

Homelessness and Sustainable Health: A Holistic Approach to Community Health

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Introduction

Homelessness is a multidimensional social problem that is not limited to a lack of shelter; it directly affects health, safety, social participation, and human dignity. In modern societies, increasing urbanization, income inequalities, migration, and inadequate social protection mechanisms are exacerbating homelessness at both the local and global levels. In this context, interventions addressing homelessness must not be limited to crisis management; they must be approached in a sustainable, rights-based, and holistic manner within the framework of public health principles. This book chapter aims to define homelessness, outline its scope and national/international context, examine its effects on health, and explain how homelessness should be approached in the context of sustainable health policies, based on the fundamental principles of public health. Additionally, by presenting best practice examples from different countries, sustainable intervention recommendations will be developed to improve the quality of life and social integration of homeless individuals. At the end of the chapter, policy and implementation recommendations for the future will be presented to strengthen interdisciplinary collaboration in this field.

Occupational justice is a meaningful form of social justice that guarantees individuals the right to participate in activities of their choice in a way that meets their personal needs and social participation requirements. This perspective recognizes that meaningful participation in daily life activities—such as self-care, education, work, and leisure activities—is not a privilege but a fundamental human right. In the context of homelessness, occupational justice requires the removal of systemic barriers that limit access to safe housing, health services, and opportunities for social participation.

Fundamental principles of community health

Housing is a key social determinant of health, with increasing relevance in global trends such as urbanization, demographic shifts, and climate change. Healthy housing is a shelter that supports a state of complete physical, mental, and social well-being (WHO, 2021).

Homeless individuals may experience many health problems. One of the problems seen in homeless individuals is related to their feet. The percentage of homeless individuals experiencing foot-related health problems ranges from 9% to 72%. The most common foot problems in this group are tinea pedis, foot pain, and functional limitations related to walking and wearing inappropriate shoes. This population group faces unique challenges such as wearing inappropriate footwear, prolonged exposure to moisture, standing or walking for extended periods in wet shoes, and exposure to extreme cold, all of which contribute to impaired foot health (Ogrin et al., 2024). To achieve a healthy society, mental health issues that will lead to homelessness should not be ignored (Singh & Sidana, 2020).

Homelessness: Definitions, Scope, and National and International Status

Homeless people have been classified in different ways to date. These classifications are based on time, geographical region, typographical status, and duration. In a study conducted by Türkcan, homelessness was examined in three categories:

Temporal classification: Here, homeless people were examined according to history and time. Chronic homeless people: chronic psychotic cases living on the streets and people who have been homeless for a long time. Episodic homeless people: young people with difficult-to-treat illnesses. These young people also move back and forth between street life and home. Temporary homeless people: people who do not have a definable mental illness and are temporarily homeless due to acute situational crises.

Geographical classification: In this classification, homeless people were examined in four separate groups: street communities, families staying for extended periods in temporary accommodation such as hotels or bed-and-breakfast shelters, those living with friends or other people in a family, and those staying in hostels or shelters for the homeless.

Typographical classification: Here, individuals are examined based on their characteristics and needs: street population, middle-aged men with ongoing alcohol problems, chronic psychotic illnesses (mental disabilities, etc.), those under stress due to their current situation (according to some studies, these individuals are under the influence of external forces), homeless families (it is noted that in 70% of cases, the group most commonly found is led by a woman), homeless and disconnected young people, homeless women living alone or with their children (Türkcan and Türkcan, 1996; Balun and Şişman, 2022).

Vulnerable populations, including children, older adults, and people with disabilities, tend to spend more time at home and are therefore more susceptible to the health risks posed by inadequate housing (WHO, 2021).

Figure 1*Global Goals (SDG, 2025)***Table 1***Global Goals and Homelessness Relationship*

1. SDG 1 – No Poverty	Target 1.1: Eradicate extreme poverty. Target 1.2: Reduce the proportion of people living in relative poverty.
	Homelessness is one of the most extreme manifestations of poverty.
2. SDG 3 – Good Health and Well-being	Target 3.8: Universal healthcare coverage, especially access for vulnerable groups.
	Homeless individuals experience significant inequalities in access to healthcare.
3. SDG 4 – Quality Education	Target 4.5: Reduce inequalities in education.
	Homeless children and youth are at risk of exclusion from education.
4. SDG 5 – Gender Equality	Target 5.2: Eliminate violence against women.
	Homeless women are at high risk of sexual violence and abuse.
5. SDG 8 – Decent Work and Economic Growth	Target 8.5: Full and productive employment and equal pay for equal work for all.
	Homeless individuals have limited access to employment; informality is high.
6. SDG 10 – Reduced Inequalities	Target 10.2: The effective participation of all individuals in social, economic, and political life.
	Homeless individuals are often marginalized.

