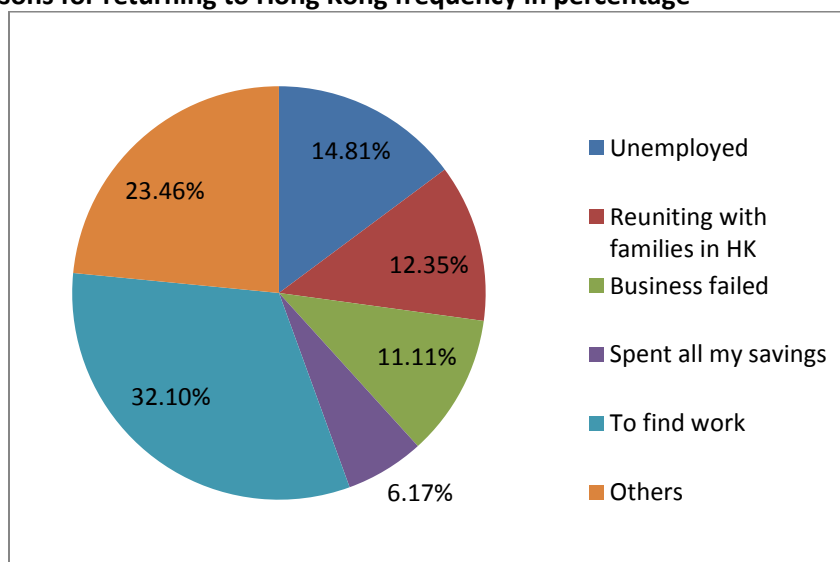
Containment and Criminalization of the Homeless

In recent years, we have seen criminalization and containment measures being used to contain and remove the homeless in Hong Kong. For example, homeless people were evicted from sleeping under the flyover to make room for a potential 'pet park' (Ngo, May 2, 2013), and to make room for 'flower pots' being placed under the flyover to beautify the area (Yeung, August 2, 2013). Other tactics include confiscating personal belongings of the homeless and throwing into the garbage truck, paving uneven rocks underneath the flyover areas to remove the homeless, installing immovable handgrips on park benches, locking the gates of outdoor sports stadiums, and using corrosive substance to 'clean' the streets on where the homeless sleep (Society for Community Organization, 2014).

Police Making Inquiries at Current Location in the Past 6 Months

Out of 312 respondents, 140 reported that the police have made inquiries at their current locations such as checking their identification and questioning them. Social workers who work closely with the homeless reported that sometimes in areas where a high number of street sleepers congregate, inquiries are made on a daily basis, sometimes up to a couple of times a night.

The Food and Environmental Hygiene Department Cleaned at Current Location in the Past 6 Months

Of the 310 respondents, 97 of them reported the Food and Environmental Hygiene Department had cleaned their current location in the past 6 months. Some respondents reported that it was done twice a week.
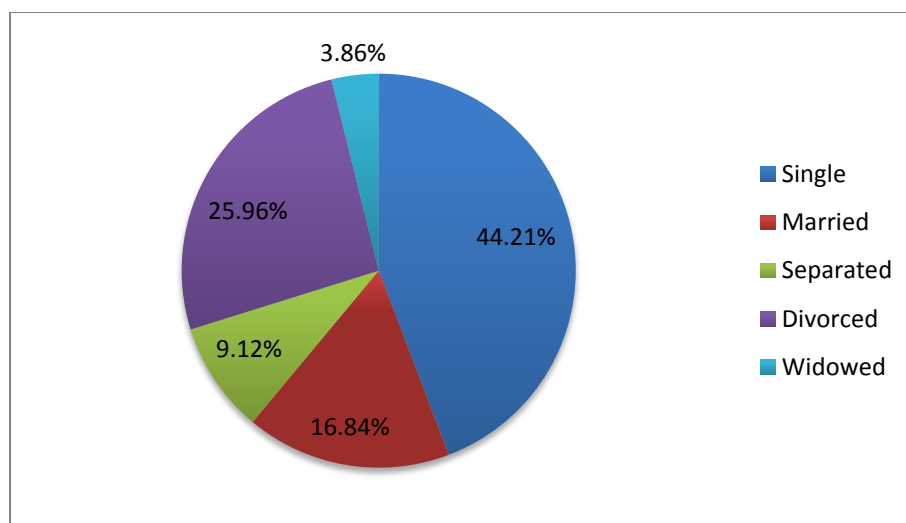
Social Support

Marital Status

Close to 75% of respondents (74.03%) were single, divorced, and widowed. While almost 10% (9.12%) of them were separated.

N=285

Marital Status	Number	Percentage
Single	126	44.21%
Married	48	16.84%
Separated	26	9.12%
Divorced	74	25.96%
Widowed	11	3.86%
Total	285	100%

**Figure 26   Marital status distribution in percentage**

Contact with Family and Friends and Support Received

Over 60% of them (61.15% of 314) reported that they are still in regular contact with their family and friends, however, 168, over half of them (53.50% of 314) reported receiving no support from friends or family.

N=314

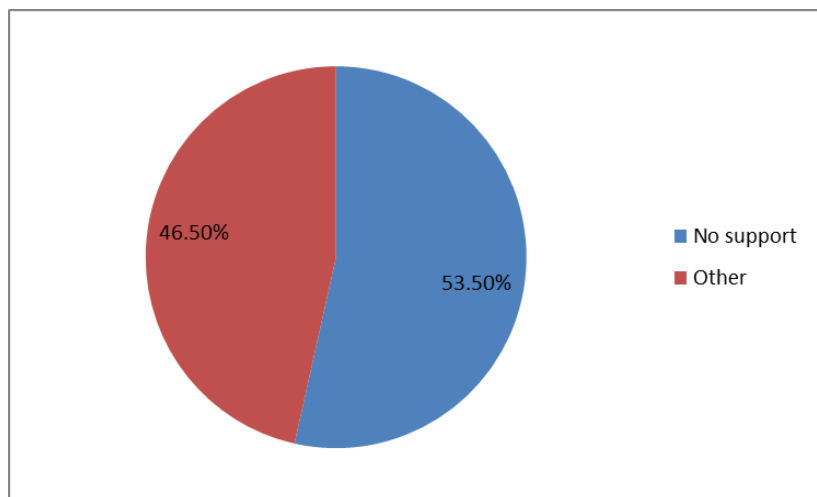| Contact with Friends and Family	Number	Percentage
Still in regular contact	192	61.15%
No contact	122	38.85%
Total	314	100%

Figure 27   Contact with friends and family in percentage
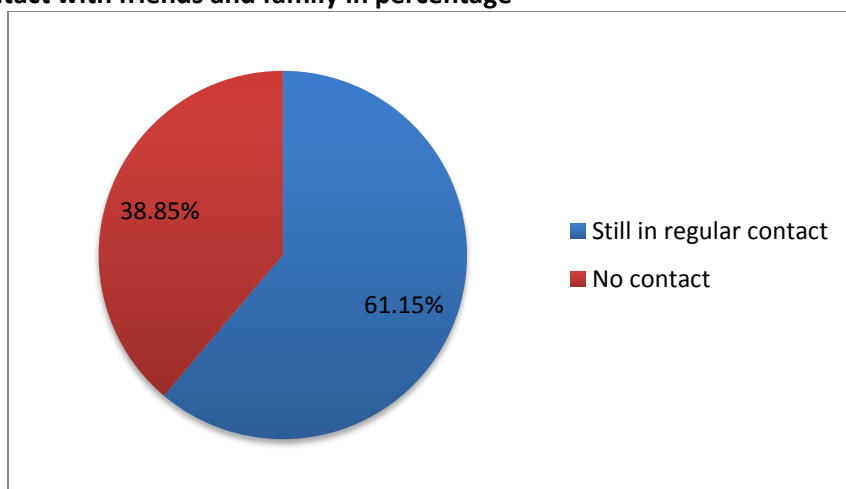
Support Received
N=314

Receiving Support from Friends and Family	Number	Percentage
Not receiving support	168	53.50%
Other	146	46.50%
Total	314	100%

Figure 28   Support from Friends and Family

Contact with Social Service Agencies

Over 70% of respondents reporting being in contact with their social workers or social service agencies in the past 3 months.

