



# WHAT WILL IT TAKE TO END HOMELESSNESS?

**This brief is based on a new Urban Institute Press book, *Helping America's Homeless: Emergency Shelter or Affordable Housing?* by Urban Institute researchers Martha Burt, Laudan Y. Aron, and Edgar Lee, with Jesse Valente. Both publications were funded mainly by the Melville Charitable Trust and the Fannie Mae Foundation. To order, call 1-877-UIPress.**

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Homelessness did not disappear in the 1990s, despite the nation's economic boom. In fact, it appears to have increased. On any given day, at least 800,000 people are homeless in the United States, including about 200,000 children in homeless families.<sup>1</sup> These startling statistics, however, do not tell the whole story.

Homelessness in America is a "revolving-door" crisis. Many people exit homelessness quickly, but many more individuals become homeless every day. During a year's time, four or five times as many people experience homelessness as are homeless on any particular day. Calculations from different sources show that in the late 1990s at least 2.3 million, and perhaps as many as 3.5 million, people experienced homelessness at some time during an average year. Because more families with children than unpartnered people enter and leave homelessness during a year, families represent a relatively large share of the annual population. As a result, during a typical year, between 900,000 and 1.4 million children are homeless with their families.

Annual homelessness figures exceed 1 percent of the total U.S. population and may represent as much as 10 percent of all poor people in this country. Even though many of these people are homeless for only a short time, each spell can be devastating. With 1 out of every 10 poor people in America facing homelessness at some time during an average year, current policies clearly are not working. Homelessness stems from desperate poverty combined with unaffordable housing in communities too strapped to support their most troubled members. These circumstances explain why between 5 and 10 percent of poor people experience homelessness in a period as short as a year.

Personal difficulties, such as mental disabilities or job loss, may increase vulnerability to homelessness, but they cannot explain the high number of people who fall into homelessness every year. And housing market trends indicate that the situation is getting worse rather than better. Current levels of housing costs, coupled with low-wage jobs and economic contraction, could push even the working poor out of their homes. Although the availability of homeless services increased significantly during the past decade, meeting the needs of people once they become homeless is not enough.

A concerted national strategy is needed to prevent homelessness, and to end quickly discrete episodes of homelessness if they become inevitable. That strategy must include new housing resources as well as community-building strategies that address the societal factors contributing to homelessness. Each community must work to supply affordable housing, improve schools, and provide support services for those in need. Only strategies that address systemic problems as well as provide emergency relief can eliminate homelessness in this country.



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### WHY HOMELESSNESS HERE, AND WHY NOW?

Structural, personal, and political factors influence the level of homelessness and determine where it will occur most often. Structural factors in the United States that have fueled the problem include

- Changing housing markets for extremely low-income families and single adults are pricing more and more people with below-poverty incomes out of the market.
- Dwindling employment opportunities for people with a high school education or less are contributing to the widening gap between rich and poor.
- The removal of institutional supports for people with severe mental illness, epitomized by drastic reductions in the use of long-term hospitalization for the mentally ill, are leaving many individuals with few housing options.
- Racial, ethnic, and class discrimination in housing, along with local zoning restrictions that exclude affordable housing alternatives, persists in many areas.

If housing were inexpensive, or people could earn enough to afford housing, very few individuals would face homelessness. But housing costs have risen steadily across the country, and they have skyrocketed in many areas. Further, the inability to afford housing is concentrated among households with incomes below the poverty level,<sup>2</sup> whose members account for the vast majority of people entering homelessness. At the same time, people with little education or job training find it increasingly difficult to earn enough money to raise their incomes above the poverty level, even if they are employed full-time and work overtime.

Once structural factors have created the conditions for homelessness, personal factors can increase a person's vulnerability to losing his or her home. Many factors can make a poor person more susceptible to homelessness, including limited education or skills training, mental or physical disability, lack of family to rely on (e.g., after being placed in foster care), and alcohol or drug abuse. But without the presence of structural fault lines, these personal vulnerabilities could not produce today's high level of homelessness.

