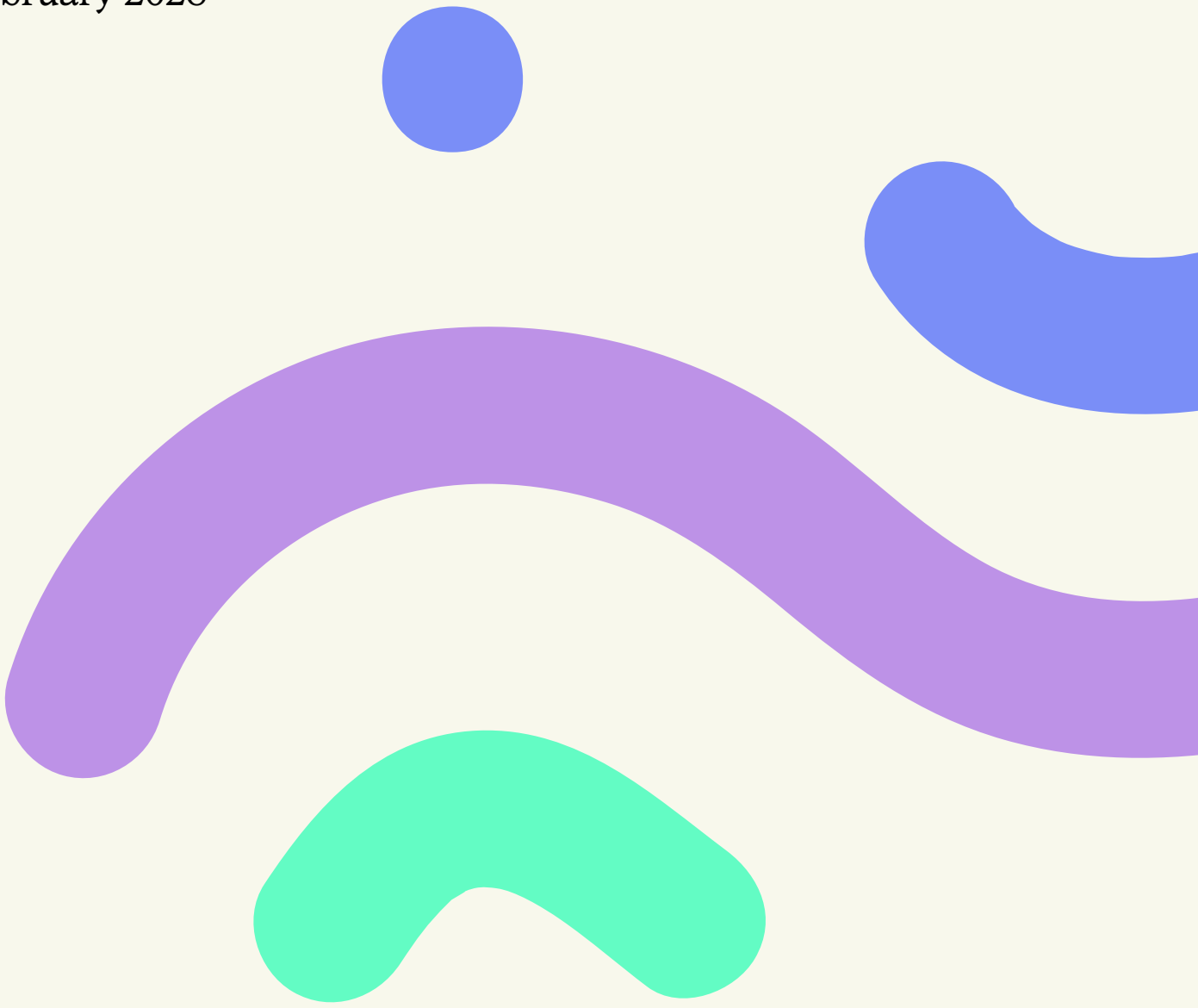
Caring Collectively

How Health Funders Can Step into the Movement for Housing Justice to End Homelessness

February 2026



Funders Together
FOR HOUSING JUSTICE

Acknowledgements

This resource's title "caring collectively" is the motto of the California Coalition for Women Prisoners, a progressive body mobilizing against incarceration. We borrow the phrase for a broader context but honor the ethos of the original sentiment rooted in revolutionary love and decarceration.

Michael Durham authored this report with copyediting and input from Stephanie Chan and Lauren Bennett. It was designed by Joshua Perrin.