N=305

Contact with Social Worker/Social Service Agencies	Number	Percentage
In contact	220	72.13%
No contact	85	27.87%
Total	305	100%

Figure 29   Contact with social service agencies and social workers in percentage
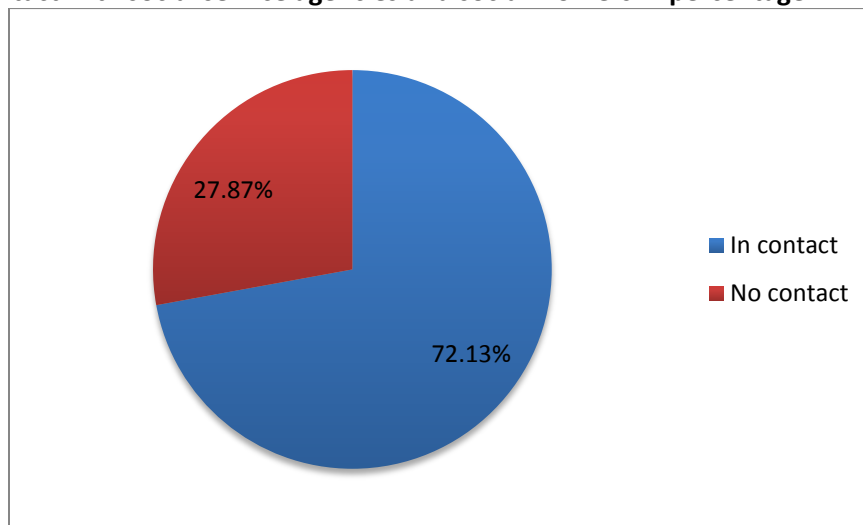
Health and Mental Health

Mental Illness Diagnosis, Mental Health Treatment, & Psychotropic Medications

17.69% of respondents reported have been diagnosed with a mental illness in the past, and only 8.39% of them reported having received mental health treatment. 11.22% of respondents were on psychotropic medications and 22 of them reported having visited by a Social Welfare Department outreach social worker or mental health nurse in the past 6 months. 9.49% of them reported that psychiatric hospitalization was in their past history.

N=294
Have you been diagnosed with a mental illness by a doctor?

| Mental Illness	Number	Percentage
Diagnosed	52	17.69%
Never	242	82.31%
Total	294	100%

Figure 30   Mental illness diagnosis in percentage
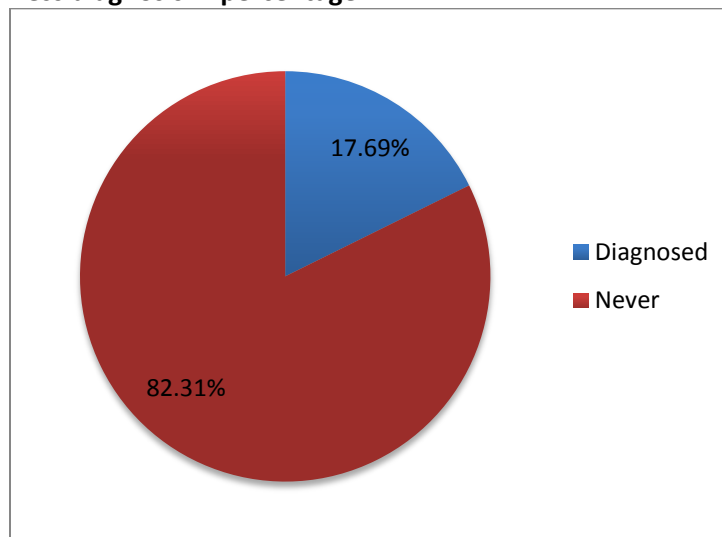
N=298
Have you received any mental health treatment in the past 6 months?

Mental Health Treatment	Number	Percentage
Received treatment	25	8.39%
Did not receive treatment	273	91.61%

Total	298	100%

Figure 31   Mental health treatment in percentage

8.39%
Received treatment

91.61%
Did not receive treatment
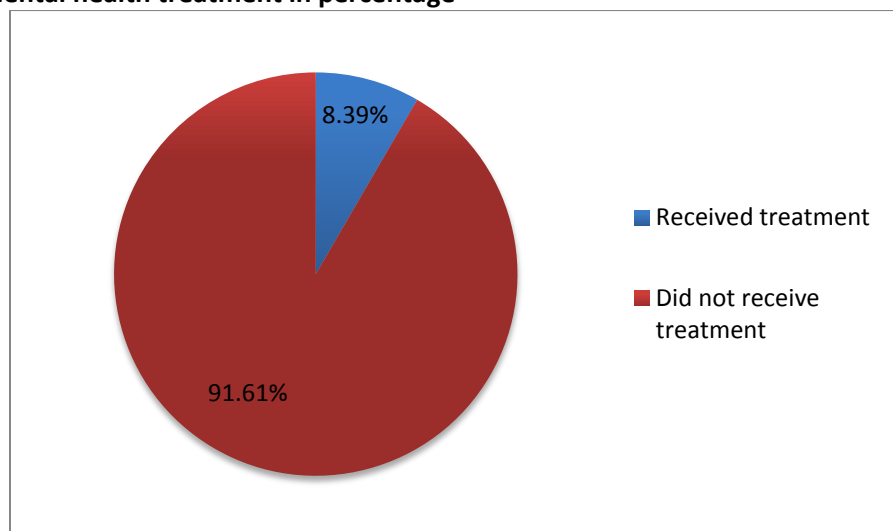
N=294

Have you been taking any psychotropic medications in the past 6 months?

Psychotropic Medications	Number	Percentage
On medications	33	11.22%
Not on medications	261	88.78%
Total	294	100%

Figure 32   Respondents who are taking psychotropic medications in percentage

11.22%
On medications

88.78%
Not on medications
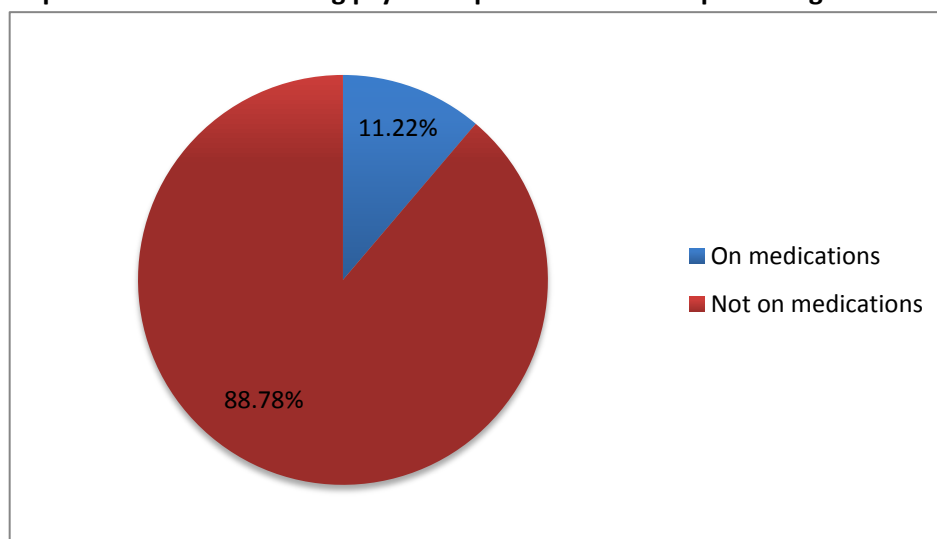
N=295

Have you had any history of psychiatric hospitalizations?

