

Public Perceptions of Homelessness Policy: A Narrative Review and Exploratory Survey with Reflections for Fremont, CA

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[Doi:10.19044/esj.2026.v22n19p31](https://doi.org/10.19044/esj.2026.v22n19p31)

Submitted: 13 June 2026

Accepted: 26 July 2026

Published: 31 July 2026

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OPEN ACCESS

Cite As:

Yuan, G. (2026). *Public Perceptions of Homelessness Policy: A Narrative Review and Exploratory Survey with Reflections for Fremont, CA*. European Scientific Journal, ESJ, 22 (19), 31. <https://doi.org/10.19044/esj.2026.v22n19p31>

Abstract

Homelessness is a growing problem across the world, with over 150 million people estimated to be homeless. This study has two objectives: (1) to conduct a narrative review comparing the leading methods currently used to tackle homelessness, and (2) to explore, through an exploratory survey, how public perceptions of homelessness-related topics relate to one another in order to make policymaking more efficient and tailored to each city's respective needs. An exploratory, convenience sample survey (n=66) was done to gather public perceptions on a variety of homelessness-related issues, using Pearson correlation analysis (r , R^2) to identify associations between items. Strong correlation was found throughout several comparisons, such as empathy towards the homeless and perceived responsibility. While not as significant, a positive correlation was observed in viewing affordable housing as a leading cause vs. support for encampment bans, as well as viewing substance abuse as a factor vs. lack of empathy. These results can prove useful in understanding the subconscious biases people may hold regarding homelessness as well as improve policy implementation, with politicians knowing which policies would be well received among their constituents based on related opinions.

Keywords: Homelessness, housing policy, Housing First, public perception, Fremont, encampment bans, affordable housing

Introduction

Although the right to housing has been declared a universal right ever since 1948, it is estimated that around 150 million people—over 2 percent of the global population—are homeless, according to a report from the United Nations (Kothari, 2005). Despite implementations of various policies throughout the 20th and 21st centuries, nations have generally struggled to make any progress, if not backtracking. Homelessness is a complex issue that can stem from a diverse range of causes; however, these issues can often compound and keep those affected in a cycle of homelessness.

The increase in homelessness is evident, as can be seen by an annual report from the U.S. Department of Housing and Urban Development. The unsheltered homeless population experienced an increase of 30 percent from 2015 to 2020, resulting in a nationwide increase of unsheltered individuals of 8 percent.

In particular, there is a distinction to be made between an unsheltered homeless individual and a sheltered homeless individual. Transitional housing, emergency centers, and the houses of friends and family count as shelter, whereas places not meant for residence, such as abandoned buildings, underpasses, and even cars, do not count as shelter. While it is commonly accepted (and with good reason) that there is a positive correlation between local temperature and the number of unsheltered homeless individuals, data from the U.S. Department of Housing and Urban Development show a much more self-evident relationship: the more beds per homeless person, the higher the percentage of homeless people sheltered (Richards and Kuhn, 2022). This data is visualized by Figure 1. Because countries define homelessness differently (for example, in Japan, only an individual who is utilizing a public space as their primary residence constitutes being homeless, while someone in America could be considered homeless even if they were living in their car or "couch-surfing"), this not only makes it hard to accurately compare the respective homeless populations but also the effectiveness of the policies implemented.

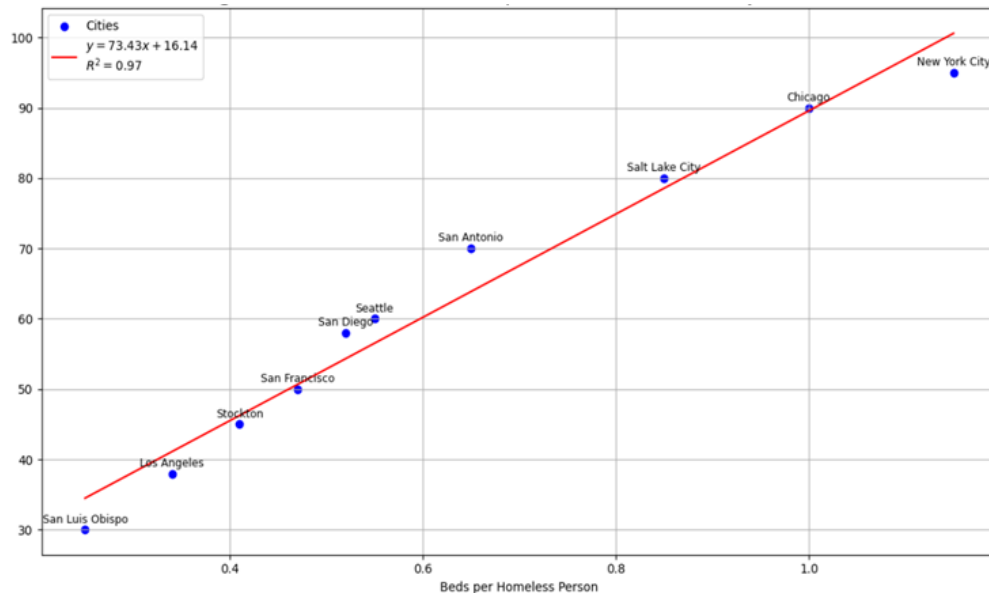


Figure 1: Relationship of homeless shelter bed inventory with unsheltered homelessness (Richards and Kuhn, 2022)

However, there have been efforts to standardize homelessness, such as ETHOS, or the European Typology on Homelessness and Housing Exclusion. The effects of inconsistent definitions can be seen in more dated studies, such as the 1992 annual review of homelessness (Shlay and Rossi, 1992). Because definitive answers were very hard to come by, “empirical work during the 1980s suffered from inconsistent definitions, limited samples, indirect measurement (relying on informant reports, bed counts, or heroic assumptions about street-to-shelter ratios), and other serious flaws” (Lee et al., 2010), save a few exceptions. In the case of America, as previously discussed, ETHOS mainly covers European countries; there have been two other government-sponsored ventures that have resulted in slightly more credible estimates. The National Survey of Homeless Assistance Providers and Clients (NSHAPC) uses a technique called multi-stage probability sampling, in which the population is divided into clusters and randomly selected. Further sampling is then conducted within chosen clusters at each stage. The most up-to-date national figures of homeless populations are available through the Department of Housing and Urban Development. As of January 2024, there were more than 770,000 homeless individuals on a given night.

