

URBAN HOMELESSNESS AND ACCESS TO BASIC SOCIAL SERVICES

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Abstract

Urban homelessness is a multidimensional condition in which people lack safe, stable, and socially recognised places to live. It includes persons sleeping on streets, in public spaces, temporary shelters, informal work sites, transport terminals, religious premises, overcrowded rooms, or other insecure arrangements that do not provide privacy, safety, continuity, or legal protection. In rapidly growing cities, homelessness is shaped by rising housing costs, insecure employment, family separation, migration, disability, illness, gender-based violence, eviction, disaster, and the limited availability of affordable rental housing. The experience cannot be understood only as absence of a roof; it is also a disruption of identity, social relations, documentation, health, education, livelihood, and access to public institutions.

This review-based study examines the relationship between urban homelessness and access to basic social services. It considers housing and shelter, safe water and sanitation, food and nutrition, primary health care, mental health support, education, social protection, identification documents, livelihood assistance, child protection, and grievance mechanisms. The paper analyses how service systems may unintentionally exclude people who lack a permanent address, official records, financial resources, digital access, family support, or knowledge of administrative procedures. It also studies the institutional barriers that arise when shelter services, municipal systems, health facilities, welfare departments, and civil-society organisations operate separately rather than through coordinated pathways.

The analysis indicates that effective responses to homelessness require more than emergency night shelters. Inclusive urban policy must combine prevention of eviction and destitution, affordable housing options, low-threshold services, outreach, documentation support, health and psychosocial care, employment assistance, accessible referral systems, and long-term housing stability. A rights-based and person-centred approach can reduce repeated homelessness, improve dignity and safety, and strengthen the ability of cities to deliver social services to residents who are most often left outside conventional systems.

Keywords: Urban homelessness; Basic social services; Affordable housing; Social protection; Street homelessness; Shelter services; Urban poverty; Health access; Inclusive cities; Service delivery

1. INTRODUCTION

Cities are commonly associated with opportunity, employment, education, transport, and access to public services. Yet the benefits of urban life are distributed unevenly. Many residents live with insecure work, high rents, poor-quality accommodation, overcrowding, discrimination, debt, and the constant risk of displacement. When household resources collapse or social support weakens, people may move through a series of insecure living arrangements before reaching visible street homelessness. For some, homelessness is short-term and linked to a sudden crisis; for others, it becomes a prolonged condition shaped by

structural poverty, illness, violence, exclusion from housing markets, and fragmented social assistance.

Urban homelessness should therefore be treated as both a housing issue and a social-service issue. A person without a stable address may be unable to register for welfare schemes, keep identity documents safe, receive official notices, enroll children in school, access regular medicines, maintain hygiene, open a bank account, secure formal employment, or comply with administrative procedures that assume a fixed residence. These barriers are often mutually reinforcing. Lack of documentation may prevent access to services; lack of services

may worsen health and financial insecurity; and deteriorating health or income loss may make housing even less attainable.

The public visibility of homelessness often leads to narrow policy responses focused on removing people from streets or placing them in short-stay shelters. Such approaches may provide temporary protection but do not always address the causes of housing exclusion or the service barriers that follow it. A shelter without water, sanitation, safety, counselling, documentation support, health referral, livelihood linkage, and pathways to permanent housing may reduce immediate exposure while leaving people trapped in instability. The quality, location, rules, staffing, and accessibility of services are therefore as important as the number of beds available.

International commitments provide a strong policy basis for this issue. Sustainable Development Goal 11.1 calls for access to adequate, safe, and affordable housing and basic services for all, while the broader human-rights framework recognises housing, social security, health, education, food, and dignity as interconnected elements of an adequate standard of living. For urban governments, these commitments imply that no resident should be excluded from essential services merely because they do not have a conventional home address or are unable to complete standard administrative requirements.

This paper examines urban homelessness through the lens of access to basic social services. It reviews the nature of homelessness, identifies service barriers, evaluates institutional gaps, and proposes practical measures for city authorities and service providers. The central argument is that homelessness can be reduced only when cities treat housing stability and service inclusion as connected responsibilities rather than separate policy sectors.