History of Psychiatric Hospitalization	Number	Percentage
Hospitalized	28	9.49%
Never	267	90.51%
Total	295	100%

Figure 33   **History of Psychiatric Hospitalization in Percentage**

Illness and Disability
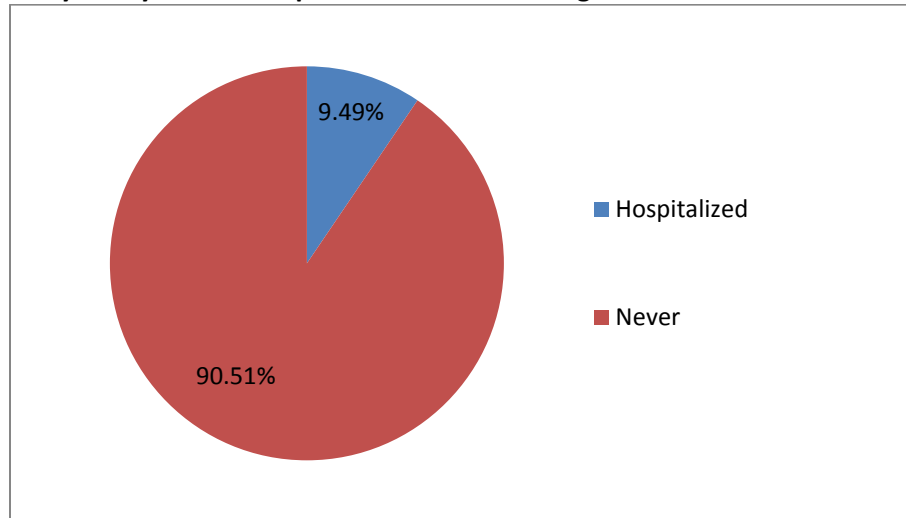
Over 1/3 of them (33.45%) reported having a chronic illness or disability, close to 30% have been hospitalized, and almost 40% have used the emergency room in the past year.

N=278

Chronic Illness or Disability	Number	Percentage
Yes	93	33.45%
No	185	66.55%
Total	278	100%

Figure 34   **Chronic Illness or Disability in Percentage**
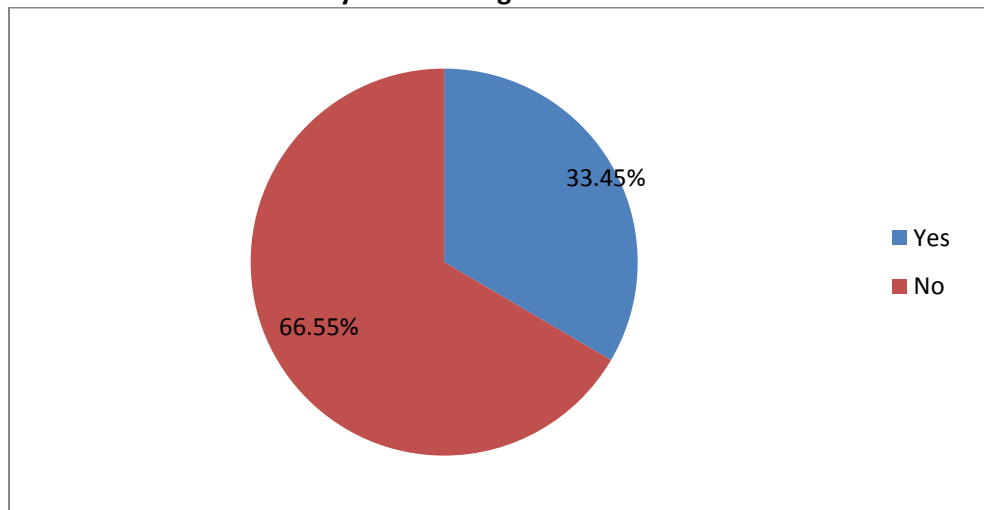
In the past year, have you been hospitalized?
N=305

Hospitalization	Number	Percentage
Hospitalized	87	28.52%

No hospitalization	218	71.48%
Total	305	100%

Figure 35   **Hospitalization in Percentage**
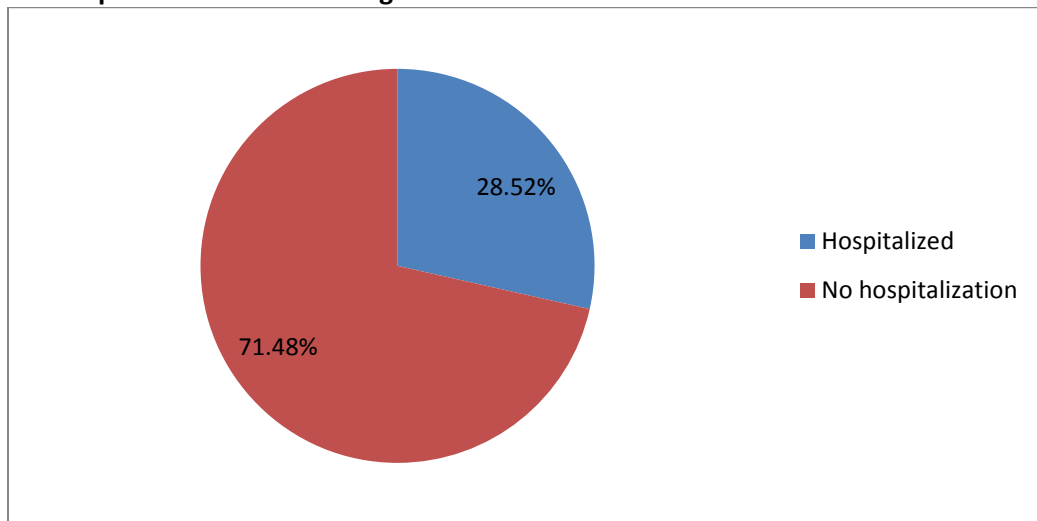
Have you used the emergency room in the past year?
N=300

Emergency Room	Number	Percentage
Visited emergency room	118	39.33%
Did not visit	182	60.67%
Total	300	100%