7. SDG 11 – Sustainable Cities and Communities	Target 11.1: Safe, accessible, and affordable housing for all by 2030. Target 11.3: Inclusive and sustainable urbanization.
	This target is most directly related to homelessness.
8. SDG 16 – Peace, Justice, and Strong Institutions	Target 16.1: Reducing all forms of violence. Target 16.7: Inclusive and participatory decision-making.
	Homeless individuals are frequently subjected to violence and exclusion.

Homelessness is a multidimensional problem that intersects with at least eight sustainable development goals. The SDGs' core principle, "Leave no one behind," emphasizes the importance of inclusive social policies for homeless people and holistic health, poverty, and housing approaches (Table 1) (SDG, 2025).

Impacts of Homelessness on Health

Homelessness has a direct impact on health. Homeless individuals, especially those with sleep problems, have a higher rate of serious illness than the general population. They are prone to a range of health issues, including infections, inflammatory skin diseases, respiratory illnesses, physical trauma, the adverse effects of illicit drugs, and/or mental health problems (Wright and Tomkins, 2006). Although Istanbul does not appear to have as high a rate as globally developed cities in developed countries, the global transformation taking place in Istanbul and its ongoing effects may indicate the potential for an increase in homelessness rates (Bekaroğlu Doğan, 2018). Homelessness continues to be a serious social and health issue. A program that addresses the needs of homeless individuals with mental health disorders must support services that meet their livelihood needs and physical health care needs, in addition to providing sustainable housing, to be successful in improving their quality of life and well-being. Education is particularly necessary to maximize personal safety, and strategies aimed at reducing symptoms of depression may also be effective (Sullivan et al., 2000).

The use of occupation as a therapeutic tool in the effective management of treatment and rehabilitation processes for individuals with different health conditions and disadvantages is undoubtedly one of the important tasks of occupational therapists. It is necessary to ensure that clients are as independent as possible in managing processes that will improve their quality of life and enable them to participate in daily life. Occupational therapy approaches distinguish themselves from other healthcare professions due to this unique humanistic and holistic perspective (Yıldırım, 2023).

It is important to obtain a detailed account of the individual's background, experiences,

strengths, and challenges. Identifying the individual's basic needs (housing, nutrition, safety, health) should be a priority. The individual's skills and abilities should be identified. Mental health, physical health status, addiction, and other health factors should be assessed. The individual's social context (family, friends, community) should be assessed; social support and connections should be taken into account. Emergency goals should be set to meet basic needs (finding housing, providing a safe environment, accessing basic health services). Long-term goals may include plans to increase the individual's independence and potential employment opportunities. Goals that support mental health and strategies to improve health status should be identified. The individual should be enabled to achieve long-term employment and social goals through education and skill development opportunities. Goals for greater participation and connection in the community should be identified. Strategies and goals aimed at reducing disadvantages (stigma, discrimination) should be identified. The process of achieving goals should be regularly monitored and revised as needed. These steps help us comprehensively address the challenges and goals faced by homeless individuals (Sarışahin, 2024).

Society's recognition of homeless individuals and the problem of homelessness can have a powerful impact on creating lasting solutions. At this point, raising awareness of the problem of homelessness can be seen as one of the first steps toward addressing the problem (Demir, 2024).

Therefore, combating homelessness should not be addressed solely through individual interventions, but rather through social awareness, comprehensive assessment, professional support, and structural solutions. Integrated policies and interprofessional collaborations centered on health, housing, education, and social participation are critical for both improving individuals' quality of life and ensuring social equality.

Approaching Homelessness with Sustainability Principles in Health

Engagement in meaningful occupations is increasingly recognized by both civil society organizations and government bodies as an effective means of supporting individuals experiencing homelessness. While further studies are required to establish the evidence base for occupational therapy interventions in this context, occupational therapists are well-positioned to design strategies that enhance the well-being of individuals both during and after periods of homelessness. Advancing occupational therapy practice and research in this field requires clearer ways of conceptualizing interventions and articulating the unique contributions of the profession. Developing a framework tailored specifically to occupational therapy and homelessness represents a valuable step toward achieving this aim (Homeless Link, 2018; Homeless Hub, 2011; HM Government, 2011).