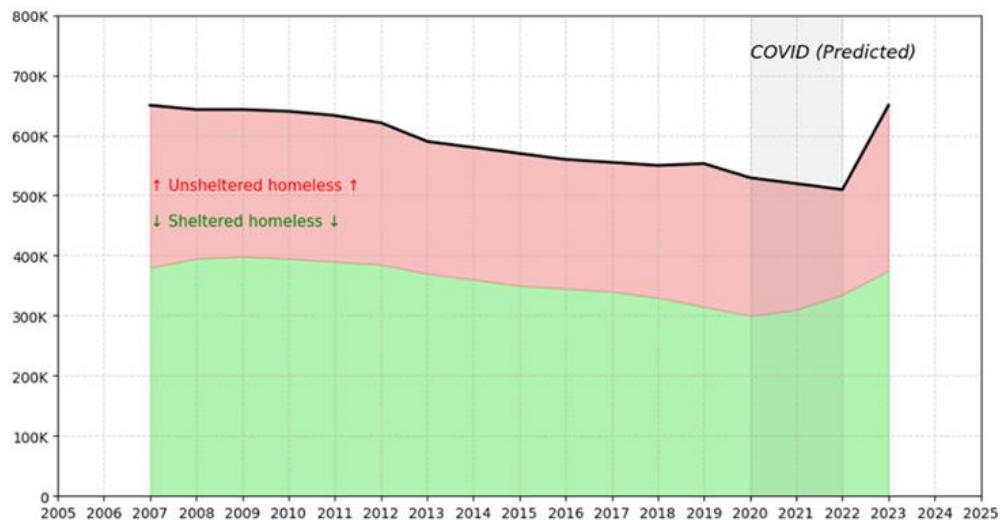


Figure 2: Homeless population (U.S. Department of Housing and Urban Development)

Literature review

A. *Purpose of the review*

The purpose of this literature review is to systematically compare and evaluate the effectiveness of various methods used to combat homelessness by analyzing current research on the issue. Because homelessness is such a nuanced issue that differs from country to country, there is no “one size fits all” solution to the issue. By synthesizing the findings and results from various surveys, studies, and meta-analyses, this analysis aims to find which approaches seem to be most effective and appropriate for countries such as the United States.

B. *Scope of the review*

This review will consider approaches such as the Housing First model, affordable housing, navigation centers, supportive services, criminalization approaches (and anti-homeless architecture), and prevention strategies, utilizing mainly research data from the 21st century but also comparing trends across the century.

C. *The major approaches to tackling homelessness*

1. *Housing First Model*

The Housing First model is an approach used to combat homelessness and has primarily been implemented in Western countries such as the United States, Canada, and Finland. The Housing First approach recognizes that a homeless person must be able to access a decent and safe place to live, which

does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income (Casey, 2024). Programs using Housing First fall under two categories: supportive housing and rapid re-housing. Supportive Housing is when apartments are made more affordable to homeless individuals through long-term rental assistance, along with services that promote housing stability. This allows people who otherwise would not be able to afford stable housing to be able to have a place to stay. Rapid rehousing, on the other hand, helps by making apartments affordable for individuals, short-term to medium-term, through rental assistance. This, paired with other services that are designed to help the household increase income, allows them to later on be able to afford the apartment over the long term. While this may seem less helpful than the former category, it is useful when people suddenly experience unemployment or financial troubles and only need a short period of time.

1.1 Strong Evidence

After reviewing studies that used housing stability as a metric to measure the success of the HF approach, all of them determined that individuals participating in HF programs experienced higher levels of housing retention and stability (Montgomery et al., 2013). One study found that veterans in an HF program experienced greater levels of housing retention compared to treatment-dependent housing (DeSilva et al., 2011). (A housing situation is where an individual's eligibility is tied to their participation in a treatment rehab, such as rehab for substance abuse). The 2010 study found that Housing First resulted in an approximate 84.30 percent reduction in time to housing placement and a 12 percent increase in housing retention rates (86 percent vs. 98 percent). It was also discovered that participants who received immediate yet independent housing had more days in their home, experienced fewer days incarcerated, and reported experiencing more freedom of choice over treatment (Tsai et al., 2010).

On top of the decreased homelessness and increased housing retention resulting from the HF model, various studies have shown HF participants also experience higher rates of program retention, meaning they continue to participate in an HF program (Padgett et al., 2011). There is strong evidence to support that HF programs are associated with a higher quality of life (QoL). Participants under the HF model reported a significant increase in QoL compared to those receiving treatment as usual (TAU), even after a relatively short period of time (Patterson et al., 2013).

1.2 Concerns Regarding the HF Model

While the Housing First model is supported by significant evidence, there are a few glaring problems associated with it. Firstly, politics can often

get in the way of implementing HF models in countries that do not view housing as a fundamental right. For example, the HF model has faced criticism in the US because critics claim that no one has the right to government unless proven deserving (Stanhope and Dunn, 2011). However, another more prominent problem with it is that the statistics used to support the HF model may be misrepresented. This is because while people in “transitional” government housing may be counted as homeless, individuals in “permanent” government housing (i.e., Housing First homes) are not counted as homeless. As a result, this can make Housing First appear as a much stronger approach than it really is. Shortly following a shift in policymaking towards removing preconditions and service participation requirements, a core element of the HF model, unsheltered homelessness rose from 175,399 in 2014 to 211,293 in 2019 (United States Interagency Council on Homelessness, 2020).

2. *Wraparound Services and Supportive Care*

Wraparound services are a comprehensive and individualized approach that is meant to address homelessness by utilizing a wide range of support methods in order to help the individual gain stable housing. These services, while often implemented simultaneously with housing services such as HF, aim to treat the underlying causes of homelessness, such as mental illness, trauma, lack of employment, or physical disabilities.

The wraparound services and supportive care (WSSC) model attacks the issue by recognizing that the chronically homeless often require more than just shelter. Through the help of professionals and caregivers who work closely with the individual, they often use a personalized plan of care that allows each individual’s specific and unique needs to be fully addressed. This can include a plethora of services such as mental health counseling, substance abuse treatment, job and life skills training, access to healthcare, legal support, and even help in reuniting them with their family. Some notable examples of the WSSC approach are the U.S. Department of Veterans Affairs’ HUD-VASH program, which uses housing vouchers along with clinical services for veterans who are homeless. Another implementation is California’s Whole Person Care (WPC) pilot programs. WPC programs, which focus on a holistic approach, consider the full spectrum of factors, physical, emotional, social, and spiritual, to be influential on a person’s overall well-being (St. Catherine University, 2024). This type of treatment is aligned with the WSSC model, providing comprehensive patient care. By addressing homelessness from the root cause, WSSC aims to reduce the likelihood of individuals falling back into homelessness.