Figure 36   **Emergency Room Usage in Percentage**
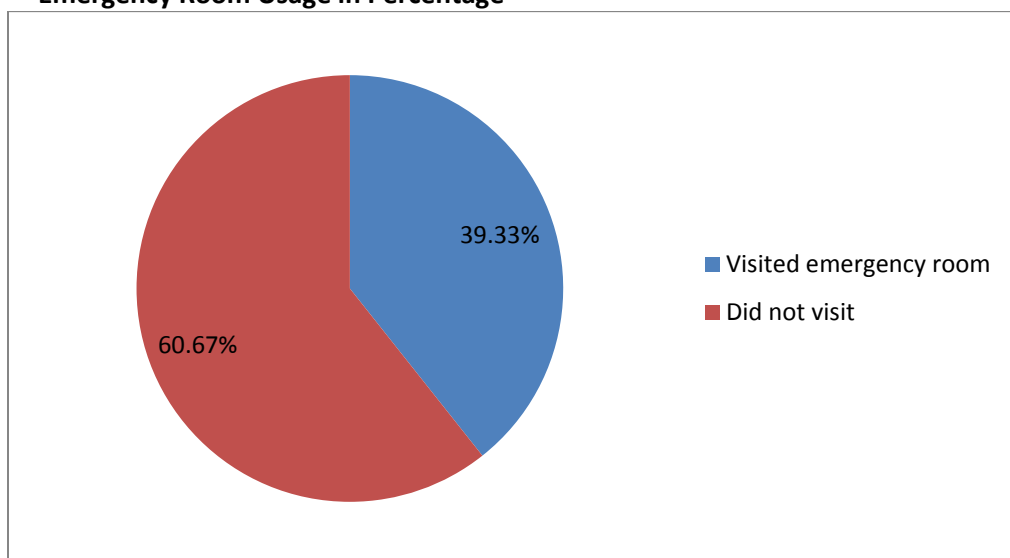
Mental Health / Psychological Distress Symptoms

Adopted from the Kessler et al. (2002) short mental health screening scales, respondents were asked 6 brief questions regarding their psychological symptoms in the past month (i.e. nervousness, hopelessness, restlessness, depressed mood, lack of motivation, and worthlessness). Respondents were asked to rate from

feeling the symptoms all the time (=1) to never (=5). Of a sample of 282 respondents, the mean value (average) of all symptoms ranges from 3.6 to 3.8, indicating that on average respondents' frequency of feeling these symptoms ranges between sometimes to rare. It is however important to note that an average of 41.91% (118) of them reported feeling these symptoms sometimes to all the times.

N=282

Symptom	Mean	Std. Deviation
Restless	3.6418	1.31624
Worthless	3.7199	1.41782
Everything is an effort	3.7305	1.33861
Depressed	3.7801	1.25186
Nervous	3.8262	1.24060
Hopeless	3.8440	1.36964

   1=all the time   2=most of the time   3=sometimes   4=rarely   5=never

Number of respondents who reported experiencing these symptoms (sometimes to all the time)
N=282

Symptom	Number	Percentage of sample
Restless	135	47.87%
Worthless	122	43.26%
Everything is an effort	114	40.45%
Depressed	115	40.78%
Nervous	110	39.01%
Hopeless	113	40.07%
Mean (Average)	**118**	**41.91%**

Perception on Available Supportive Services

   Respondents were asked about their perception on how adequately each of the following support services addresses their current needs. They expressed that the available housing assistance, financial assistance, family support/counseling, vocational assistance, mental health counseling and temporary shelter use were all below adequate, ranged between very inadequate to inadequate (mean = 1.67 to 1.91, with 1 = very inadequate and 2 = inadequate); and medical services is also far from adequate.

To what extent can these services below adequately support the homeless?

Service / Support	N	Mean	Std. Deviation

Housing Assistance	129	1.6667	.92983
Financial Assistance	189	1.7143	.89494
Family Support / Counseling	90	1.8333	.90256
Vocational Assistance	99	1.8485	.89629
Mental Health Counseling	105	1.8952	.91907
Temporary shelter / Urban Hostel for Single Persons	128	1.9141	1.06503
Medical Services	157	2.1338	1.06876

1 very inadequate, 2 inadequate, 3 adequate, 4 very adequate

**Gambling, Drugs, and Alcohol Abuse**

Traditional and common understanding on causes of homelessness places a strong focus on individual behaviors such as gambling, drug and alcohol use. Approximately 1/3 of respondents reported they have a habit of gambling (32.29%) and drinking (30.13%), with slightly below 1/3 of respondents (27.11%) reported a history of drug use. Slightly over 1/3 of them reported they feel the need to reduce their drug and alcohol use.

Do you have a gambling habit?
N=288

Group	Number	Percentage
Gambling habit	93	32.29%
No gambling habit	195	67.71%
Total	288	100%

Figure 37   Gambling Habit in Percentage
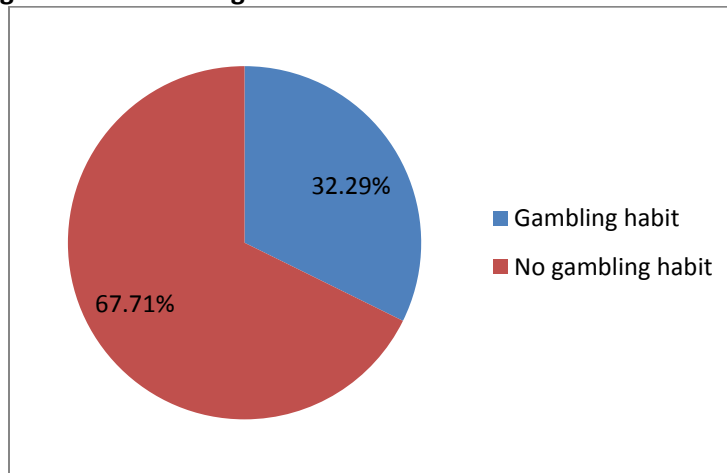
Do you have a habit of abusing alcohol?
N=229

Drinking Habit	Number	Percentage
Yes	69	30.13%
No	160	69.87%
Total	229	100%

Figure 38   Alcohol Abuse in Percentage
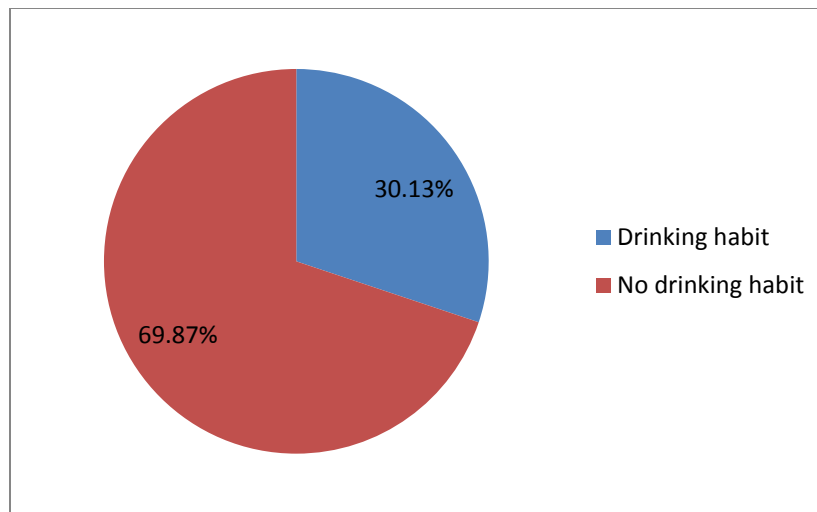
Have you used or do you use drugs?
N=225