Public policies may moderate the effects of both structural and personal factors to prevent homelessness. Some European countries guarantee their citizens housing, and many provide supports for families (e.g., infant and child care and income subsidies) well beyond those available in the United States. Universal health insurance is also available in most European countries. These safety net programs reduce the probability of homelessness, even in places where housing costs are high and wages are low, because they ease the pressure on household budgets.

In the United States, dramatic reductions in federally supported housing over the past 20 years, coupled with the current reductions in safety net programs, place individuals and families squeezed by high housing costs and with few resources at high risk of homelessness. A certain proportion of these people will experience at least a brief episode during which they lack a place to live. If they are struggling with substance abuse, mental illness, or both, and reside in an area where housing is increasingly beyond the reach of low-wage worker households, then homelessness is likely.

### A SNAPSHOT OF HOMELESS ADULTS TODAY

On any given day, the adult population using homeless assistance programs consists mostly of men by themselves (61 percent). Another 15 percent are women by themselves, 15 percent are households with children, and 9 percent are people with another adult but not with children.<sup>2</sup> Because families are mostly likely to qualify for public assistance programs, they are less likely

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than individuals to be homeless, or to be homeless for long. Unattached adults are not eligible for most safety net programs, so they are more likely to be homeless and to experience long or repeated spells of homelessness.

In terms of racial and ethnic composition, little difference exists between homeless families and single adults. About equal proportions (40 to 41 percent) are African American and white, 11 to 12 percent are Hispanic, 6 to 8 percent are Native American, and 1 percent are another race. The high representation of minorities in the homeless population compared with housed people stems from their higher likelihood of being very poor and has no correlation to their race or ethnicity. Geographically, 71 percent of homeless people who rely on homeless assistance programs reside in central cities, 21 percent in suburban or urban fringe areas, and 9 percent in rural areas.

#### **Income and Work**

Half of all homeless adults receive less than \$300 per month—in income, putting them at about 30 to 40 percent of the federal poverty level. In addition, 62 percent have at least a high school diploma, and 44 percent did some work for pay in the month before being surveyed, although only 13 percent held a regular job. Almost half get one or more means-tested public benefits, with food stamps by far the most common type of assistance. Homeless families' welfare eligibility accounts, in part, for the level of income they report; most single people's *ineligibility* for welfare helps explain their very low incomes.

#### **Disabilities**

Many homeless adults have physical and other types of disabilities. Almost half (46 percent) reported chronic physical conditions. Problems with alcohol, drugs, and mental health among homeless people are well documented and often occur together. Among adults using homeless services, 31 percent reported a combination of mental health and substance abuse problems (alcohol and/or drugs) within the past year. An additional 17 percent reported problems with drugs and/or alcohol problems, but no mental health problems. Further, 12 percent reported only problems with alcohol, and 15 percent reported only mental health problems. Only one in four homeless adults did not report any mental health or substance abuse problems during the past year.

#### **Childhood Homelessness**

The homeless population includes not only adults but also the children these adults bring with them into homelessness. One-fourth of homeless people are children in homeless families. These children are much more likely than housed children to experience serious difficulties, including physical, cognitive, emotional, and mental problems. Further, childhood homelessness translates into a greater risk of homelessness in adulthood.

Most children living with homeless parents are very young (42 percent are under age 6) and are therefore physically and emotionally vulnerable in the event of household disruptions. Children living with homeless parents, however, are not the only children affected by homelessness. Three out of five homeless people are parents, and half these parents have at least one child age 17 or younger. But only one in four of these children lives with the homeless parent.

Children of homeless mothers are much more likely to stay with their homeless parent (54 percent) than are children of homeless fathers (7 percent). Children of homeless fathers typically live with their mothers outside of homelessness. Children not living with their homeless mothers tend to live with relatives other than their fathers (46 percent) or in foster care (19 percent). A period in foster care is a strong predictor of future homelessness.