Funders Together for Housing Justice is a fully remote organization, but the composition of this document primarily took place on the stolen homelands of the Shawnee, Yuchi, and Cherokee nations. Housing justice includes land back.

This publication is produced under the auspices of Health Funders for Housing Justice, a network of Funders Together that aligns funder priorities at the intersection of health and housing. We thank its members for their collective wisdom.

Contents

I. Introduction: Housing is Health Care and Both Are Human Rights

The premise of Funders Together for Housing Justice's articulation of housing justice – prompting our name change from Funders Together to End Homelessness – is that the movement to end homelessness has focused almost exclusively on moving people inside once they have already experienced unimaginable trauma rather than dismantling the structures that destabilized their housing in the first place. To redirect this trend, philanthropy must fund and participate in a movement that names oppressive systems that drive homelessness for what they are – anti-Black/racist, anti-trans, ableist, misogynist, and homophobic – and dissolves them. Housing justice asks us to co-create new systems rooted in liberation and designed by the people who have experienced housing insecurity and instability themselves.

Homelessness is, of course, a housing situation. When you are stably housed, you are not homeless, regardless of any other struggles you may be enduring. But other systems affect your ability to remain in stable housing by consuming resources that would otherwise pay the rent. Few systems strain rent-money more than healthcare. Consistently true year over year, two-thirds of personal bankruptcies relate to medical bills or debt. Many people live paycheck to paycheck and 87% of extremely low-income renters pay more than 30% of their income on housing. Due to this and the tragically high rates of un- and underinsurance, just one unexpected medical expense can threaten housing stability.

Without housing, health deteriorates. Any existing medical condition is exacerbated by living unhoused. Research has even demonstrated that the eviction process exacts adverse health consequences even if tenants manage to avoid unsheltered homelessness. But people who do live outside experience the worst health outcomes due to exposure to the elements, unsanitary conditions, sleep deprivation, physical and sexual violence, chronic stress, lack of nutrition, limitations to following treatments plans, barriers to accessing health care, and numerous other reasons that may seem obvious when one really considers it – but most people rarely consider the health needs of their unhoused neighbors. Ultimately, these harms culminate in premature death, with the life expectancy for people experiencing homelessness 30 years younger than stably housed people.

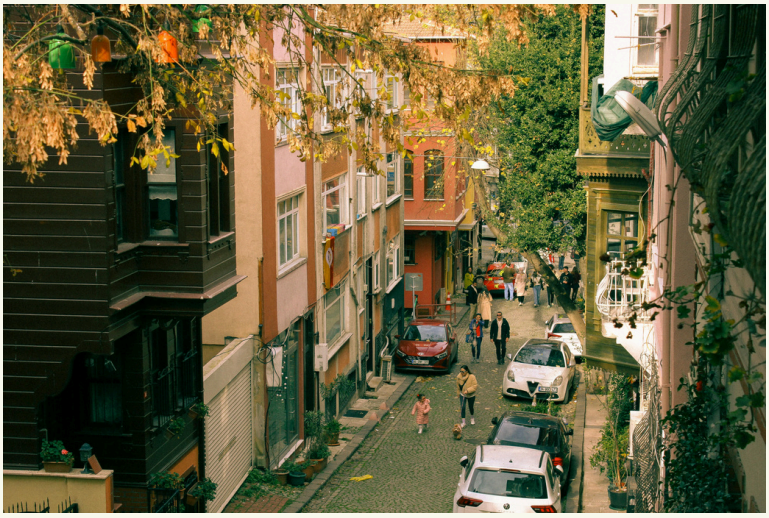
For people of color, Black and Indigenous people in particular, structural, institutional, and interpersonal racism compound the health detriments of homelessness. Transphobia is deadly for transgender people experiencing homelessness. Ableism pervades the experience of housing instability and unsheltered homelessness for people who are disabled. Indeed, while most people who use drugs are stably housed, drug use is an individual risk factor for homelessness and the risk of death from overdose skyrockets for people living unhoused. As in everything affected by

Learn more about the intersection of health, housing, and homelessness:

- Homelessness and Health: What's the Connection? | National Health Care for the Homeless Council
- California Statewide Study of People Experiencing Homelessness (CASPEH) | UCSF Benioff Homelessness & Housing Initiative
- Housing & Health: An Overview of the Literature | Robert Wood Johnson Foundation
- Health Conditions Among Unsheltered Adults in the US | California Policy Lab
- Good Housing Is Good Health | Opportunity Starts at Home
- Power, Housing Justice and Health Equity Primer | Health in Partnership, Right to the City Alliance

colonialism, the experience of housing instability is especially harmful and deadly to people living at the sharpest intersections of oppression, to borrow a phrase from Dr. Yanique Redwood.