Drug Use	Number	Percentage
Yes	61	27.11%
No	164	72.89%
Total	225	100%

Figure 39   Drug Abuse in Percentage
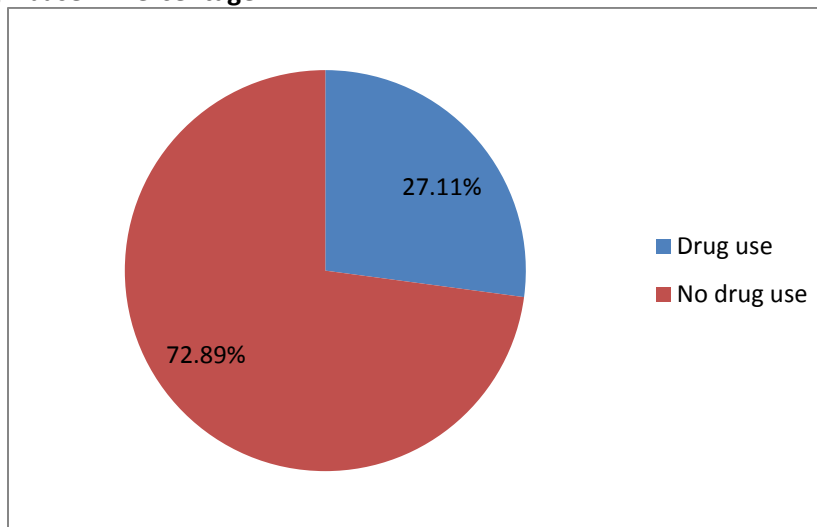
Have you felt you need to cut down on your drinking or drug use?
N=219

Need to Cut Down on Drug / Alcohol Use	Number	Percentage
Yes	71	32.42%
No	148	67.58%
Total	219	100%

Figure 40

Pie chart legend:
- 32.42% — Need to cut down drug / alcohol use
- 67.58% — No need to cut down drug / alcohol use

COMPARISON WITH SOCIAL WELFARE DEPARTMENT (SWD) NUMBERS – AT-A-GLANCE

Comparisons in the Month of August 2013

According to the Street Sleepers Registry (SWD), there were 674 street sleepers in the month of August 2013, the same month that the H.O.P.E. street count was conducted. From the overnight street count on August 21 and the supplementary count at 70 twenty-four hour restaurants, there were 720 people who were homeless. Additionally, the Street Sleepers Registry does not record people w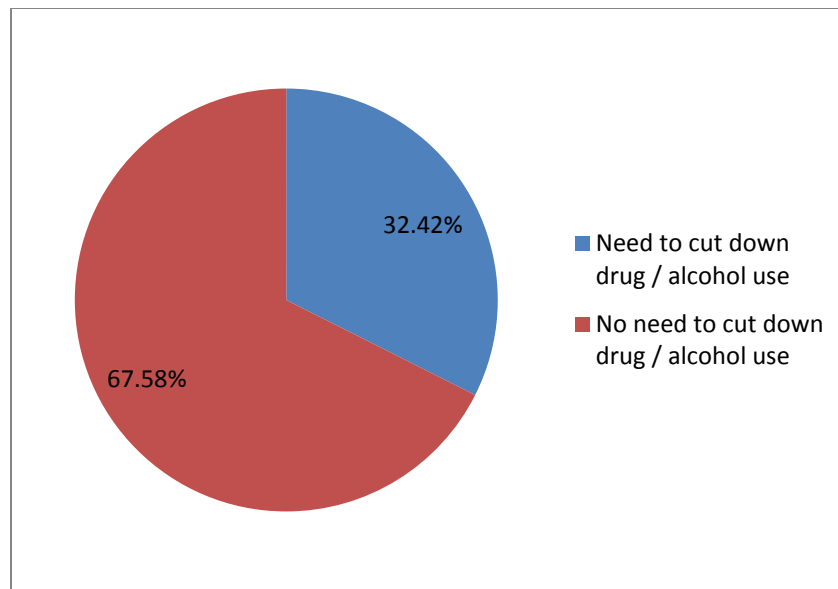ho are without a permanent home, and are staying at temporary shelters and urban hostels. Together with the 415 people staying at the shelters and urban hostels on the night of August 21, and the 279 empty bed spaces, the H.O.P.E street count estimated there were approximately 1,414 people without a stable or permanent home in the month of August 2013.

In the month of August 2013

Homeless Locations	SWD	HOPE
Street Locations (including 24 hour restaurants)	674	720
Shelters	-	415
Empty Bed Spaces	-	279
Total Number Documented	674	1,414

Comparisons between HOPE HK data (August 2013) and latest data from SWD (January 2014)

Gender

Gender	SWD (Jan 2014)	Percentage	HOPE Street Count	Percentage	Shelter / Hostels	Percentage	Supplementary Count	Percentage
Male	709	95.17%	621	93.67%	352	84.82%	43	75.44%
Female	36	4.83%	42	6.33%	63	15.18%	14	24.56%

Total	745	100%	663	100%	415	100%	57	100%

Work Status

Work Status	SWD (Jan 2014)	Percentage	HOPE Study (past 6 months)	Percentage
Working	91	12.21%	133	41%
Unemployed	645	86.58%	185	57%
Unknown	9	1.21%	5	2%
Total	745	100%	323	100%

Education

Level	SWD (Jan 2014)	Percentage	HOPE Study	Percentage
No formal education	20	2.68%	19	6.19%
Primary	253	33.96%	128	41.69%
High School and Matriculations	335	44.97%	146	47.56%
Higher Education	13	1.74%	14	4.56%
Unknown	124	16.64%	0	0%
Total	745	100%	307	100%

CSSA

Status	SWD (Jan 2014)	Percentage	HOPE Study	Percentage
On CSSA	440	59.06%	162	50.15%
Not Receiving CSSA	305	40.94%	161	49.85%
Total	745	100%	323	100%

Duration of Homelessness

Duration	SWD (Jan 2014)	Percentage	HOPE Study	Percentage
Less than one month	4	0.54%	19	5.96%
One month to less than six months	43	5.77%	63	19.75%
Six months to less than a year	58	7.79%	34	10.66%
One to less than two years (SWD) One to less than three years (HOPE)	109 *one to > two years	14.63%	81 *one to > three years	25.39%
Two years and above (SWD) Three years and above (HOPE)	531 * Two years and above	71.28%	122* Three years and above	38.24%
Total	745	100%	319	100%

Drug & Alcohol Use

	HOPE	Percentage	SWD (Jan)	Percentage
Drug Use	61	27.11%	191	25.64%

Total	225	100%	745	100%
Alcohol Use	69	30.13%	26	3.49%
Total	229	100%	745	100%

Health Conditions

	HOPE	Percentage	SWD (Jan)	Percentage
Disability or Chronic Illness	93	33.45%	30	4.03%
Total	278	100%	745	100%
Mental Illness	52	17.69%	60	8.05%
Total	294	100%	745	100%
Individuals who Reported Experiencing Psychological Distress Symptoms	118 (mean)	41.84%	Data Unavailable	
Total	282	100%		

CONCLUSIONS & SUGGESTIONS

Street Count

Since 1999, SWD has not conducted further city-wide street count. SWD now obtains information from the Street Sleepers Registry, of which the information is submitted by social service providers working with the homeless. The tool for registration is a four-page form, which, to a homeless person who is either struggling to survive on the streets, or going through a de-stabilizing period of time being shuffled between the streets, the shelters, and the hostels – is a longsome procedure. Many of them are not able to or refuse to complete the entire form, and only completed forms are counted toward the registry as part of their recorded numbers. Thus, this leads to the under-estimation of the number of street sleepers, and inadequate information to help effectively identify needed services. The last street count by SWD was organized under the coordination of Family Service Center in each of the 18 districts, which provided sufficient manpower to collect accurate numbers and data to facilitate service and resource planning. Due to the shortage of manpower in the HOPE street count, in which each team was responsible for covering multiple locations or more than one district, thus the count was mainly conducted 'on the go'. Given the highly mobile nature of the homeless, the street count teams might have missed the count of many individuals who were not staying put until very late in the night. Therefore, it is believed that the numbers reflected in the HOPE street count was still underestimated. By organizing city-wide street count regularly involving the collaboration of community organizations and participation of community volunteers, multi-level stakeholders' participation can be enhanced and simultaneously, public awareness on the issue will be raised.