Occupational deprivation, imbalance, alienation, marginalization, and racism are factors contributing to occupational injustice among homeless individuals. While existing

occupational therapy interventions for the homeless exist, occupational injustice can be addressed to improve the overall well-being, quality of life, and occupational participation of this population. In addition to existing evidence-based information on this topic, findings from extensive experience demonstrate the effectiveness and importance of individual and group-based occupational therapy interventions in this population (Levan et al., 2020). The American Occupational Therapy Association (AOTA) 2025 vision is “to maximize health, well-being, and quality of life for all people, communities, and societies” (Marshall et al., 2023). The scope of occupational therapy is to meet the occupational needs of homeless individuals. These needs can be met through individual, societal, and national support strategies (Table 2, Table 3, Table 4).

Table 2*Individual Level*

Level	Approach	Strategies
Individual	Supporting mental health	- Provide ongoing and frequent opportunities for counseling and reflective listening based on the current level of distress the individual may be experiencing. - Increase the availability of support through multiple channels (e.g., text, email, phone). - Apply crisis intervention principles, including suicide intervention when necessary.
	Managing substance use	- Harm reduction strategies aimed at promoting behaviors that enable a person to use substances in a way that ensures safety. - Use of meaningful activities to replace substance use behaviors.
	Addressing housing problems	- Identify funding sources for new housing or for preventing homelessness. - Advocate with landlords on behalf of the individual to prevent eviction. - Support the individual in searching housing listings. - Assist in identifying safe emergency shelter options.
	Addressing poverty	- Identify and support the individual in income-generating strategies. - Reveal opportunities for accessing benefits the person is entitled to but is not receiving, including help with tax filing, applying for welfare programs, or advocating for program inclusion.
	Including peer support	- Include individuals with lived experience of homelessness in services designed to support homeless people. - Peer support workers should be compensated and recognized as unique professionals within interdisciplinary teams.

Table 3*Community Level*

Level	Approach	Strategies
Community	Developing homelessness prevention programs with communities	- Collaborate with community stakeholders to identify local solutions that reflect the community's unique cultural and service context. - Work together to implement the identified strategies.
	Reducing stigma around homelessness	- Educate the public about the systemic causes of homelessness through public presentations, articles in local publications, and one-on-one interactions with community members, while also addressing narratives that promote stigma by portraying homelessness as a personal failure.
	Promoting community awareness on homelessness	- Use local statistics about homelessness in service settings to draw attention within the mental health and social service sectors. - Offer presentations about homelessness to the public. - Submit articles to local publications (e.g., newspapers) to attract attention.
	Advocating for people with health issues in community services	- Educate health services, housing support workers, and landlords about how substance use, mental health, and cognitive challenges may manifest as behavioral difficulties and provide effective strategies to manage these in housing programs and market housing. - Advocate for environmental changes to increase function and participation for recently housed individuals living with mental, cognitive, and physical disabilities.

Table 4*National Level*

Level	Approach	Strategies
National	Advocating for affordable housing for all	- Meet with policymakers and politicians to raise awareness of the need for affordable housing for all, especially with the necessary supports for those who require it to remain housed.
	Advocating for poverty reduction strategies as a means to prevent homelessness	- Collaborate with national and international poverty reduction groups, policymakers, and politicians to advocate for poverty reduction strategies (e.g., universal basic income, increased welfare rates, etc.).
	Identifying new solutions through inter-municipal partnerships	- Connect municipal leaders from different regions to identify solutions that can prevent homelessness and help marginalized people access mental health care, substance use treatment, and social support.
	Focusing research on homelessness prevention	- Design and conduct research focusing on the prevention of homelessness. - Collaborate with researchers to achieve this goal. - Use participatory research models (e.g., community-based participatory research, participatory action research) to facilitate change at the community and population levels.
	Participating in advisory roles on committees focused on poverty and housing	- Identify opportunities for occupational therapists and academic professionals to participate in advisory committees or boards of regional, national, or international organizations that advocate for the social, functional, and participatory needs of homeless or recently housed individuals. - Promote poverty reduction and affordable housing within organizations capable of influencing social change.

Good Practice Examples and Models

When discussing types of shelters, we can distinguish between night shelters, daytime centers, and hostels that offer round-the-clock services. The declaration of the “International Year of the Homeless” by UNESCO in 1987 indicates that homelessness is a global concern rather than an issue confined to one region. United Nations reports estimate that around 100 million people worldwide are completely unsheltered, sleeping in public spaces such as parks, stairways, doorsteps, or under bridges. In contrast, other statistics suggest that nearly 1 billion people experience homelessness more broadly, living in temporary shelters or refugee camps under precarious conditions. Homelessness, which is intertwined with multiple social problems, has been present throughout history but has reached unprecedented levels in the past decade. Today, it is recognized as a growing global social issue, affecting countries regardless of their level of economic development (Özdemir, 2010; Goldberg, 1999).