2. LITERATURE REVIEW

The literature on homelessness shows that it is produced by an interaction between structural conditions and individual circumstances. Structural conditions include shortages of affordable housing, low wages, informal employment, uneven urban development, weak tenancy protection, displacement, discrimination, and gaps in social security. Individual or household-level pressures may

include job loss, debt, illness, disability, substance dependence, bereavement, family conflict, abandonment, migration-related insecurity, and exposure to violence. The importance of these factors differs across cities, but the evidence consistently cautions against explanations that blame homelessness only on personal behaviour or individual failure.

Research also distinguishes between visible street homelessness and hidden homelessness. Visible homelessness refers to people sleeping in public spaces, transport areas, open sites, or temporary shelters. Hidden homelessness includes people staying temporarily with relatives or acquaintances, living in unsafe workplaces, moving between low-cost lodgings, sleeping in overcrowded accommodation, or remaining in institutions because no housing option is available. This distinction matters because service data based only on street counts may understate the number of people facing severe housing insecurity and may overlook women, children, older persons, workers, migrants, and survivors of violence whose homelessness is less visible. A second major theme in the literature is the connection between homelessness and service exclusion. Health systems, schools, welfare offices, and digital public platforms are frequently designed for residents who have a stable address, identity documents, family support, regular communication access, and predictable routines. People experiencing homelessness may struggle to meet these assumptions. They may miss appointments because of mobility, lose papers during eviction or theft, face stigma in public institutions, lack money for transport, or avoid services where they have previously experienced humiliation. Scholars therefore emphasise outreach, flexible documentation, low-threshold service entry, case management, and cross-sector coordination as central features of effective policy.

2.1 UNDERSTANDING URBAN HOMELESSNESS

Urban homelessness is not a single uniform experience. The conditions of a lone older person sleeping near a market, a family living on a construction site, a woman leaving domestic violence, a migrant worker sharing a temporary room, a young person leaving institutional care, and a person with a

psychosocial disability may all be described as homelessness or severe housing exclusion, but their needs and risks are not the same. Policy must therefore avoid one-size-fits-all classifications and instead recognise the diversity of pathways into housing insecurity. The temporal dimension is also important. Transitional homelessness may arise after a sudden event such as job loss, eviction, illness, family conflict, or migration. Episodic homelessness occurs when people repeatedly move between insecure accommodation and public spaces. Chronic homelessness refers to long periods of street living or recurrent homelessness accompanied by serious health, disability, social isolation, or support needs. Each pattern requires a different response. Short-term crises may be addressed through rent support, mediation, emergency cash, or temporary accommodation, whereas chronic homelessness often requires sustained housing, health care, psychosocial support, and intensive case management.

Urban space shapes the experience of homelessness. People living in central business areas may remain close to informal work, transport routes, food distribution, public toilets, and social networks, but they also face exposure to weather, traffic, violence, harassment, theft, policing, and sudden displacement. Peripheral shelters can offer protection from immediate risks, yet may isolate residents from work opportunities, schools, health facilities, and familiar communities. The location of a service is therefore not a neutral planning choice; it directly affects whether people can realistically use it.

A rights-based perspective views people experiencing homelessness as city residents with entitlements, agency, and knowledge of their own needs. This perspective rejects practices that treat homelessness primarily as a problem of urban appearance or public order. It supports participation in service design, informed consent, privacy, non-discrimination, family unity, and access to remedies when services are denied or conditions are unsafe.

2.2 BASIC SOCIAL SERVICES AND SERVICE EXCLUSION

Basic social services include the practical supports required for survival, well-being, and participation in community life. In the context

of homelessness, these services are interconnected. Access to a meal may be insufficient without safe drinking water; access to a clinic may not lead to treatment continuity without a secure place to store medicines; access to a shelter may not improve well-being when residents cannot obtain documents, work, or reconnect with family. Service systems should therefore be assessed as pathways rather than isolated programmes.