This is what we refer to when describing housing as a social determinant of health. Thankfully, the term is so prevalent that many have critiqued and transcended it, including variants like health-related social needs. Funders Together might prefer "structural impediments" over "social determinants" in order to emphasize the structures to blame, racism and oppression, that dictate where people "work, live, and play." The nuances of terminology matter, but the central point is that deprivation of safe, accessible, stable housing damages one's health.



Health Funders for Housing Justice originally took shape at the prompting of health system members of Funders Together looking to network with other major hospitals and Managed Care Organizations who have made investments in homelessness. Over time, we expanded this group to welcome any Funders Together member who works at this intersection, including healthcare conversion foundations, United Ways, individual philanthropists, and more. This resource captures the collective wisdom and insights from years of discussion and peer learning.

This paper is an invitation to health funders to step into the movement for housing justice. Funders can do so in ways that are consistent with their existing priorities and limitations. And for those who have already waded in, receive this as an invitation to dive deeper. As a nod to the common public-health metaphor of a river, comparing upstream interventions to downstream, we offer a range of "boat ramps" to join the movement. So, come on in – the water is fine.

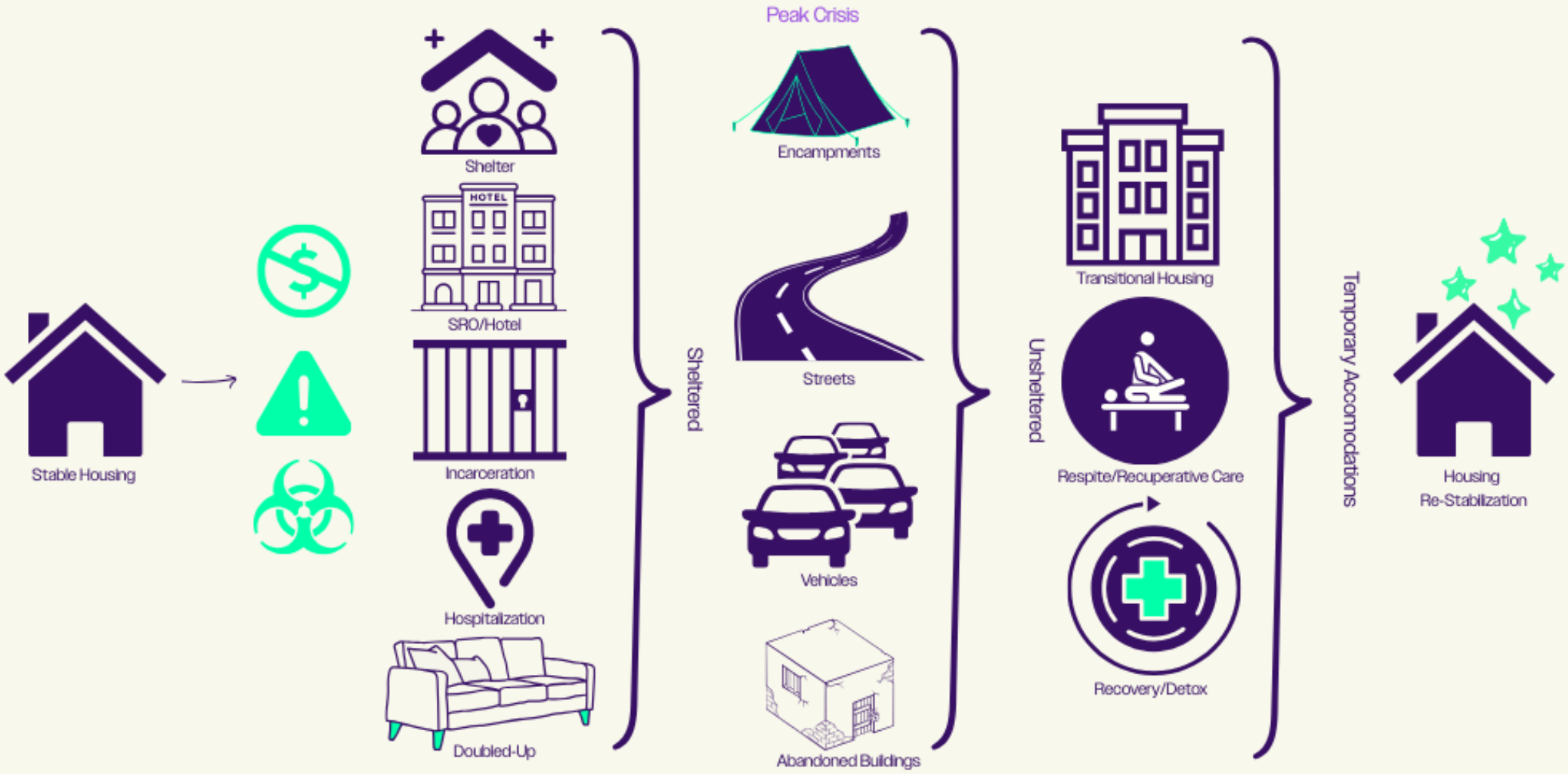
II. The Continuum of Housing Precarity

Let us assume that the default setting for human beings, if you will, is stable housing. It is a fraught premise given that many are born into unsafe, unstable, or nonexistent housing conditions, but everyone surely agrees that people belong in housing. Threats to stable housing begin with a crisis. Virtually every crisis that leads to homelessness falls into one of two categories (or both): a **crisis of finances** or a **crisis of safety**. Whether we consider the instability caused by incarceration, medical emergencies, loss of employment, addiction, etc., it is the impact on rent-money that endangers housing security. In other instances - especially for women, gender minorities, and youth, in addition to "non-leaseholders" who may lack any legal tenant protections - violence and abuse lead many to flee home in pursuit of safety. Domestic and interpersonal violence is the principal inciting incident for women who experience homelessness.

Even crises of safety would at least temporarily be improved by enough cash. For this reason, even while this document pertains to the relationship between housing and healthcare, we emphasize that homelessness is about economic justice. With enough financial resources, everyone can sustain their housing and support their health needs. Funders working in homelessness should consider ways to reduce the gap between wages and housing costs, including but not limited to guaranteed income.