2.1 Evidence supporting WSSC

There is a significant amount of evidence supporting the WSSC philosophy and showing its effectiveness, as it has been implemented alongside various other methods. In a pilot study (n=109) testing Maintaining Independence and Sobriety Through Systems Integration, Outreach, and Networking (MISSION), researchers found that out of all the individuals experiencing chronic homelessness, 85 percent of individuals were successfully referred to social and behavioral support groups. This demonstrates that WSSC programs can help homeless individuals access treatment and therapy, which can often be a barrier to finding stable housing. Similarly, a study on the HUD-VASH found that wraparound care led to reductions in emergency services for the homeless, improved mental health, and higher housing retention rates, up to 80 percent (Helm et al., 2024).

2.2 Concerns with WSSC

Because the WSSC model is often 1:1 or very personal, this can result in high individual costs for each homeless person. In many studies, while these specialized and personalized interventions are associated with significantly improved outcomes for the individuals involved, the costs are often high. Thus, the value of these programs to the public may not appear as appealing because the cost-to-effectiveness ratio is not good enough. The cost of wraparound care can go upwards of 20,000 dollars per person due to the extensive services provided. While effective, their use and acceptance still ultimately rely on the public perception (Rosenheck, 2000). On top of high costs, mental health service workers often face burnout. Defined as emotional exhaustion, depersonalization, and reduced personal accomplishment (Morse et al., 2011), healthcare workers not only face scrutiny from employers to meet productivity standards but must also endure the already much-stressful work domain. Siebert (2005) found through a survey conducted on social workers (n=751) that 36 percent of workers scored high in emotional exhaustion, and 18 percent agreed with the sentiment that they were experiencing problems with burnout.

3. Policy and Enforcement-Based Legal Approaches

Another way of addressing homelessness that is less hands-on is through a legislative approach. This includes policymaking, government regulations, or zoning laws. However, not all approaches are supportive of the homeless. This can include anti-camping ordinances, anti-homeless architecture, and laws prohibiting sleeping in public spaces. Policy and Enforcement-Based Legal approaches (PEBL) encompass a broad range of methods. For example, civil litigation helps set precedents for homelessness, shaping the legal landscape of what is and is not allowed. In a recent court

case (Martin v. Boise), the judge found that it was unconstitutional to punish individuals who had nowhere else to sleep, sleeping in public spaces. However, in 2024, the Supreme Court effectively rendered the ruling in Martin v. Boise null in its City of Grants Pass v. Johnson decision. These court rulings show how the legal landscape is in a constant state of uncertainty and can often shift and change, one second criminalizing certain things and then legalizing them, or vice versa. Through a combination of laws, legislation, and government action, PEBL can either mitigate suffering faced by the homeless or mitigate the impact of homelessness on the residents of a city.

3.1 Evidence in favor of PEBL

Evidence supporting PEBL approaches is abundant but still not as overwhelmingly strong as idealized. However, one example of homeless prevention through legal approaches includes providing tenants with legal representation. As shown by Figure 3, landlords are in every major city disproportionately overrepresented legally, while tenants often have little to no legal representation. In New York, only 16 percent of tenants with legal representation were evicted, while 46 percent of unrepresented tenants were evicted (Seron et al., 2001). More recently, 86 percent of tenants who had full legal representation were able to remain in their homes after the implementation of New York City's Universal Access to Counsel program (UAC). Not only does access to legal aid help tenants stay housed, but it also helps the unhoused secure more reasonable rent and accommodations under the Fair Housing Act. This is especially helpful with the disabled, since there is a high correlation between the disabled and the homeless.

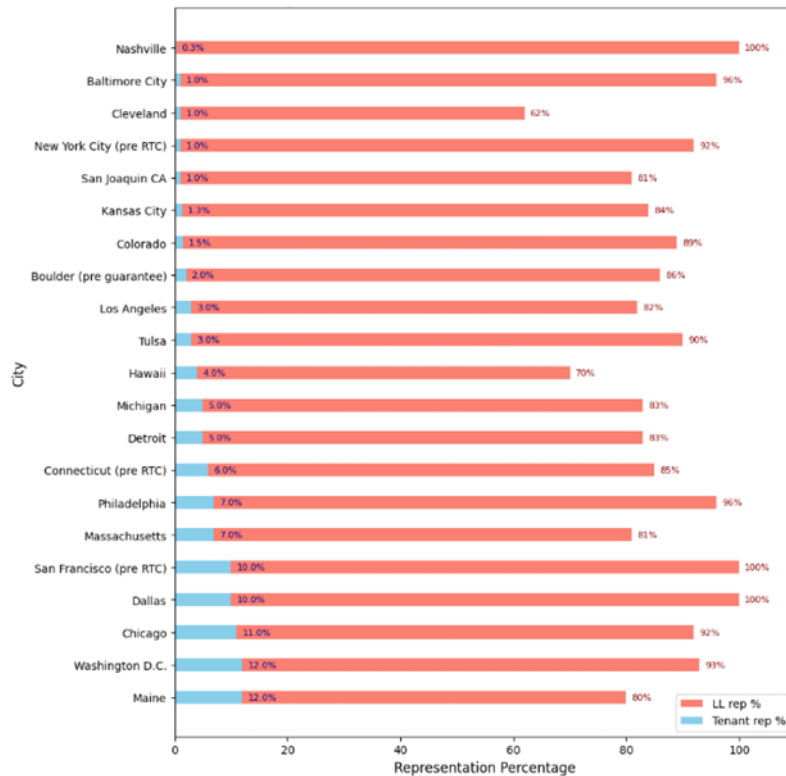


Figure 3: Eviction Representation Statistics

3.2 Evidence against PEBL approaches

However, since PEBL includes a wide range of varying approaches, there are many approaches that can be considered both a net negative for the homeless and society itself. These include approaches such as anti-homeless ordinances, architecture, and the criminalization of homelessness. For example, one common way of tackling homelessness in cities, especially large urban places like New York or Guangzhou, is anti-homeless architecture. While this treats the symptoms of homelessness by effectively reducing the locations where homeless individuals can seek shelter, it does not address the root cause. Not only is it not as effective, but it is also more costly. Surprisingly, punitive methods implemented in Los Angeles cost more than supportive housing. Supportive housing reduces both medical and jail expenses, saving up to 6.5 million, with 1.20 dollars for every 1 spent (Irving, 2018). Punishments for activities that homeless individuals rely on, such as panhandling or sleeping in public, are also backwards, as they perpetuate debt and harm employment opportunities for those involved (Yale Law School, 2016). Many of these methods have been criticized by experts as “very expensive non-solutions.”