Health is a central concern. People without stable housing may face higher exposure to injury, heat, cold, infection, poor nutrition, chronic stress, violence, and untreated health conditions. They may also have difficulty following treatment plans that require rest, dietary changes, refrigeration, regular visits, or safe storage of medicines. Mental health needs can be overlooked, especially where distress is interpreted only as an individual problem rather than as a response to trauma, loss, insecurity, and social exclusion. Effective health access requires outreach, respectful care, flexible appointments, referral support, and coordination with housing and social-work services.

Water, sanitation, and hygiene are equally significant. Without safe facilities, people may reduce water intake, avoid toilets, face menstrual hygiene barriers, experience skin and gastrointestinal illnesses, or be exposed to harassment and violence. Women, girls, transgender persons, older adults, and persons with disabilities often face particular risks where sanitation facilities are distant, costly, inaccessible, poorly lit, or lacking privacy. Public sanitation should therefore be planned as a social protection measure rather than merely an infrastructure service.

Education and child protection are also affected by homelessness. Children may move frequently, lack uniforms or learning materials, miss school because of transport costs or caregiving responsibilities, or be denied admission because their family cannot provide proof of residence. Families living on streets or work sites may fear separation from children and therefore avoid services that seem punitive or untrustworthy. Child-sensitive services must support family stability, enrollment, nutrition, health, protection from exploitation, and pathways to safe accommodation rather than

treating children as separate from household circumstances.

2.3 FRAGMENTED INSTITUTIONS AND THE NEED FOR INTEGRATED RESPONSES

A persistent challenge is that homelessness is governed through multiple agencies with different mandates, budgets, databases, and eligibility criteria. Municipal departments may manage shelters and sanitation; health departments may operate clinics; welfare agencies may administer pensions or benefits; labour departments may address employment; police and transport authorities may control public spaces; and non-governmental organisations may provide food, outreach, or counselling. When these actors do not share referral pathways or accountability structures, individuals are required to navigate complex systems at the moment when they are least able to do so.

Administrative requirements can intensify exclusion. Standard application processes may require proof of address, digital registration, identity documents, photographs, bank accounts, phone numbers, attendance at distant offices, or repeated verification. These procedures may be reasonable for many residents but become significant barriers for people who have lost documents, lack literacy, move frequently, have disabilities, or fear discrimination. Inclusive systems should recognise alternative forms of verification, provide assisted application support, protect confidentiality, and avoid denying emergency services because formal paperwork is incomplete.

The literature on housing-led and Housing First approaches highlights the value of providing stable housing without making it conditional on prior treatment, employment, sobriety, or perfect compliance. While models must be adapted to local contexts, the central insight is widely relevant: people are more able to address health, employment, education, and family issues when they have a secure place from which to do so. Emergency shelter remains necessary, but it should be connected to durable housing pathways and broader social support rather than functioning as a permanent destination.

3. OBJECT OF STUDY

The primary object of this study is to examine how urban homelessness affects access to basic social services and to identify institutional practices that either reduce or deepen exclusion. The study treats homelessness as a condition of severe housing insecurity that may include street living, shelter use, temporary and insecure accommodation, and other forms of unstable residence.

The paper focuses on the relationship between housing status and access to essential services. It considers how lack of a stable address, documentation, income, privacy, mobility, social support, and digital access may obstruct the use of health care, water and sanitation, food support, education, social protection, identification, livelihood services, and grievance mechanisms.

A further objective is to develop a practical framework for inclusive urban response. The framework emphasises prevention, early intervention, immediate safety, service coordination, housing stability, participation, and accountability. It is designed to support city-level planning that sees people experiencing homelessness as rights-holders and active participants in service design.

3.1 DIMENSIONS OF HOMELESSNESS

The study considers the following dimensions of homelessness in order to capture both visible and hidden forms of housing exclusion:

- Street homelessness, including sleeping in public places, transport corridors, markets, parks, pavements, underpasses, and open sites.
- Shelter homelessness, including short-stay night shelters, temporary homes, emergency accommodation, and institutional settings without a clear pathway to permanent housing.
- Hidden homelessness, including people staying temporarily with others, living in unsafe or overcrowded rooms, or residing in workplaces and informal settlements without secure tenure.
- Household homelessness, including families displaced by eviction, disaster, debt, violence, job loss, or loss of tenancy.
- Chronic and episodic homelessness, including repeated or prolonged periods of housing instability linked to health,

disability, mental distress, social isolation, or accumulated disadvantage.