To learn more about the distinctions between the implications of the various federal definitions of homelessness for healthcare providers, read Where Does Homelessness Happen?: Understanding the Definitions of Homelessness

Once stable housing is lost – whether one is evicted or removed by cohabitants (friends or family) – people experience a range of living conditions, often beginning with residing with other friends or family (also referred to as "doubled up"). The experiences of housing insecurity range from "sheltered" situations, including traditional shelters or institutionalization, to "unsheltered" contexts (what the general public is mostly like to envision), to "temporary accommodations" like transitional or bridge housing. For those who survive these traumatizing experiences, the goal is housing re-stabilization, of course.


Stable Housing
Shelter
HOTEL
SRO/Hotel
Incarceration
Hospitalization
Doubled-Up
Sheltered
Peak Crisis
Encampments
Streets
Vehicles
Abandoned Buildings
Unsheltered
Transitional Housing
Respite/Recuperative Care
Recovery/Detox
Temporary Accomodations
Housing
Re-Stabilization

The visualization above is not linear. People move from hospitalization to rehabilitation facilities, to an encampment, to doubling up, to a Single Room Occupancy (SRO), to living in their car, and a hundred other routes in the span of weeks or years. Moreover, tragically, many who achieve housing find themselves homeless again and for many episodes throughout their lives. Tenants often require robust support services to retain their homes – too many are abandoned by the agencies that supported their housing placement in the first place – and, indeed, housing is not the end of the story. Housing is necessary but insufficient for human flourishing, which is why we understand housing justice to be one component of a broader movement for social justice and collective liberation.

The Other Side of the Continuum: Prevention

While we describe unsheltered homelessness as "peak crisis" in the continuum, even the threat of losing one's housing is traumatizing. One would rightly wonder what could have been done to prevent the trauma of facing eviction or displacement. Homelessness prevention has been the missing ingredient in most communities. Those interventions include emergency rental support, direct cash payments, legal representation, and, especially for youth facing housing loss due to family conflict, therapy and mediation. But we still should not limit ourselves to services that remain withheld until a crisis threatens housing loss. Philanthropy should proactively support work to expand affordable and public housing, cap rents, incentivize landlords to accept vouchers, and otherwise disrupt the market forces that make housing so unaffordable, inaccessible, and unsafe. Further, we should disrupt our relationship to housing by de-commodifying it: if housing is a human right, then it should not be bought and sold in a marketplace. De-commodification removes housing from the reach of developers one parcel at a time.