4. *Summary of solutions*

Approach	Positives	Negatives
HF Model	• Immediate access to housing without preconditions • Improved housing retention and eventual health outcomes • Cost-effective	• Data on the HF model varies based on the definition • Ideological conflict can get in the way of implementation
WSSC	• Improves long-term stability • Personalized support • Reduces ER visits • Helps participants retain housing	• More costly than a “one-size-fits-all” solution • Scalability issues • Not always voluntary • Care provider burnout
PEBL	• Addresses systemic inequality • Creates legal boundaries • Provides homeless with legal help	• Criminizes poverty • Ineffective at reducing homelessness • Cost inefficient

D. *Gap in research*

Despite a substantial amount of work done examining homeless policy as well as different models and their respective effectiveness, there remain several critical gaps in the research that my study attempts to address. Firstly, much of the existing literature surrounding homelessness is focused on urban populations, not suburban cities, such as Fremont. Secondly, there had not been any papers that compared the different perceptions of people and their views on homelessness-related topics or any papers that explored the subconscious biases and misconceptions that people may hold when it comes to the issue of homelessness. It is because of this that this study aims to gather data on people’s opinions on homelessness and analyze the data to find connections that may prove useful when viewing homelessness from the perspective of the general public.

Methodology

An online survey was created to measure the participants’ views on a variety of topics regarding homelessness. This method was viewed as the best possible approach because it allowed anonymous responses from many different people, without fear of expressing an opinion they might deem risky to express otherwise. It was also the most practical, as it allowed the most responses in a shorter amount of time and a more varied group of respondents.

The survey consisted of only 10 questions, 9 of which were linear-scale questions, asking respondents to rate how they felt about a given topic on a scale of 1-5. These included questions such as how participants felt about banning urban encampments or how supportive they were of homeless shelter construction. The last question asked which methods, which are the HF model, WSSC, and PEBL methods previously mentioned, they would most likely support.

Data was collected through various survey-sharing platforms and in total had 66 respondents. This is a non-probability convenience sample. Because the respondents were sourced through online survey-exchange platforms, this should not be interpreted as a broad representation of the entire Fremont population or the general public but rather an exploratory pilot that may assist in more rigorous research in the future.

Ethics Statement

Participation in this survey was completely voluntary, informed consent was obtained, and all responses were collected anonymously and cannot be linked back to any individual. Data gathered for this paper were only used for research in accordance with the Declaration of Helsinki.

Statistical Analysis

Each of the nine 5-point Likert scale items was treated as an ordinal variable. The levels of association between each variable were evaluated through Pearson correlation coefficients (r), with the coefficient of determination (R^2) used as a metric to test the proportion of variance. Although Spearman's rho is the traditionally used coefficient for ordinal data, Pearson's r was used here because each item used a five-point scale with roughly symmetric response distributions; prior simulation work suggests Pearson's r is robust to mild violations of continuity under the conditions. Readers, however, should nonetheless still interpret these coefficients with that caution in mind. Two-tailed p -values were used to measure the association as well, with a p -value under 0.05 to be the threshold considered for statistical significance. It is important to note that there is a distinction to be made between statistical significance and the practical strength of an association, because $n=66$, even modest correlations may yield lower p -values, so a finding of $p < 0.001$ indicates the association is unlikely to be random, while the R^2 value separately determines how strong the association is. For example, in Figure 4, an R^2 value of 0.55-0.60 shows a medium-strength relationship, whereas weaker ones, such as 0.35, may indicate a weaker relationship. These correlational results should be interpreted as descriptive, rather than concrete and confirmatory.

Results

As described above (Statistical Analysis), each item was analyzed using Pearson correlation coefficients (r), coefficients of determination (R^2), and two-tailed p -values. For example, in Figure 4, an R^2 value of 0.55-0.60 shows a medium-strength relationship, whereas weaker ones, such as 0.35, suggest a less robust relationship.

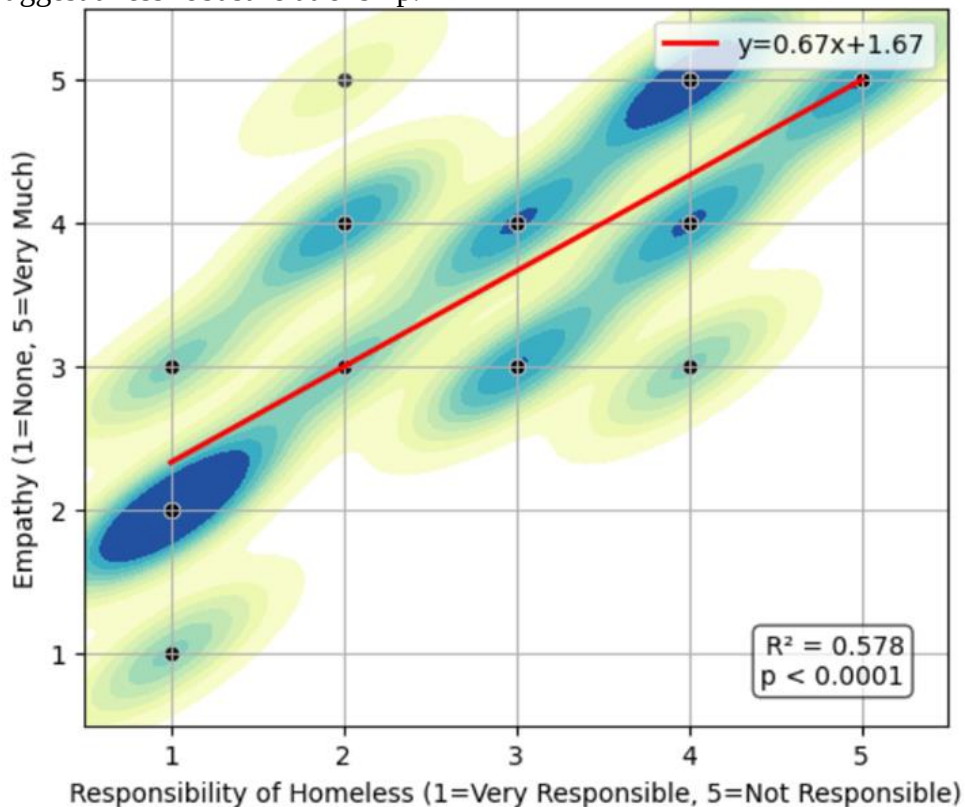


Figure 4: Empathy Towards Homeless vs. Perceived Responsibility ($R^2 = 0.578$ | $p < 0.001$)

Figure 4 shows a strong relationship between people's empathy for homeless individuals and how responsible they perceive homeless people to be for their situation. This data means that people who felt that the homeless were more responsible for their situation felt less empathy, which can play a role in the policies they choose to vote for.