#### **Predictors of Homelessness**

As noted earlier, societal factors create the conditions within which individual characteristics can lead to homelessness. Of individual factors, extreme poverty (incomes at less than half the federal poverty level) is, of course, the most important predictor. Virtually every study shows that adverse childhood experiences are also strong predictors of homelessness. These experiences include physical and/or sexual abuse by family members and removal from one's home to be placed in foster care or other institutions. Also important are alcohol or drug abuse as a teenager, current alcohol or drug abuse, mental health problems, chronic physical problems, and, for males, incarceration.

#### **Patterns of Homelessness**

Clearly, homeless people's lives differ in many ways. The pattern of a person's homelessness reveals much information

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**Only by addressing systemic problems and providing emergency relief can homelessness be eliminated.**

about how to intervene and ways to reduce or eliminate such episodes. People who are homeless for the first time and experiencing a single crisis may need relatively simple remedies, such as rental assistance, help negotiating with landlords, or referrals to public benefits or services. Persons with repeated or long episodes of homelessness, however, are likely to need considerably more support for longer periods of time.

The proportion of people displaying a particular homelessness pattern is hard to calculate, because the definitions of homelessness and the type of data used in such calculations differ widely. Using the most common type of data—surveys conducted at a single point in time—about one-fourth of homeless people report being continuously homeless for at least five years, and about one-fourth say they have gone in and out of homelessness numerous times. The rest (about half) are experiencing a first or second episode, which has usually lasted less than a year, or in some cases, only a few weeks or months.

Data reflecting longer periods—for example, one year—capture many of the people experiencing short-term crises who leave homelessness as well as the additional people entering short-term homelessness. People who have weathered many episodes also tend to leave and return, or to leave and be replaced by others. Meanwhile, chronically homeless people remain without a place to live during the entire period. By the end of the year, chronically homeless people will make up a smaller proportion of the homeless population during the year than at a single point in time. Conversely, those with very short spells will account for a higher proportion of the population over a year's time than on any given day.

The experience of the past 15 years indicates that the number of very poor people driven into homelessness for at least short periods has not diminished significantly. Families with children are still a large part of the mix. Over the past 15 years, the resources of the homeless service system, which gives people in desperate circumstances a place to go for help, have also increased. While essential, these services make visible and undeniable the severity of structural factors currently operating to produce homelessness.

### **GROWTH OF THE HOMELESS SERVICE SYSTEM**

Largely because of federal leadership and funding—through the Stewart B. McKinney Homeless Assistance Act of 1987 and its annual modifications—the homeless service system in the United States grew tremendously in the 1990s. Available beds more than doubled, from about 275,000 in 1988 to about 607,000 in 1996. Emergency shelter capacity increased about 20 percent during that period. The availability of transitional housing and permanent housing with supportive services for disabled formerly homeless people also grew. Such programs were virtually nonexistent in the 1980s. By 1996, at an estimated 274,000 beds (160,000 transitional and 114,000 permanent), capacity at these sophisticated programs equaled that of emergency shelters a decade earlier.

With the growth of shelter capacity, the homeless service network was able to serve more people, and more people in desperate circumstances came forward seeking services. Rather than being a self-fulfilling development, the availability of services and the demand among the poor indicate a profound level of need. Changes in emergency food services confirm this interpretation. Emergency food services receive far less government support than do shelter and housing programs. Yet they too grew during the 1990s in response to the greater demand. In 1996, central-city soup kitchens and mobile food programs served almost four times as many meals per day than they did in 1987. No similar evidence is available for food pantries, which



**Communities must provide adequate housing, good schooling, and support services to those in need.**

mostly serve poor housed families rather than homeless people, but they too likely saw demand swell. These statistics show that temporary assistance, which has increased over the past decade, cannot prevent many individuals from becoming homeless.

**WHAT SHOULD COMMUNITIES AND LEGISLATORS BE DOING?**

Virtually all federal programs related to homelessness focus on serving people who are already homeless. When assistance is restricted to those who are homeless tonight, not much can be done to prevent homelessness tomorrow. Developing capacity to serve those who are already homeless while ignoring prevention does little to change the underlying problems among the very poor. Only policies that expand the availability of affordable housing to people with below-poverty incomes will ensure stable homes for these individuals. However, policies during the past decade have moved in the opposite direction.