Decision-makers struggle to fund and provide any of the above interventions to scale for more nefarious and structural reasons tied the violent origins of the United States. It is easy for policymakers to deny basic needs because of structural racism, patriarchy, imperialism, homophobia, xenophobia, transphobia, and ableism, which bind all the above through the sequestration of resources by racialized capitalism. Investments at the headwaters of the continuum of homelessness prevention would invest in reparations, universal healthcare, community safety, land back, and more policies that would fundamentally reorient institutions and norms. As Ruth Wilson Gilmore says, we only need to change one thing: everything. Preventing homelessness means transforming the world. All of this is displayed on the following continuum.


Upstream Prevention
Downstream Prevention
Repair the Harms of Settler Colonialism
Expand Affordable Housing
Expand Vouchers
Rent Control
Landlord Incentives
Eviction Prevention
Rental Support
Direct Cash Transfers
Legal Counsel
Family/Natural Supports
Therapy/Case Management
Just Cause Evictions
Stable Housing

Aligning the two continua sequentially, we can perceive a river of housing insecurity. Conceptualizing it this way, not every intervention would be equally impactful. If we dedicated all of our resources to upstream prevention, it would remove the need for services downstream. We must unequivocally advocate for funding advocacy for truly transformative policies as such.

The problem is, however, that the further you go upstream, the more difficult it is to connect the work to ending homelessness. Foundations who focus on reparations, for example, do not consider themselves homelessness funders. And, more consequentially, if all philanthropy funded prevention efforts, the millions of people experiencing housing instability and homelessness tonight would languish.

We have arrived at the central point: health funders can and should support services and systems change across the continua from homelessness prevention to crisis response to reduce suffering and shorten experiences of homelessness. Our vision of housing justice includes all of it. But any funding should embody the values of housing justice and be situated in a broader coalition that covers the entire continuum.

III. Philanthropic Boat Ramps

Given the range of possibilities for funders to engage in housing justice, where are funders to start? We offer three categories of "boat ramps" for health-specific grantmakers to wade into the river of housing justice.

A. Health services for unhoused people

Especially for health systems and other grantmakers limited to funding traditional medical services, it is meaningful to invest in services and systems changes that improve the health of people who are homeless. This matters for ethical reasons: we should work to reduce suffering as much as possible even if such harm-reducing services do little to affect the circumstances contributing to poor health. But this also helps to end homelessness for nuanced reasons. For example, under the current configurations of housing placement options for people who are homeless, obtaining certain diagnoses can facilitate a more accurate assessment for coordinated entry. Moreover, shelters and interim housing providers can accommodate more people when their health is stabilized. Indeed, health stabilization is a key component of maintaining housing re-stabilization.

Medical services include:

- Services in supportive housing
- Shelter health services
- Street medicine
- Medical Respite/ Recuperative care
- Improving services for unhoused patients in mainstream healthcare (hospitals, health centers, etc.)
- Health Care for the Homeless primary care clinics

In an ideal healthcare system, culturally competent and holistic services follow people throughout their living situations, per the continuum of housing precarity, at no cost to patients. Funders can support grantee partners who provide these services, but also support infrastructure that makes these services easier to provide, such as technical assistance and research, in addition to advocacy that aims to shift responsibility to governments.

Philanthropic Levers

Funders Together seeks to mobilize philanthropy to make full use of its financial capital to move the needle on ending homelessness. But dollars aren't our only tool. We encourage philanthropy to make full use of its levers, including:

1. Grantmaking
2. Convening
3. Advocacy
4. Incubation
5. Partnerships
6. Investments

B. Disrupting the health-related drivers of homelessness

Health funders are uniquely positioned to leverage their financial capital and influence to address the characteristics of our healthcare system that so often destabilize people's lives, namely our healthcare financing system. A just society guarantees healthcare as a human right, which means a single-payer system would be the most equitable structure. Incremental alternatives include:

- Advocacy to strengthen and expand the Affordable Care Act
- 1115 waivers and other Medicaid innovations that expand access and cover more services
- Expanded and improved Medicare coverage
- Advocacy to reduce pharmaceutical costs

In a sense, because healthcare costs are so exorbitant and out of reach for most working families, which can destabilize housing by consuming rent-money, any effort to improve access and affordability supports homelessness prevention.

C. Engage in the continuum of homelessness services and response

It may seem overly simplistic, but health funders can also step into the housing justice movement by embracing funding strategies that self-described homelessness funders already engage in, services and systems that are not explicitly about healthcare. What makes them healthcare-related, then, is that yours is a health foundation or hospital system and housing is healthcare. Investing in housing justice is health-related enough.