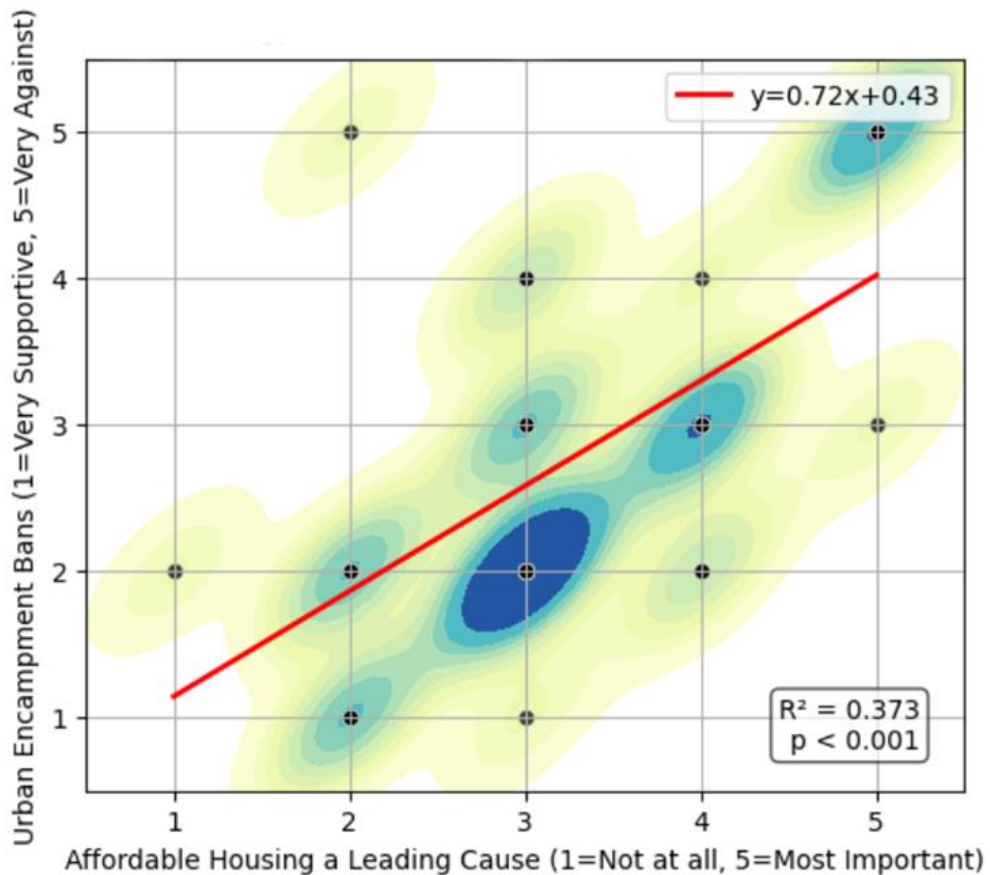


Figure 5: Affordable Housing vs. Urban Encampment Ban ($R^2 = 0.373$ | $p < 0.001$)

Figure 5 represents the relationship between viewing affordable housing as a leading cause of homelessness and support for urban encampment bans. The p-value ($p < 0.001$) indicates that this association is statistically significant and unlikely to be due to random chance, while the R^2 value of 0.373 means that approximately 37% of the variance in one variable is due to the other. The corresponding Pearson r is approximately 0.61, which suggests a moderate positive relationship. The heatmap shows a general pattern in which respondents who viewed affordable housing as a leading cause of homelessness tended to report less support for encampment bans, while those who did not attribute homelessness primarily to a lack of affordable housing were often more supportive of bans.

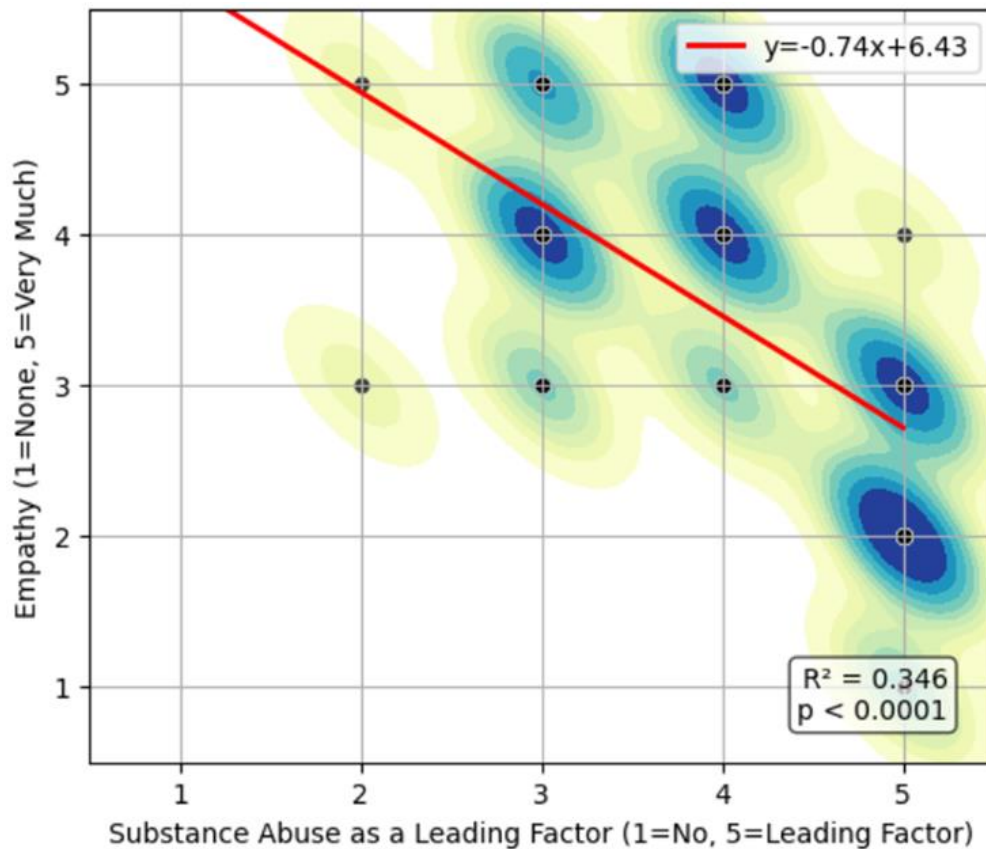


Figure 6: Substance Abuse vs. Empathy ($R^2 = 0.346$ | $p < 0.001$)