3.2 SERVICE ACCESS DOMAINS

The analysis evaluates service access across the following domains:

- Safe, adequate, and affordable housing, including emergency shelter, transitional accommodation, rental options, tenure support, and eviction prevention.
- Water, sanitation, hygiene, food, clothing, and safe storage facilities required for daily survival and dignity.
- Primary health care, mental health support, sexual and reproductive health services, disability support, addiction care, and continuity of treatment.
- Education, child protection, childcare, school enrollment, nutrition programmes, and support for adolescents and young adults.
- Social protection, identity documents, legal aid, banking access, pensions, disability benefits, and grievance-redress systems.
- Livelihood assistance, skills development, employment linkage, labour rights information, and transport support for accessing work opportunities.

3.3 GROUPS FACING HEIGHTENED VULNERABILITY

The study gives particular attention to groups for whom homelessness may create compounded forms of exclusion:

- Women and girls, including survivors of domestic violence, abandonment, exploitation, and unsafe living conditions.
- Children and adolescents, including those living with families in public spaces, working children, and young people leaving institutional care.
- Older persons, persons with disabilities, and people with chronic illnesses who

require accessible accommodation and regular support.

- Migrant workers, informal workers, seasonal labourers, and people without local identity or social networks.
- Persons facing caste, ethnic, religious, gender-identity, or other forms of discrimination that restrict access to housing, employment, and public services.

4. RESEARCH METHODOLOGY

The present study uses a review-based, descriptive, analytical, and comparative methodology. It synthesises literature from urban studies, social work, public health, housing policy, social protection, human rights, and public administration. The review approach is suitable because homelessness is shaped by interconnected systems and cannot be adequately understood through a single-sector lens.

The study relies on secondary sources, including academic publications, international policy documents, urban-development reports, public-health guidance, homelessness frameworks, social-protection literature, and selected government programme documents. Evidence is interpreted through a thematic framework that examines pathways into homelessness, barriers to social services, institutional fragmentation, risks for specific population groups, and practical measures for inclusion.

The analysis does not estimate the number of people experiencing homelessness in any particular city. Instead, it identifies recurring patterns that can help institutions design more inclusive services. This approach recognises that definitions, data systems, and local service arrangements vary across contexts, while many underlying barriers to access remain comparable.

4.1 RESEARCH DESIGN

Component	Description
Research Type	Review-based, descriptive, analytical, and comparative
Analytical Approach	Urban homelessness, social service access, and inclusive city governance
Data Sources	Academic literature, policy documents, public-health guidance, urban reports, and programme frameworks
Analysis Method	Thematic synthesis of service barriers, institutional gaps, and response strategies
Focus Area	Housing insecurity, health, sanitation, social protection, education, documentation, livelihood, and service coordination

4.2 SOURCES AND ANALYTICAL CATEGORIES

The evidence base is reviewed through the following analytical categories:

- Definitions and forms of homelessness, including visible, hidden, transitional, episodic, and chronic housing exclusion.
- Service-access requirements, including identity, mobility, affordability, information, safety, privacy, accessibility, and continuity of care.
- Effects of homelessness on health, nutrition, hygiene, education, child protection, livelihood, and social participation.
- Institutional responsibilities of municipal bodies, welfare departments, health services, housing agencies, labour offices, civil-society organisations, and community networks.
- Policy measures that promote prevention, low-threshold entry, coordinated referrals, housing stability, and public accountability.

5. DATA ANALYSIS

The thematic analysis shows that housing instability affects service access through several connected pathways. The most immediate pathway is the absence of a safe place to sleep, rest, wash, store belongings, and maintain personal safety. Without these basic conditions, even routine activities such as attending work, keeping appointments, preparing food, managing menstrual hygiene, caring for children, charging a phone, or protecting documents become difficult. The resulting instability can create a daily survival burden that leaves little time or energy for completing complex service procedures.