IV. Housing Justice Values & Policy Framework

To display a range of funding options across two housing continua is not to suggest that all grantmaking is equal. Consider Funders Together's definition of housing justice:

Housing justice means a society that offers assurance of **safe, secure, affordable, and dignified** living conditions where people have **power and agency** over how and where they live. We believe housing is a fundamental **human right** and a building block for **racial justice** and liberation.

Housing justice recognizes that for generations equitable access to housing has been denied to Black and Indigenous people and other communities of color, which has fueled the disproportionate numbers of Black and other people of color experiencing homelessness.

By pursuing housing justice, Funders Together is unapologetically stating that homelessness is a racialized experience created and exacerbated by the forces of structural racism. Funders Together advocates for **corrective action**, such as reparations, to address the cumulative disparities and **transform systems** of accountability to ensure housing for all.

As the highlighted sections are meant to illuminate, our definition is both an articulation of what ending homelessness entails but also a values statement. At least six values stand out:

1. **Safe, secure, affordable, dignified** = Both temporary and permanent housing situations must be humane.
2. **Power and agency** = Any service or housing option provided to people experiencing housing insecurity is voluntary. People deserve a choice about what services they access, where they reside, and with whom.
3. **Housing is a human right** = Housing is not earned. It is the duty of the state, i.e., governments in partnership with other actors, to ensure access to housing.
4. **Housing justice as a pathway to racial justice** = Racial justice refers to the process of building a world where the harms of slavery, colonization, and all forms of racism have been repaired and where ethnicity has no influence on economic and social stability and safety. A world with racial justice can bear no injustice in housing, and housing stability is a prerequisite to safety and wellness.
5. **Corrective action** = It is not enough to simply root out racism from the homelessness response system nor the systems that contribute to homelessness: we must also make amends for the generations of exploitation and oppression that specifically targeted Black people and Indigenous people and continue to discriminate against everyone with minoritized racial identities. This means housing justice includes federal reparations.
6. **Transform systems** = every system that contributes to so much instability in people's lives that so often leads to homelessness must be dismantled and, as appropriate, reconstituted to achieve racial and social justice.

For example, if a health funder considers supporting an organized or "sanctioned" encampment in their community, which is not housing itself, housing justice values still apply. Are referrals to the "temporary supported community" offered voluntarily? Is the existence of this sanctioned space weaponized to evict unsanctioned encampments? Are services offered at this site what residents want and need – and did you ask them? Are residents surveilled or are they permitted to move freely? Are Black residents and other people of color treated equitably? Are sanitation services provided to ensure a minimum standard of dignity? Which agencies were funded to provide these services and what are their values? All the while, are we working in partnership with others to advocate for systems that would make these temporary accommodations unnecessary?

Funders Together's Policy Framework

To support ourselves in prioritizing advocacy strategies and hold ourselves accountable to our values, including those listed above, Funders Together adheres to our 2024-released Policy Framework. While it applies to our own advocacy and is not a blueprint for philanthropy, all can benefit from its analysis, principally the reform-to-transportation continuum adapted from Steve Williams' Transformative Organizing framework. By "reforms," we refer to working within our current systems and restrictions to reduce harm and suffering. Transformative policies, on the other hand, make no assumptions about current structures and hold fast to a vision of building what communities truly need to thrive.

Between these poles, we recognize that some reforms reinforce the harmful systems we hope to reconstruct entirely. Here we prioritize what Williams describes as the "revolutionary edge of reform," pushing the limits of what's possible under current systems. As health funders consider stepping into the proverbial river of housing justice, consider funding and engaging directly in advocacy that holds this continuum together, reducing harm and clinging to liberatory visions.

V. Case Studies

When the Doctor Prescribes Housing and Whole-Person Care

California Health Care Foundation

California Health Care Foundation works statewide to improve the healthcare system to benefit all Californians, centering those enrolled in Med-Cal (California Medicaid) to ensure that the various systems and services with which people interact reduce inequities and improve overall wellbeing. No specific portfolio on homelessness existed until they hired Dr. Michelle Schneidermann, a Bay Area physician steeped in Health Care for the Homeless values. She spearheaded their grantmaking on homelessness not long after she started in 2019 which proved crucial in the subsequent COVID-19 pandemic through evaluating programs like Project Roomkey, for example. More recently, she broadened her influence on the misalignment of healthcare and homelessness/housing systems by elevating ideas on how Medi-Cal managed care plans could partner more effectively with nonprofits serving people experiencing homelessness and tailor the delivery of benefits to be more person-centered.