Figure 6 shows the inverse correlation between empathy levels towards the homeless and viewing substance abuse as a leading factor of homelessness. This relationship is an example of how people can often hold false beliefs and misconceptions that may be harmful to homeless individuals.

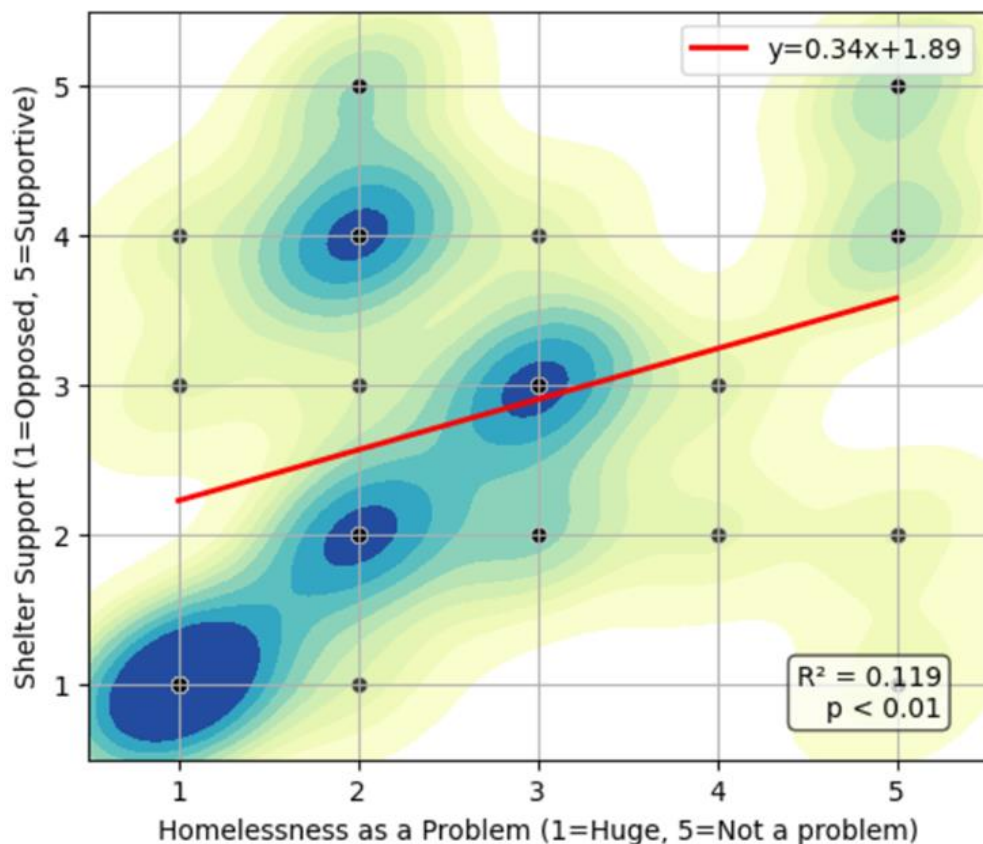


Figure 7: Shelter Support vs. Homelessness as a Problem ($R^2 = 0.119$ | $p < 0.01$)

Figure 7 shows the relationship between viewing homelessness as a problem in the participants' town and support for a shelter to be constructed. As already demonstrated by the R^2 value, there is no strong correlation between the two, but the heatmap shows that most respondents felt that homelessness was a huge problem where they lived, but were also opposed to the construction of a shelter nearby.

Discussion

1. Limitations

It is important to note that this study has its obvious limitations, as data collection through a survey comes with several key issues. Firstly, because the sample size is relatively small and was obtained through survey exchange sites, the sample size may not accurately represent the opinions of the greater population. Furthermore, people who do not carefully read the survey questions may interpret the questions incorrectly, leading to outliers that should not have existed. However, the wording of the questions was

deliberately phrased in an attempt to nullify this issue. Additionally, no demographic data (e.g., age, gender, housing status, or geographic location) were collected, which means the study cannot rule out sampling skew or verify how representative the sample is; this is further explored in Appendix A. Nevertheless, this study still provides useful insight into the potential biases and subconscious thoughts people have on the topic of homelessness.

2. *Implications*

If supported by larger, more thorough samples, findings like these could have many implications for real-world decision-making. For example, they offer preliminary insight into how voters may perceive homelessness as an issue and which policies would receive more support. A politician whose constituents tend to view affordable housing as a leading cause of homelessness may anticipate that urban encampment bans would be more unpopular with that voter group. With deeper, more rigorous research, this data could help policymakers in making better-informed assumptions about how a constituent's stance may relate to other stances. This exploratory survey can serve as a starting point for further investigation regarding the associations made by voters. For instance, the pattern in which respondents who viewed homelessness as a severe local problem nonetheless opposed shelter construction in their own community is consistent with what is commonly described as a NIMBY response, confirming that the interpretation would need more research specifically designed to test it.

3. *Areas of further research*

This research could easily be expanded to cover all facets of homelessness and public perception, providing even greater insight into the opinions of constituents, as well as expanding on data analysis. Furthermore, larger sample sizes could be used to more accurately represent the population, rather than through specific demographics or inaccurate representation. A longitudinal study could also be useful to track how opinions may shift over time, and perhaps opinion changes after a new policy has taken effect. It is also worth investigating regional differences, as rural homelessness, for example, is a topic that is rarely touched upon in homeless studies, with a large chunk of it focusing on urban homelessness.