A second pathway is administrative exclusion. Many programmes use address-based eligibility, online registration, identification requirements, bank verification, or repeated attendance at specific offices. People experiencing homelessness may not be able to satisfy these requirements even when they are otherwise eligible. A person may have lost documents during eviction, may not have a safe place to keep them, may be unable to receive verification messages, or may move between locations because of policing, weather, work, or family safety concerns. When systems are rigid,

administrative design becomes a barrier in itself.

Health-service access is affected by both immediate need and continuity of care. Homelessness can increase exposure to illness, injury, malnutrition, chronic stress, respiratory problems, skin conditions, communicable diseases, and violence. However, treatment may remain incomplete if there is no quiet place to recover, no money for transport, no safe storage for medicine, and no support to return for follow-up. A clinic visit that is disconnected from housing, nutrition, counselling, and social-work support may produce only temporary relief. Integrated care should therefore include outreach, transport support, follow-up, and referral to stable accommodation.

Water and sanitation barriers are highly visible but often under-analysed. The inability to access safe toilets, bathing areas, laundry, drinking water, waste disposal, and menstrual hygiene facilities undermines health and dignity. It can also lead to avoidance of public spaces, reduced mobility, and increased exposure to harassment. The analysis suggests that public sanitation should be located near areas where people actually live and work, remain affordable or free for people without income, include privacy and safety features, and be accessible for persons with disabilities and older adults.

Food insecurity is another recurring concern. Irregular income, lack of cooking facilities, and dependence on charity or informal support can lead to inadequate or low-quality diets. Food-support programmes are essential during crisis periods, but they should not substitute for social protection or housing. Nutritional assistance is most effective when combined with medical screening, family support, livelihood linkage, and accessible information about public entitlements. People should be able to access food without coercive conditions, public humiliation, or unnecessary documentation barriers.

The analysis also demonstrates the close relationship between homelessness and education. Children in unstable housing may change locations frequently, arrive at school without required materials, lose access to digital learning, or be compelled to assist with caregiving or income generation. Adults may

face barriers to vocational training, adult literacy, and digital-skills programmes because they cannot maintain attendance or afford transport. Education policy should therefore incorporate flexible enrollment, bridge support, school-based social work, transport assistance, and family accommodation pathways.

Social protection systems can be transformative but are frequently inaccessible to people who lack proof of residence or awareness of their rights. Identity-document support is particularly important because it can unlock access to benefits, health insurance, pensions, disability assistance, food programmes, and banking. However, document recovery must be approached carefully. It should include free or low-cost assistance, safe storage, support for replacement applications, and safeguards against exclusion where a permanent address is unavailable. No person should be denied urgent food, health, safety, or shelter merely because documentation is incomplete.

Finally, the evidence points to service fragmentation as a major source of inefficiency. Individuals are often referred from one office to another without a case coordinator, shared referral record, or guaranteed follow-up. This shifts the burden of coordination to people who may be exhausted, ill, unfamiliar with the city, or caring for children. A coordinated system should provide a single entry point, trained case workers, consent-based referrals, accessible information, and clear accountability for outcomes.

6. DISCUSSION

The findings confirm that urban homelessness is a governance challenge that reaches far beyond the provision of night shelters. Temporary shelter is necessary for immediate safety, particularly during extreme weather, disasters, family crises, or periods of displacement. Yet shelter alone cannot guarantee inclusion. People also require safe sanitation, health care, meals, clothing, documentation, counselling, education support, income opportunities, legal assistance, and a realistic pathway to stable housing. Policies that focus only on removing people from visible spaces may displace hardship without solving it.

A meaningful response must begin with prevention. Many episodes of homelessness could be avoided through rent support,

mediation, legal aid, emergency cash, domestic-violence services, accessible health care, disability support, employment protection, and early outreach to households at risk of eviction. Prevention is often less costly and less harmful than responding after a household has lost housing, documents, possessions, and community connections. Cities should therefore integrate homelessness risk assessment into welfare, health, housing, and disaster-response systems.