Consistent with the premise of "Caring Collectively" - that no single funder can cover the whole continuum of housing precarity, and that health funders can support the housing justice movement consistent with their own priorities - CHCF believes that although the health care system cannot fix every part of the homelessness crisis, it has an important role to play. CHCF envisions a future where different systems work together effectively so people are housed and healthy.

CHCF commissions work that helps the field in multiple ways:

- Develop Medi-Cal reforms that support a whole-person approach to care and tools to help organizations address people's health related social needs, especially housing
- Catalyze and support cross-sector partnerships and alignment, especially between health care and homeless services and housing providers
- Promote care delivery models that match patients' needs, including those outside traditional clinical settings and ideas for how to scale them
- Share the stories of people experiencing homelessness and listen more deeply to what people with lived experience tell us about how systems of care can better support them.

We can locate these interventions on the Continuum throughout the various unstable housing contexts people experience, reducing the harmful effects of housing instability, including housing re-stabilization. But they hope to embrace more work in homelessness prevention.

For any health funder contemplating motion into housing/homelessness, Dr. Schneidermann offers this advice:

> "Remember that while most of what drives health outcomes sits outside of health care, the health care system still has a critical role to play in addressing health related social needs. Approach the work with humility and deep listening. Remember that much of the work is hyper-local. Meet with providers, advocates, and people with lived experience of homelessness. Visit shelters, interim and permanent housing programs. Learn about the drivers and precipitants of homelessness in the geographic areas you fund. Learn about best practices and if there aren't any, learn about promising practices. Talk with and learn from other funders. Co-fund. Make a long term commitment to the work. It's taken us many decades to get to where we are and the arc of repair is long."

When the Community Tells You What They Need

HealthSpark Foundation | Pennsylvania

HealthSpark Foundation serves Montgomery County, Pennsylvania, a suburb of Philadelphia. A healthcare conversion foundation, it was formed in 2002 from the sale of North Penn Hospital in Lansdale. The Foundation ventured into homelessness work through investing in their community's establishment of Coordinated Entry (the HUD system for prioritizing and coordinating services for people experiencing homelessness), initially backing the project from the standpoint of prioritizing new interventions with promise, all through a lens of the Social Determinants of Health.

But it was their most recent strategic planning process that opened them to a more expansive vision of housing justice. Through that research, their team interviewed almost 300 people to assess what it would take to "achieve healthy, equitable, and hopeful communities." The most consistent theme was housing. "We can't work on any of the other issues without housing," CEO Emma Hertz reflected. In turn, the most meaningful impact on community health they can offer with limited resources (and just three staff) is working to stabilize housing. So they listened. Since that strategic pivot, they now emphasize supporting advocacy capacity for both direct-service organizations and housing policy groups. They can locate their investments all across the Continuum of Housing Precarity: supporting organizations that provide shelter, street outreach/medicine; eviction prevention and reform; narrative change; affordable housing; and interrelated issues in food justice and immigration justice. Housing isn't a distinct portfolio in the way they organize their priorities; rather, housing is central to the advocacy they fund. And their work transcends funding as, indeed, their coalition and direct advocacy work occupies most of their staff time. Racial-justice values are infused throughout: "health equity is the point and you can't do that without antiracism," Hertz said.

As a place-based funder limited to one suburban county, HealthSpark recognizes that the success of their work depends on success across the region, state, and the whole United States. Hertz serves on the Board of the Greater Philadelphia Philanthropy Network, a local association of foundations in the greater metropolitan area, along with a statewide funders collaborative that focuses on behavioral health. Since the summer of 2025, they have played a key role in standing up a more formalized table of funders in the Philadelphia region to more explicitly coordinate on housing and homelessness funding and advocacy. And they are active with Funders Together nationally, a crucial contributor to Health Funders for Housing Justice and exemplar to healthcare conversion foundation across the country.

While all framed in the umbrella of health equity, Hertz reflects that their most recent strategic plan does not name healthcare at all. In the process of composing it, certain Board members did speculate whether they'd drifted from their bylaws. Having a public health professional as Board Chair mitigated that concern, citing the "upstream" analogy deployed throughout this paper. And in recognition of the political turbulence characterizing 2025 and the foreseeable future, their Board agreed to increase their payout by 45% per year for the next three years.