Contrary to the public image of the homeless, over 40% of the street sleepers are self-supporting by low-paying jobs, almost half of them are not relying on CSSA . 214 out of 323 (66%) of respondents reported the reasons leading to their homeless conditions included not enough income to afford rent, and other causes directly related to housing and affordability such as attempt to save money, inability to locate housing with affordable rent, and substandard housing conditions. Education trend of the homeless continues to become higher, over half of the participants in the survey study have a high school or above education. Contrary to previous studies, about 2/3 of them are 51 or above, indicating an aging homeless population, which also means prospects for work and health conditions are both more challenging. One third of them have serious or chronic health problems, and about one third of them are suspected to be abusing substance or alcohol. It is important to note that in Hong Kong, there is no clear definition on 'homelessness'. Statistics from SWD is also indicating a significant underestimation of people who are entrenched in substance use, mental illness, disability and chronic illness; thus affects the support and assistance available to address the above issues in addition to the inherent challenges faced by being homeless.

Temporary Night Heat / Cold Centers' Locations

Since many of the street sleepers have frail health conditions and are quite elderly in age, during extreme and harsh weathers, they will have to rely on temporary services such as the night heat or cold centers as emergency solutions. Many of the centers are located very inconveniently, at places where street sleepers (most of them with limited resources and assistance) find difficult to reach, especially during times of harsh weather. For example night heat / cold centers in Kwun Tong, Wong Tai Sin, Sham Shui Po, and Kwai Tsing are all located inconveniently for street sleepers to access. Such design results in this kind of critical emergency services being under-utilized by those who are most critically in need.

Solutions Beyond Shelters – Developing Long-Term Policy with Housing as Core Solution

Currently, the government has contracted four non-governmental organizations to provide services to street sleepers through the Integrated Services Team model. The teams provide a number of services including outreach, individual and group counseling, employment guidance, emergency funds, service referral, and emergency shelter placement. In addition, the government has contracted a total of 2 emergency shelters and 5 urban hostels, together with 8 emergency shelters run by non-governmental organizations on self-financing basis, there is a total of 437 'beds' (both free and fee-charging) for street sleepers and others in need (Legislative Council of Hong Kong, 2012). To date, no policy has been developed to facilitate a concerted effort to address homelessness and to protect the rights of the homeless. Discussions around policy remain underdeveloped, disintegrated, and lacking a clear goal, and service models remain ad hoc and peripheral in nature. Much of the discussion focus has been placed on enhancing the street sleepers' work motivation and skills in order to help

them 'give up' street sleeping and become self-reliant (Legislative Council of Hong Kong, 2012), ignoring the structural problems of housing and employment market that place homeless individuals in even more vulnerable positions. Nowhere in the policy has identified affordable housing as the most crucial need or solution.

As reflected in this study, unaffordable rent and other housing related reasons seemed to have most pertinently contributed to people becoming homeless as well as obstructing people's efforts in ending their homeless conditions. The government's reluctance to effectively rectify the situation is further demonstrated in the rent allowance for street sleepers who are eligible CSSA recipients – the allowance is inadequate for them to even rent a cubicle space. Although temporary shelter is sometimes sought by the homeless as a quick solution to their housing problems, the number of beds provided is not enough to provide this temporary support. In order to tackle homelessness effectively, temporary shelters should not be seen as a solution to homelessness, but only a temporary relief to individuals facing housing 'emergencies'. Using shelter as the first line of response to every type of housing instability (e.g. potential eviction, medical emergency, falling behind of rent, etc.) will only divert attention away from more sustainable solutions such as prevention, affordable housing, and other community-based interventions.

Vacuum in Current Service Model that leads to Recurrence of Homelessness

Currently, the service model with the homeless follows a cycle of temporary shelter and hostel stays. Not to mention the lack of bed spaces of shelters and hostels, if a street sleeper is successfully referred to and accepted by a shelter, the usual length of stay is 1-3 months. After that, their next step option is either the singleton hostels with a maximum stay of 6 months (with limited beds) or substandard housing such as cubicle or subdivided rooms, which most homeless people cannot afford. However, the reimplementation of singleton hostels was intended for those who are displaced from cage homes as a result of the Bedspace Apartments Ordinance (a policy to regulate the operation of cage homes), but not those who are sleeping on the streets or in emergency shelters (Legislative Council of Hong Kong, 2012), which makes the chances of obtaining a place at the hostels even more grim. What emerges from this cycle is the recurrence of homelessness (which constitutes over 35% of the respondents), as they continue to wait for their pending public housing application to come through (which many of them have given up on the hope to obtain public housing as the wait has been too long). The homeless individuals are then shuffled between the revolving door of the streets, shelters, hostels, and the streets again – the recurrence average is close to 3 times (2.8). This vicious cycle of recurring homelessness can best be addressed by extended-stay residences akin to **the supportive housing model** - a combination of housing and supportive service provision intended as a cost-effective and effective way to help people affected by homelessness and other co-occurring conditions such as low incomes and/or serious, persistent issues that may include substance abuse, addiction or alcoholism, mental illness live more stable, productive lives. The intended length of stay can **extend from 6 months to 3 to 5 years** to specifically plug the 'housing gap' that

contributes to recurring homelessness (see figure 41), targeting those who are in the midst of waiting for their public housing application and taking some time to rebuild or re-stabilize their lives (e.g. extended-stay facilities in the U.S. usually expect a 5-7 year stay, before moving on to more permanent housing options).

Figure 41   Cycle of Recurring Homeless in Hong Kong
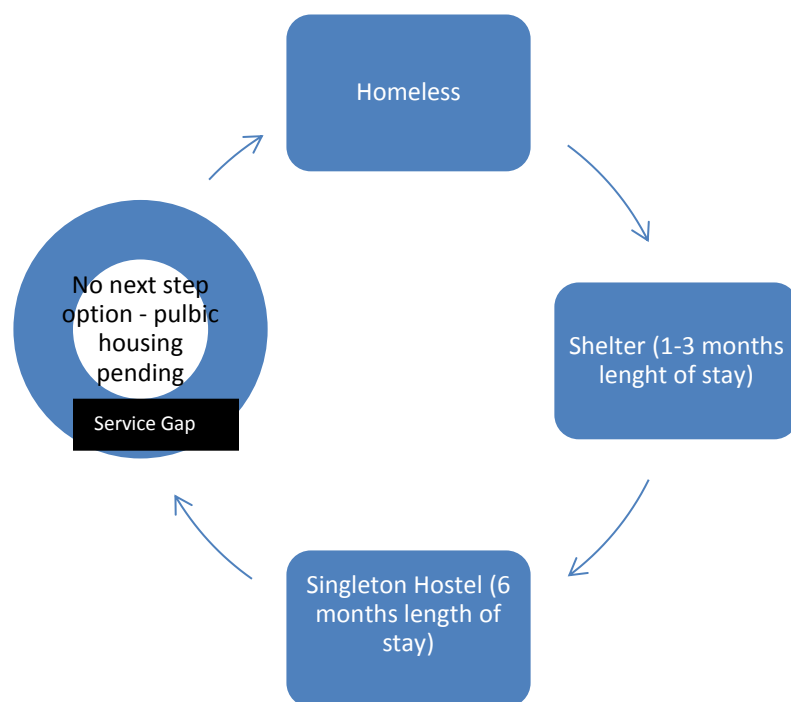