The results of a decade and a half of research to determine what works to end homelessness are fairly conclusive about the most effective approaches. Providing housing helps currently homeless people leave homelessness. It also prevents people from losing their homes. In fact, without housing, virtually nothing else works.<sup>3</sup> Housing often needs to be accompanied by supportive services, at least temporarily, but such services without a housing component cannot end homelessness.

Evaluations of demonstration projects, and the experiences of providers in many communities around the country, also have shown that even the most chronic, most severely mentally ill people can be brought off the streets and can live stable lives, *if* they are supplied with housing. The same is true for families headed by a mother struggling with mental illness. With the appropriate help, even people with extensive histories of substance abuse have left the streets and obtained stable housing. Furthermore, the evidence shows not only that making these services available works to end homelessness, but also that, for long-term homeless people with substance abuse and mental health histories, these service provisions are virtually cost-neutral.<sup>4</sup>

With adequate housing resources, homelessness can also be averted for the many people who approach the homeless

service system because they do not know where else to turn. Communities throughout the country that have committed such resources have developed a variety of effective programs to prevent homelessness, including

- Programs that negotiate with landlords and help with bad credit histories;
- Housing trust funds, rental assistance programs, and access to funds that can solve a household's short-term problems, such as paying back rent, security deposits, and other moving expenses;
- Programs that encourage developers to build or renovate attractive, accessible properties; and help managers ensure good maintenance and repair; and
- Programs that help people develop personal and family financial management skills, establish or reestablish good credit and rental histories, and retain housing.

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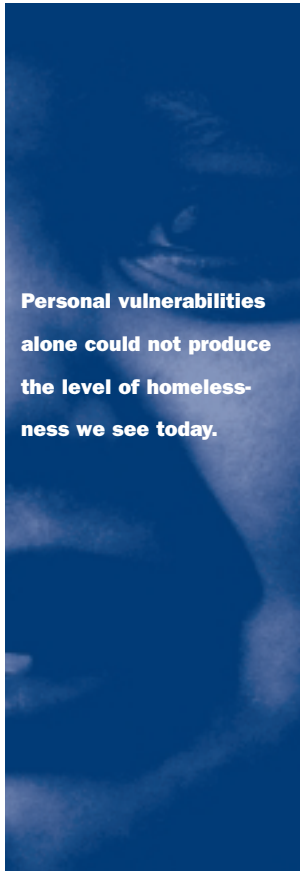
<sup>1</sup>Statistics in this brief are based on the 1996 *National Survey of Homeless Assistance Providers and Clients*, conducted by the U.S. Census Bureau (1996). The authors also make comparisons with results from their 1987 study of homelessness (see Burt et al. 2001).

<sup>2</sup>See Nelson, (2001), with the Office of Policy Development and Research, U.S. Department of Housing and Urban Development.

<sup>3</sup>See Shinn and Baumohl (1999).

<sup>4</sup>See Culhane, Metraux, and Hadley (2001).

**Supportive services  
without a housing  
component cannot  
end homelessness.**



**Personal vulnerabilities  
alone could not produce  
the level of homeles-  
ness we see today.**

When a community ensures that housing within reasonable price ranges exists, offers its members living-wage jobs, provides quality schooling to develop individuals' capacity to hold good jobs, and offers other supports for families and individuals, people can maintain stable housing. But far too few communities have these resources or are positioned to provide them.

The answer? Put simply:

- Rebuild communities, especially the most troubled ones;
- Build more housing and subsidize the costs to make it affordable to people with incomes below the poverty level;
- Help more people afford housing, by providing them with better schools, better training, and better jobs; and
- Prevent the next generation of children from experiencing homelessness.

Without these basic building blocks of a civil society, we are creating an underclass of persistently poor people vulnerable to homelessness. The costs of this neglect are too high in terms of both individual lives and public dollars for health, mental health, and correctional institutions. It is more effective, more humane, and ultimately more fiscally prudent to invest in prevention and support that leads to self-sufficiency and independence among all residents.

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