For any health funder contemplating a move into housing/homelessness, HealthSpark offers this advice:

- Start with what you already do and ask yourself how housing intersects with, and undergirds, those issue areas.
- Ask your community what they need. If they don't name housing, you probably aren't having enough conversations.
- "Get off your ass and advocate." Government partners, philanthropy, and the nonprofit sector itself must be held accountable, and philanthropy plays a key role in funding that advocacy work.

When a Health System Looks Upstream

Cedars-Sinai | Los Angeles, CA

Cedars-Sinai began grantmaking to community-based organizations in 2012 to strengthen the healthcare safety net and improve the wellbeing of the most vulnerable in Los Angeles. While some grantmaking on homelessness existed prior, the health system's 2019 Community Health Needs Assessment named homelessness as one of the top three priority areas for investment, which led Cedars-Sinai to embrace a more expansive view of health, to include the social determinants, and the creation of a distinct homelessness and housing portfolio.

This portfolio now focuses on the connections between healthcare and housing systems and works to prevent and end homelessness among older adults, youth, and young adults in Los Angeles County. Grants range from capacity-strengthening support for homelessness service providers to systems transformation projects further upstream. While their grantmaking on homelessness is inherently health-related in that housing is a major social determinant of health, many of Cedars-Sinai's grants have explicitly funded the intersection of healthcare and homelessness, including a pilot providing bridge in-home care services for older adults and people with disabilities transitioning from interim to permanent housing in the early stage of the covid-19 pandemic, in addition to a landscape analysis around how to preserve board and care facilities across LA County.

Their approach hinges on collaboration: while they are content to serve as an early funder of work that advances health equity, they aim to align with and, hopefully, shift public and private resources toward people most impacted by health disparities. For example, Cedars-Sinai partnered with the United Way of Greater Los Angeles (UWGLA) to fund a roadmap to end older adult homelessness, which expanded pilot projects and recommendations for strengthening systems, prompting other philanthropic investments. Subsequently, UWGLA served as one of the advisory bodies for the implementation of a local ballot measure where they led a community stakeholder process that produced recommendations for direct support for older-adult households at risk of homelessness. In the first two years of the ballot measure's implementation, over 300 older-adult households have been supported with over $6M in direct financial assistance and benefits counseling. Collaboration is essential to ensuring that investments are effective: Cedars-Sinai's work on youth homelessness includes deep partnership with young people who have experienced homelessness who now serve as leaders informing programmatic innovations and interventions that prevent housing crises for their peers.

Their insistence on partnership with trusted organizations recognizes that, like many health equity issues, homelessness stems from long-term structural inequities. Just as health outcomes improve when healthcare providers' identities mirror their patients', nonprofits with local and culturally specific expertise can better meet the health and housing needs of their community. As an example, Cedars-Sinai supports Pukúu Cultural Community Services and the Relatives Home Collaborative to support local Native American community-based organizations, Tribes and Tribal entities, aimed to decrease homelessness and improve housing opportunities in Native American communities.

Cedars-Sinai invites other health funders to consider these questions:

- How can we balance directly addressing the intersections of healthcare and homelessness while also considering where upstream investments can stop health and housing crises before they start?
- What are the unique needs of people who have been made structurally vulnerable in the communities we fund? How is their leadership and expertise embedded in the projects we are supporting?
- How are our investments both meeting the immediate material health and housing needs of community members while also building collaborative efforts to transform systems for the better?
- How can we serve as a convener for community members, peer funders, and leaders with expertise in multiple systems to build bridges between health and housing solutions?

VI. Conclusion: Collaboration or Nothing

Check out our resources on local homelessness funder networks: "What We Cannot Do Alone"

Several years ago, Funders Together staff attended a strategic planning meeting for an emerging funder collaborative. The facilitators were philanthropy experts but with no background in housing/homelessness. They set up an activity in which participants were meant to choose a spot on the floor between two posters on opposing walls, one that read "homelessness crisis response/services" and the other that said "housing justice." The position one chose on this physical continuum was meant to represent their preference for where the new funder collaborative should assign its focus.

The exercise was instructive for two reasons. First, the opposite of crisis response is not housing justice. If anything, it is prevention. Housing justice includes the entire spectrum depicted in this paper, from dismantling the systems that cause so much housing instability to meeting the needs of people sleeping outside tonight to supporting folks who have restabilized their housing.

Because this is true, secondly, we shared in the meeting that we would have preferred to align all our bodies across the continuum to ensure every step was covered. This experience planted the seed for this paper.

No health funder considering new work in housing and homelessness is or should be alone. We will not achieve our visions without embracing coalition, reducing our institutional egos to get out of our own way. So, don't pretend to be alone. Join us.