Across the United States, occupational therapy positions are growing in programs such as the Project Renewal, Health Services for the Homeless in New York City, and the Skid Row Housing Trust in Los Angeles. In Canada, the Home/Chez Soi Project, the largest randomized controlled trial of Housing First in the world, involves occupational therapists working in various organizations funded to provide Housing First services to people experiencing homelessness (Project Renewal, 2020; Health Care for the Homeless, 2020; Skid Row Housing Trust, 2020).

The Istanbul Metropolitan Municipality (IMM) continues its preventive health services for individuals experiencing homelessness. In order to meet the hygiene needs of homeless individuals living within the boundaries of Istanbul, the “Istanbul Mobile Bath Project” has been launched. Each year during the winter months, IMM provides shelter, personal care, health services, food, and clothing support to homeless individuals. In addition to these services, the newly introduced “Istanbul Mobile Bath” now also helps meet the personal care needs of homeless individuals in need.

In 2016 the Finnish Y-Foundation together with FEANTSA established the Housing First Europe Hub. The Y-Foundation has been a key player in establishing Housing First as the main response to homelessness in Finland. Since 2007 national policies shifted towards reducing long-term homelessness through Housing First programmes.

As a result, in Finland, the utilisation of emergency and temporary accommodations, such as shelters, hostels, and temporary supported housing, has significantly declined. The number of homeless individuals residing in hostels or boarding houses decreased by 76% from 2008 to 2017. This reduction is attributed to the widespread adoption of prevention strategies, the replacement of outdated models of communal supported housing with Housing First and housing-led approaches, which largely replaced emergency shelters (Housing First, 2025).



Initially launched under the name “Clean Up, Dress Up, and Go” by the Health Department’s Istanbul Darülaceze Branch Directorate, the project was later included in the IMM “My Budget Istanbul” program based on suggestions from Istanbul residents. At this stage, a specially equipped bus allocated by IETT (Istanbul Electric Tram and Tunnel Company) was prepared for service. The bus, staff ed with psychologists and sociologists to serve homeless individuals, provides access to showers, personal care, and hairdressing services for those without access to hygiene facilities in the city (IMM, 2024).

Following the issuance of an orange weather alert for Istanbul during the winter months, the Istanbul Metropolitan Municipality (IMM) launches its Winter Services to protect homeless individuals from the dangers of severe storms. The Winter Services aim to provide a sense of home-like warmth for those experiencing homelessness. As part of this service, homeless individuals exposed to cold weather conditions are picked up by IMM teams and transported to IMM facilities. After being registered by IMM staff, the individuals are hosted at these facilities where they receive comprehensive support. As part of the service, all guests first undergo health screenings. Those who are ill receive medical treatment. Individuals without health issues are given personal care services such as haircuts, shaves, and showers, and are provided with new clothing.

In addition to shelter, the guests’ ongoing needs—including healthcare, meals, clothing replacement, and personal hygiene—are regularly met during their stay. Individuals who meet the eligibility criteria for Istanbul Darülaceze are admitted to IMM’s long-term elderly care centers. For those wishing to return to their hometowns, transportation assistance is also provided. During the 2023–2024 winter period, the “Winter Services for the Homeless” program was offered at the Istanbul Darülaceze Directorate’s Kayışdağı

campus for women, and at the Esenyurt shelter for men. Additionally, transportation support was made available for homeless individuals seeking to return to their hometowns (IMM, 2025).

In an interview conducted by Akyurt with Ali Kamil Başar in 2024, regarding the “Beyoğlu District Governorship Shelter for the Homeless,” which operated between 2003 and 2006, the following statement was made: “There was a strong sense of solidarity and mutual support” (Akyurt, 2024).

In Turkey, there are civil society organizations, mosques/muftis, central and local authorities that are in contact with homeless people to provide them with various needs such as shelter, food, and clothing. Some of the civil society organizations in Istanbul include Hayata Sarıl Association, Çorbada Tuzun Olsun Association, Deliler ve Veliler Association, Fatih’in Torunları Association, Sokak Lambası Association, and Tarlabası Dayanışma Grubu (Akyurt, 2023). There are civil society organizations and public institutions in Turkey that provide shelter services for the homeless. Among civil society organizations, there are the Tarlabası Solidarity Community, the Erdemliler Association, and the Şefkat Association; among public institutions, there are the Istanbul Metropolitan Municipality, the Şişli District Governor’s Office, the Üsküdar District Governor’s Office, the Bursa Men’s Guesthouse, and two mosques affiliated with the Ministry of Religious Affairs in Beyoğlu and Eyüp. In Turkey, there are only shelters that provide full-day services (Akyurt, 2023).