Alternative Housing & Service Models as Reference

Continuum of Care Model - Merging Housing and Supportive Services to Address Special Needs

Amongst those who are homeless, a significant number of them are experiencing some level of psychological distress, mental health issues (including substance and alcohol use), and chronic illness. These conditions and their homeless conditions can perpetuate one another, leading to more complex and chronic health and housing problems, making these individuals even more vulnerable when faced with structural factors such as lack of affordable housing and underemployment. In many countries that have long suffered from urban homelessness, housing combined with supportive services (has proven to be an effective approach to reducing and preventing subsequent episodes of homelessness (Metraux, Marcus, & Culhane, 2003). A solution for addressing already-existing homelessness is combining clinical services (both onsite and offsite) and housing provision for vulnerable groups – as in the example of the mental health supportive housing model that has become an important part of the homelessness solution in the US (Culhane, Metraux, & Hadley, 2002). As in the case of Urban Pathways (www.urbanpathways.org), a pioneer in the development of the "continuum of care" model for serving homeless mentally ill (including those suffering from substance abuse) men and women - the model offers a stepped series of services, starting with programs that reach out to homeless people on the

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street, progressing to drop-in centers that provide food, shelter and basic services, continuing on to placement in temporary housing and finally long-term supportive housing (Urban Pathways Annual Report, 2004). Currently Urban Pathways operates 5 outreach programs, 1 drop-In center, 2 temporary shelters, 5 supportive housing residences, 1 permanent housing apartment building, 146-unit Scattered-Site Housing Program (with offsite services), and a Vocational Training and Readiness Program (Urban Pathways, 2008). The objective of this continuum of care model is to foster mobility for service recipients to move along the spectrum from the street, to ongoing engaged services at drop in centers, to temporary and extended stay housing as their situations stabilize over time with the assistance of different levels of services.

Figure 42   Continuum of Care Housing Model
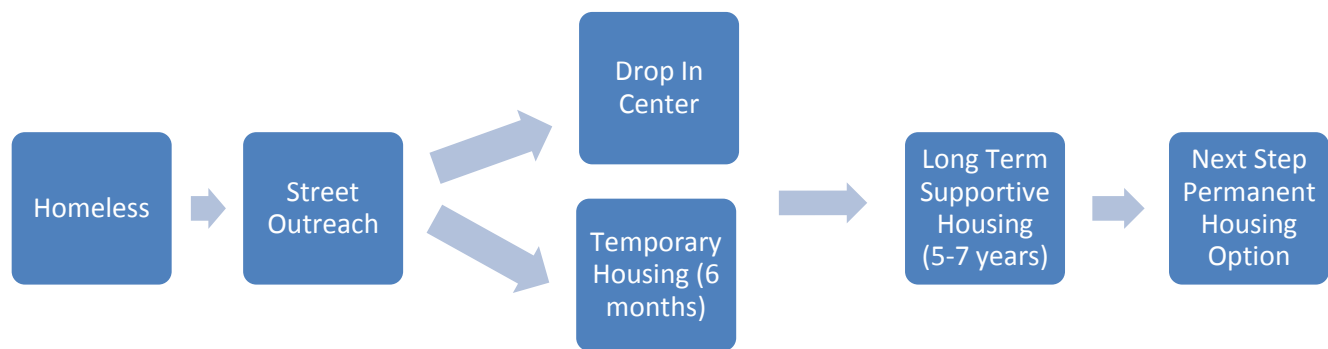
Housing First Model/ Rapid Rehousing

The Housing First model aligns itself with the Harm Reduction Approach, posits that all homeless people, regardless of service needs, should have access to affordable and permanent housing as quickly as possible, to reduce the harm on their health and mental health brought on by their homeless conditions. A central tenet of this approach is that social services to enhance individual and family well-being can be more effective when people are in their own home, and communities can significantly reduce length of homelessness and prevent recurring episodes (Metraux et al., 2003). Since the Housing First model also adds to the affordable housing stock, it is thus tackling both the individual factors (personal vulnerabilities as barriers to sustain housing) and the structural factors (lack of affordable housing) that are contributing factors to the larger issues of homelessness.

Figure 43   Housing First Model / Rapid Rehousing
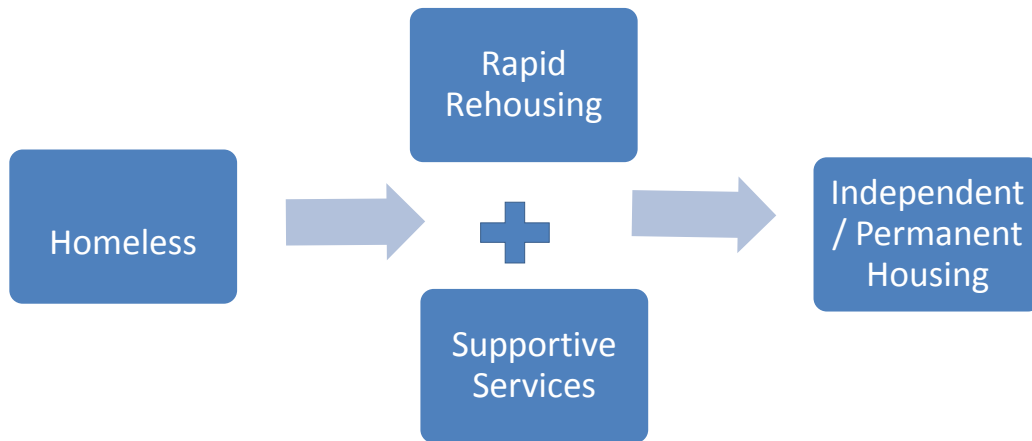
Affordable Housing – Reviewing Public Housing Policy to Accommodate the Needs of Single Persons who are Homeless

As single adults make up the majority of the homeless population, the 'point-system' utilized in the application process of public housing places single individuals as the least-prioritized eligible group amongst all. Moreover, in the eligibility assessment, poor living conditions (i.e. homelessness or substandard housing / living conditions that severely affect mental health or health conditions) should become one of the determinant factors for eligibility. Thus, there needs to be an increase of public housing units and shortened waiting period for single homeless people - especially people whose health is at imminent risk because of their homeless conditions (many of them with unstable income and entrenched in low-paying jobs as a result of the restructured economy). As about 67% of the homeless are over 51 years old, and reported that age is the most pertinent obstacle to getting work. Those who are engaged in work are mostly doing part-time or low-paying freelance work that does not provide them with a steady income. Apart from vocational support and intervention in the labor market (e.g. incentives to business owners to hire older workers, job skills training in restructured job market, etc.) - low-income housing is one of the most essential basic living necessities.