The discussion also underlines the importance of location. Services placed far from work zones, transport routes, schools, hospitals, and established social networks may be underused even when they are well intentioned. In contrast, centrally located services can improve access but may face land and neighbourhood opposition. Urban planning must balance these concerns by ensuring that services are connected to public transport, employment areas, health facilities, and community resources. The goal should be integration into the city, not segregation at its margins.

Gender-responsive planning is essential. Women experiencing homelessness may avoid mixed-gender shelters because of safety concerns, fear of violence, family separation, lack of privacy, or inadequate sanitation. Transgender persons and gender-diverse individuals may experience exclusion in both public spaces and institutional services. Service standards should therefore include safe accommodation choices, accessible complaints mechanisms, trained staff, privacy, menstrual hygiene support, family-based options, and non-discrimination protections.

Participation is another key principle. People who have experienced homelessness understand practical barriers that may be invisible to administrators, such as shelter timings, storage needs, transport costs, unsafe routes, document requirements, language barriers, and poor treatment by service providers. Their participation in advisory groups, service audits, peer outreach, and policy design can improve relevance and trust. Participation should be meaningful, compensated where appropriate, and supported through accessible meeting formats.

Finally, the effectiveness of policy depends on monitoring and accountability. Cities need reliable but ethical information on service

reach, unmet need, housing outcomes, safety incidents, health referrals, school continuity, document recovery, and transitions from shelters to stable accommodation. Data collection should protect privacy and should not be used to criminalise or remove people from public spaces. Public reporting can help identify gaps, while independent review and grievance systems can ensure that services respect dignity and rights.

7. CONCLUSION

This study concludes that urban homelessness is inseparable from access to basic social services. Lack of stable housing can obstruct the use of health care, sanitation, food support, education, social protection, documentation, and livelihood programmes. These barriers are not merely the result of individual hardship; they are also shaped by institutional rules, service locations, administrative requirements, stigma, and fragmented governance.

An effective urban response must therefore combine immediate protection with long-term inclusion. Emergency shelter, food, public sanitation, health outreach, counselling, document support, and child protection are essential, but they should be linked through coordinated case management and clear pathways to secure housing. Services must be accessible to people who do not have conventional addresses, regular income, digital access, or complete documents.

Inclusive cities are created when all residents can access safety, dignity, support, and opportunity. By treating homelessness as a housing, health, social-protection, and human-rights concern, city governments can move beyond short-term management of visible poverty and build systems that prevent exclusion before it becomes chronic.

8. RECOMMENDATIONS

- Adopt a city-level homelessness strategy that defines homelessness broadly and recognises street, shelter, hidden, transitional, episodic, and chronic forms of housing exclusion.
- Create prevention systems that provide rent support, mediation, emergency cash, legal

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aid, domestic-violence services, health support, and early intervention for households at risk of eviction or displacement.

- Ensure that emergency shelters are safe, accessible, gender-responsive, family-sensitive, well located, and connected to sanitation, health care, nutrition, counselling, document support, and housing pathways.
- Develop low-threshold social-service access so that urgent food, health, safety, and shelter services are available without rigid address, documentation, digital, or banking requirements.
- Provide outreach teams with social workers, health workers, counsellors, peer supporters, and referral authority to reach people who do not approach formal services.
- Expand affordable rental housing, supported housing, transitional housing, and housing-led programmes that help people move from temporary shelter to stable accommodation.
- Make water, toilets, bathing facilities, menstrual hygiene resources, laundry, safe storage, and drinking water available in locations accessible to people experiencing homelessness.
- Establish assisted documentation and entitlement desks that help individuals recover identity papers, enroll in social protection, open bank accounts, and access grievance mechanisms.
- Protect children's education and family well-being through flexible school enrollment, nutrition support, transport assistance, childcare, and family-based accommodation options.
- Create coordinated referral systems with case management, consent-based information sharing, service standards, grievance redress, public monitoring, and participation of people with lived experience.

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