In our country, homeless people are generally neglected, institutional services are extremely inadequate, and even if planning were to be undertaken, there is no data available on the number of homeless people. Two practitioners who shared their experiences made important estimates. A social worker working in the field mentioned that there are approximately 5,000 homeless people in Izmir and 5-10 million in Turkey, emphasizing that this number may vary depending on the definition and characteristics of homelessness (Çabuk and Atamtürk, 2023).

As a result, in recent years, the services provided by local governments have reflected a comprehensive approach that aims to respond not only to the housing needs of homeless individuals but also to their multidimensional needs, such as health, hygiene, personal care, and social support. The measures taken to address the increased risks during the winter months and the projects carried out throughout the year support homeless individuals in living in a manner befitting human dignity; they also serve as a model in terms of social solidarity and the effectiveness of social services. In this context, when evaluated alongside past best practices, the development of comprehensive and sustainable policies by local governments to address homelessness is of great importance in terms of ensuring social justice.

Sustainable Intervention Recommendations for Homelessness

Eliminating the structural causes of homelessness can be likened to extinguishing a fire, while reintegrating homeless people into society can be likened to clearing the smoke (Akyurt, 2024). Housing strategies should be implemented in an integrated manner with areas such as health, mental health, social services, education, and employment (Szeintuch, 2024).

Occupational therapy has the potential to remove barriers to care by increasing confidence and self-esteem, providing support with personal care and daily routines, promoting belonging and inclusion, and advocating for appropriate environments (housing) that can have a positive impact on the health of people experiencing homelessness (Woodhull and Boyle, 2025).

It is stated that the street medicine approach can be an effective model for homeless individuals without shelter. Street medicine is an approach that provides healthcare services to homeless individuals where they live—on the streets, under bridges, in parks, abandoned buildings, and other such areas. Its goal is to directly reach individuals who cannot access or do not want to access traditional healthcare systems (Perna et al., 2024).

Street medicine approaches have been reported to have significant positive effects on quality of life, trauma symptoms, substance use, and recovery levels among homeless individuals. Integrated, on-site service models offer important opportunities for occupational therapists, social workers, and mental health professionals (Table 5), (Withers, 2011; Perna et al., 2024).

Table 5

Basic Principles of Street Medicine (Perna et al., 2024; SMI, 2025)

<i>Basic Principles of Street Medicine</i>	
Bringing services to where individuals are located	– This means “we are coming to you” to individuals who do not go to clinics.
Relationship-centered care	– Participation in treatment is increased through trust, consistency, and empathy.
Trauma-informed and person-centered approach	– Services are provided with consideration for the traumas commonly encountered in the lives of homeless individuals.

Integrated and multidisciplinary services	– Psychiatrists, doctors, nurses, occupational therapists, social workers, and accompanying support staff work together.
Housing is part of health	– Housing itself is seen as a health intervention.

In this regard, the fight against homelessness requires not only individual interventions but also comprehensive policy approaches that target structural problems. Ensuring the right to housing, increasing access to health and social services, providing employment support, education opportunities, and mental health services in an integrated manner will enable not only crisis management but also lasting well-being. With the support of disciplines such as street medicine and occupational therapy, individuals should be encouraged to regain a sense of control over their lives and participate in society. Therefore, social policymakers, local governments, and service providers must prioritize interdisciplinary and human dignity-based practices.

Conclusion and Future Recommendations

Individuals who have experienced homelessness may have encountered traumatic events. Therefore, it is important to be aware of trauma and adjust the treatment plan accordingly. Homeless individuals can be referred to community resources to help them meet their daily needs. It is important to ensure that they are aware of resources such as housing services, food assistance, and health services. Additionally, working with homeless individuals as an occupational therapist is a specialized process that requires sensitivity, empathy, and effective communication skills. These strategies help create a therapeutic environment and facilitate positive changes in the lives of homeless individuals.

A sensitive and inclusive approach is essential in combating homelessness. Mental health professionals and human rights advocates should strive to protect the rights of homeless individuals and improve their lives. The government and civil society should collaborate to develop effective policies to combat homelessness. Principles of social justice, occupational justice, human rights, and equality in society should be prioritized among mental health professionals. Better understanding homeless individuals, supporting them, and developing sensitive policies in this area are important steps toward building a more equitable society. It would be beneficial for occupational therapists and occupational therapy academics to be involved in advisory committees or national or international organizations that advocate for the social, functional, and participatory needs of homeless individuals.

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