Fremont Policy Context and Recommendations

Fremont, which is the fourth-largest city in the Bay Area, demonstrates many of the relationships that are shown throughout this study in a suburban environment. According to the 2024 Alameda County Point-in-Time (PIT) Count, Fremont's homeless population fell to 807 people, which was a 21 percent decrease from the previously 1206 homeless individuals residing in

Fremont during 2022. However, it was still above the 608 homeless people counted in 2019 (City of Fremont, 2024; Alameda County Health, 2024). A more recent city announcement reported that there had been a rise in 2026 compared to 2024, noting the city's population remained well below 2022 levels (City of Fremont, 2026). This means that the percentage of residents who were homeless and sheltered has grown in the past few years (Alameda County Health, 2024).

On the service side, the City of Fremont funds a Housing Navigation Center and a seasonal Winter Relief Program, as well as other homelessness-prevention services. In 2024, the City Council adopted a citywide Homelessness Response Plan that was focused on stabilizing the homeless population, rather than attempting to directly reduce it. Through partnerships with other cities in the area, such as Union City and Newark (City of Fremont, 2024, 2026), Fremont has been able to work towards that goal. However, the affordability of housing in Fremont still remains an issue, with the median home price being \$1.6 million as of 2026 and a median rent of \$2800 a month (Redfin, 2026; Zumper, 2026), both being significantly higher than the national average. A combination of high housing costs and high median incomes is also consistent with this review's broader scope of affordable housing, rather than focusing on only joblessness as a driver of homelessness.

In efforts to address the homelessness issue, the City of Fremont council had approved a citywide camping ordinance in February 2025, which prohibited the camping and storage of personal property on public property, after the US Supreme Court's ruling on *Pass v. Johnson* (City of Fremont, 2025). After months of sustained public pressure, the Council eventually removed this clause, keeping the underlying ban on public encampments in place (CalMatters, 2025). The city has also chosen to close encampments at sites such as Vallejo Mill and Isherwood Park, using shelter placement as an incentive (City of Fremont, 2026).

Given the nature of the survey sample, these results should be treated as hypotheses for future, more Fremont-specific research, rather than a settled policy conclusion. A locally representative survey, along with more detailed data within the City of Fremont relating to shelter capacity, encampment locations, and budget allocations than is reflected in this manuscript, would be needed to support firmer policy recommendations.

Conclusion

This study had two objectives: to compare the leading approaches to tackling homelessness and to explore how the public perception of homelessness-related topics relates to one another, using a convenience-sample survey (n=66) analyzed through Pearson correlation. The results show that empathy towards the homeless and perceived responsibility are strongly

correlated ($R^2 = 0.578$) and that views on affordable housing and substance abuse as causes were moderately correlated with support for encampment bans ($R^2 = 0.373$) and reduced empathy ($R^2 = 0.346$, respectively). This suggests that public support for any homeless policy is tied to underlying beliefs about its causes, which policymakers, including those in Fremont, may find useful when framing policy. Given the small, non-representative sample, however, these findings should only be treated as preliminary and used to guide, rather than settle, any future policy discussion.

Acknowledgements

The author would like to thank the anonymous reviewers of the journal and also Dr. Spencer Fang for their helpful feedback and guidance.

Conflict of Interest: The author reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

Funding Statement: The author did not obtain any funding for this research.

Declaration for Human Participants

This study was conducted as independent research under the guidance of Spencer Fang, Adjunct Professor of Political Science, who reviewed and approved the study design and survey methodology prior to data collection. As independent research not affiliated with a specific institutional program, the study was not submitted to a formal Institutional Review Board (IRB); however, the principles of the Declaration of Helsinki were followed, including voluntary participation, informed consent, and anonymous, non-identifiable data collection.

References:

1. Alameda County Health. (2024, December). City of Fremont 2024 homeless census & survey: Point-in-Time Count executive summary. EveryOneHome. <https://everyonehome.org/wp-content/uploads/2024/12/Fremont-PIT-2024-Infographic.pdf>
2. CalMatters. (2025, March 6). Bay Area city backs down after proposing ban on ‘aiding and abetting’ homeless encampments. <https://calmatters.org/housing/homelessness/2025/03/fremont-camping-ordinance-clause-removal/>
3. Casey, M. (2024, December 27). *U.S. homelessness rose 18 percent in 2024, continuing multi-year upward trend*. PBS NewsHour. <https://www.pbs.org/newshour/nation/u-s-homelessness-rose-18-percent-in-2024-continuing-multi-year-upward-trend>

4. City of Fremont. (2024, May 15). City of Fremont sharing 2024 Alameda County Point-in-Time (PIT) homeless count high-level results.
<https://www.fremont.gov/Home/Components/News/News/926/>
5. City of Fremont. (2025, February 14). Fremont City Council adopts new city-wide camping ordinance.
<https://www.fremont.gov/Home/Components/News/News/1255/1067>
6. City of Fremont. (2026, May 19). Fremont sees modest rise in homelessness, sustains improvements realized in 2024 and urges increased regional support.
<https://www.fremont.gov/Home/Components/News/News/1782/1067>
7. Corinth, K., & Lucas, D. S. (2018). When warm and cold don't mix: The implications of climate for the determinants of homelessness. *Journal of Housing Economics*, 41, 45–56.
8. de Sousa, T., & Henry, M. (2024). *The 2024 annual homelessness assessment report (AHAR) to Congress*. U.S. Department of Housing and Urban Development.
<https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>
9. Desilva, M. B., Manworren, J., & Targonski, P. (2011). Impact of a Housing First program on health utilization outcomes among chronically homeless persons. *Journal of Primary Care & Community Health*, 2(1), 16–20. <https://doi.org/10.1177/2150131910385248>
10. Eviction representation statistics for landlords and tenants absent special intervention. (2025, August). National Coalition for a Civil Right to Counsel. https://civilrighttocounsel.org/wp-content/uploads/2023/11/RTC_Enacted_Legislation_in_Eviction_Proceedings_FINAL.pdf
11. Grants Pass v. Johnson, 603 U.S. ____ (2024). https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf
12. Helm, A. F., Andre, M. A., Shaffer, P. M., Bruzios, K. E., Marcus, S., Harter, J., & Smelson, D. (2024). Multicomponent co-occurring disorders treatment and wraparound services for individuals experiencing chronic homelessness. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-024-01271-w>
13. Housing First. (n.d.). California Department of Housing and Community Development. Retrieved August 17, 2025, from <https://www.hcd.ca.gov/grants-funding/active-funding/docs/housing-first-factsheet.pdf>
14. Irving, D. (2018, June 27). *Supportive housing reduces homelessness—and lowers health care costs by millions*. RAND