Alternative Low-Income Housing Options and Desegregate Low-Income Groups

Apart from provision of public housing, a variety of policy strategies including government-subsidized low-cost financing to property owners for building improvements, rent subsidy for low-income households in apartments among buildings or neighborhoods with a mix of different income levels, tax-exempt financing to

private developments in exchange of a certain percentage of low-income units, and direct rent-subsidy to low income households can be considered. The aim to integrate low income households (creating mixed-income buildings and neighborhoods, enlisting involvement of all community stakeholders - local public, private, non-profit, and community-based institutions; and holding private developers accountable) is to ameliorate the detrimental effect of social and spatial segregation (Furman Center for Real Estate and Urban Policy, 2006). This approach calls for an emphasis on public-private partnership, and the multi-sector approach to addressing homelessness is thus placing the onus not only on the public sector, but integrating all sectors as collaborating stakeholders in addressing this issue.

Assertive Community Treatment Approach – ACT & Psychiatric Outreach

For those who are deeply entrenched in homelessness and are suffering from severe mental illness (including substance abuse), their mental illness itself and the instable living situations could be the very barrier to them engaging in traditional form of community-based treatment. Their mental health issues and homeless conditions can then perpetuate each other in a downward spiral manner, further inhibiting their ability to recover from their illness and get out of their homeless conditions. Currently, the Hospital Authority's medical outreach team (CGAT & CPT) provides some immediate assistance to some of these acute mental health problems. However, the response rate from the medical outreach team is not adequate to address those who need immediate (and follow-up) medical or mental health assistance. The response rate from the Hospital Authority's medical outreach team (CGAT & CPT) in all districts needs to be increased and improved – or even become routinized, especially in those districts with high homeless concentration. Considerations on developing ACT (Assertive Community Treatment) and Psychiatric Outreach Treatment models can be very helpful to reach out to those are not capable of navigating the traditional public health system.

What is ACT?

ACT is the Assertive Community Treatment team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious mental illness, including substance abuse. The ACT model has been widely implemented in the United States, Canada, and England. ACT teams are multi-disciplinary and include members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation. Based on their respective areas of expertise, the team members collaborate to deliver integrated services, assist in making progress towards goals, and adjust services over time to meet recipients' changing needs and goals (Assertive Community Treatment Association, 2014; New York State Office of Mental Health, 2011).
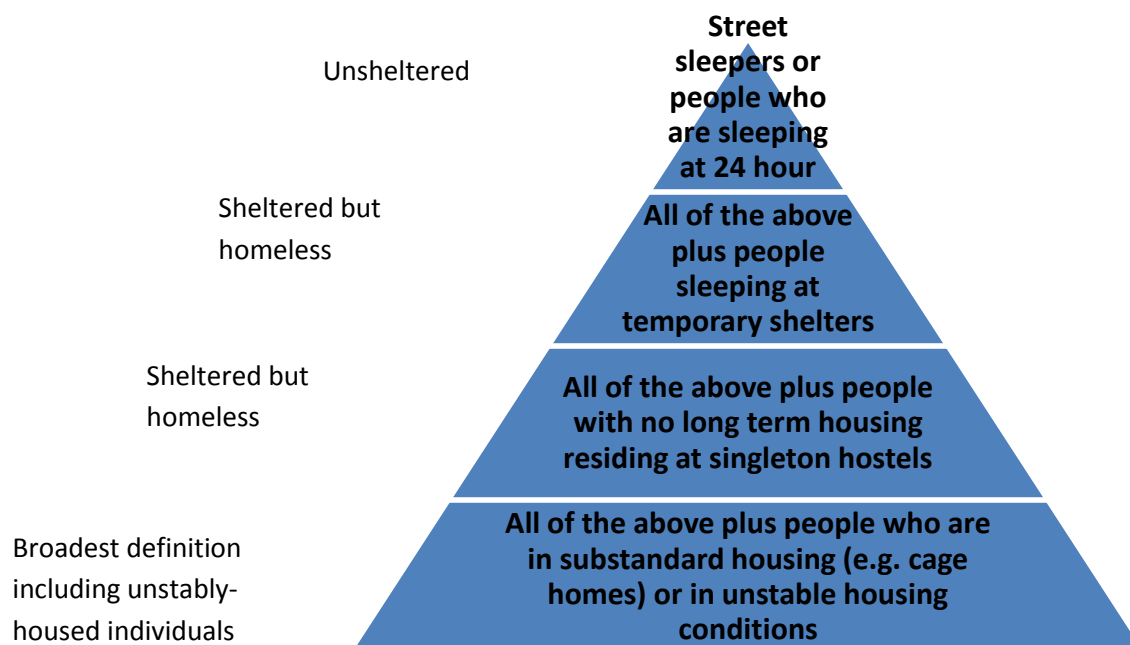
Psychiatric Outreach

Based on the complex issues associated with the co-occurrence of mental illness and homelessness, psychiatric outreach team model (e.g. Project for Psychiatric Outreach to the Homeless /PPOH of New York) has also been an effective treatment model in many urban cities plagued by homelessness. As in the example of

PPOH, it provides psychiatric care at community programs serving homeless and formerly homeless individuals who might otherwise not access care, and when necessary, the team goes out to the streets to engage homeless individuals with mental illness. Mental health professionals understand that unstable and inadequate living conditions and inadequate support systems are primary barriers to participation in mental health treatment. This model addresses these barriers by placing psychiatrists on-site at homeless service organizations to become part of the program's service delivery team. This integrated approach provides access to psychiatric care at the point of contact of the individual with homeless service organizations, and sometimes on the streets as referred by homeless service organizations (Center for Urban Community Services, 2013). Additionally, allowing community organizations that serve the homeless purchase transport vehicles (including other maintenance costs) is critical in service coordination and transporting clients to hospitals and clinics within critical timeframe or during medical or mental health emergencies. Other than that, vehicles are essential tools in enhancing outreach efforts, and transporting clients from one site of service (including shelters and hostels) to another.

Defining Homelessness & Acknowledging Housing as a Basic Human Right

Adequate housing is recognized by the United Nations as a basic human right that is closely connected with the right to family life and privacy, the right to freedom of movement, the right to assembly and association, the right to health, and the right to development (Human Rights and Equal Opportunity Commission, 2008). Currently, the SWD is only recognizing the 'homeless' condition of street sleepers. However, people who are sheltered but without a home, and those at-risk of becoming homeless are not receiving due attention and support that can alter their homeless situations or prevent them from becoming homeless. The figure below illustrates that homelessness should be viewed from a multi-leveled perspective, apart from street sleepers - the broader definitions will provide a more comprehensive understanding of those who are affected by this social problem.

Figure 44   Levels of Homelessness – Hong Kong Context

Unsheltered

Sheltered but
homeless

Sheltered but
homeless

Broadest definition
including unstably-
housed individuals

Street sleepers or people who are sleeping at 24 hour

All of the above plus people sleeping at temporary shelters

All of the above plus people with no long term housing residing at singleton hostels

All of the above plus people who are in substandard housing (e.g. cage homes) or in unstable housing conditions

In order to broaden the understanding of this issue, more comprehensive assessments and community-based research need to take place, and community assessment tools such as the citywide homeless street count needs to take place on a regular basis. To tackle such a complex issue, there needs to be a concerted and multi-leveled effort between the public, private, non-profit, community groups - focused on overcoming street homelessness by ensuring safe and viable programmatic alternatives to the street, implementing a prevention first agenda, expanding rapid re-housing strategies for those homelessness cannot be prevented, and redirecting resources into prevention, supportive housing, and other solutions to homelessness through the Housing First model. The attention should thus be placed on a shift from "managing" homelessness to a commitment to end homelessness, with the guiding principles that all individuals are entitled to have safe, affordable, and permanent housing.

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