- Corporation. <https://www.rand.org/pubs/articles/2018/supportive-housing-reduces-homelessness-and-lowes.html>
15. Kothari, M. (2005, March 3). *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living*. United Nations. <https://documents.un.org/doc/undoc/gen/g05/117/55/pdf/g0511755.pdf>
 16. Lee, B. A., Tyler, K. A., & Wright, J. D. (2010). The new homelessness revisited. *Annual Review of Sociology*, 36, 501–521. <https://doi.org/10.1146/annurev-soc-070308-115940>
 17. Martin v. City of Boise, 920 F.3d 584 (9th Cir. 2018). <https://law.justia.com/cases/federal/appellate-courts/ca9/15-35845/15-35845-2018-09-04.html>
 18. Montgomery, A. E., Hill, L. L., & Culhane, D. P. (2013). Housing chronically homeless veterans: Evaluating the efficacy of a Housing First approach to HUD-VASH. *Veterans Health Administration Research Publication*.
 19. Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2011). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341–352. <https://doi.org/10.1007/s10488-011-0352-1>
 20. Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs. *Community Mental Health Journal*, 47(2), 227–232. <https://doi.org/10.1007/s10597-009-9283-7>
 21. Patterson, M., Moniruzzaman, A., Palepu, A., Zabkiewicz, D., Frankish, C. J., Krausz, M., & Somers, J. M. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), 1245–1259. <https://doi.org/10.1007/s00127-013-0719-6>
 23. Redfin. (2026). Fremont, CA housing market. <https://www.redfin.com/city/6671/CA/Fremont/housing-market>
 24. Report documents the criminalization of homelessness. (2016, November 17). Yale Law School. <https://law.yale.edu/yls-today/news/report-documents-criminalization-homelessness>
 25. Richards, J., & Kuhn, R. (2022). Unsheltered homelessness and health: A literature review. *AJPM Focus*, 1(4), 100043. <https://doi.org/10.1016/j.focus.2022.100043>

26. Rosenheck, R. (2000). Cost-effectiveness of services for mentally ill homeless people: The application of research to policy and practice. *American Journal of Psychiatry*, 157(10), 1563–1570. <https://doi.org/10.1176/appi.ajp.157.10.1563>
27. Seron, C., Frankel, M., Van Ryzin, G., & Kovath, J. (2001). The impact of legal counsel on outcomes for poor tenants in New York City housing court. *Law & Society Review*, 35(2), 419–434.
28. Shlay, A. B., & Rossi, P. H. (1992). Social science research and contemporary studies of homelessness. *Annual Review of Sociology*, 18, 129–160. <https://doi.org/10.1146/annurev.so.18.080192.001021>
29. Siebert, D. C. (2005). Personal and occupational factors in burnout among practicing social workers. *Families in Society*, 86(1), 141–148. <https://doi.org/10.1606/1044-3894.188>
30. Stanhope, V., & Dunn, K. (2011). The curious case of Housing First: The limits of evidence-based policy. *International Journal of Law and Psychiatry*, 34(4), 275–282. <https://doi.org/10.1016/j.ijlp.2011.07.006>
31. Stefancic, A., & Tsemberis, S. (2007). Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. *Journal of Primary Prevention*, 28(3–4), 265–279. <https://doi.org/10.1007/s10935-007-0093-9>
32. Stern, A., Alcala Kovalski, M., Hendey, L., Burton, E., Ambrozy, S., & Manjarrez, C. (2025). *Unveiling disparities in eviction*. Urban Institute. <https://www.urban.org/sites/default/files/2025-01/Unveiling-disparities-in-eviction.pdf>
33. Tsai, J., Mares, A. S., & Rosenheck, R. A. (2010). A multisite comparison of supported housing for chronically homeless adults: Housing First versus residential treatment first. *Psychological Services*, 7(4), 219–232.
34. Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651–656. <https://doi.org/10.2105/AJPH.94.4.651>
35. Universal access to legal services: A report on year four of implementation in New York City. (2021). New York City Human Resources Administration. https://www.nyc.gov/assets/hra/downloads/pdf/services/civiljustice/O_CJ_UA_Annual_Report_2021.pdf
36. What is whole person healthcare and why is it important? (2024, November 21). St. Catherine University. <https://www.stkate.edu/blog/What-is-Whole-Person-Healthcare-and-Why-Is-It-Important>

37. The whole-of-government response to homelessness. (2020). United States Interagency Council on Homelessness. <https://www.usich.gov/sites/default/files/document/USICH-Expanding-the-Toolbox.pdf>
38. Zumper. (2026). Average rent in Fremont, CA. <https://www.zumper.com/rent-research/fremont-ca>

Appendix

Survey Instrument

The following nine items were presented to respondents in order. Items 1-9 used a five-point Likert-type scale: the scale anchors are noted in brackets for each item. No demographic questions were included in the survey as administered, though this is identified as a limitation of the study (see Limitations section).

Perception and Attitude Items (1–5 scale)

- Q1. On a scale of 1–5, how safe would you feel around a homeless person? [1 = Very unsafe; 5 = Very safe]
- Q2. On a scale of 1–5, how responsible do you believe homeless individuals are for their situation? [1 = Not at all responsible; 5 = Entirely responsible]
- Q3. How much do you believe mental illness contributes to homelessness? [1 = Not at all; 5 = A great deal]
- Q4. How much do you believe substance abuse contributes to homelessness? [1 = Not at all; 5 = A great deal]
- Q5. How much do you see homelessness as a problem in your town? [1 = Not a problem at all; 5 = A very serious problem]
- Q6. How much would you support the construction of a homeless shelter in your town? [1 = Strongly oppose; 5 = Strongly support]
- Q7. How much empathy do you feel toward people experiencing homelessness? [1 = No empathy at all; 5 = A great deal of empathy]
- Q8. How much do you believe lack of affordable housing contributes to homelessness? [1 = Not at all; 5 = A great deal]
- Q9. How much do you support bans on urban camping/public sleeping? [1 = Strongly oppose; 5 = Strongly support]

Note: No demographic questions (e.g., age, gender, housing status, geographic location, or political affiliation) were included, and this is acknowledged as a significant limitation because it prevents any subgroup analyses or verification that the sample is in any way representative of the broader population. Future replications of this study should at minimum include a demographic block.