

Who Becomes Homeless?

Victor, a mason in his 50s, had run a family business repairing swimming pools and owned a large house and a car. After a heart attack and triple bypass surgery, he was prescribed the opioid oxycodone to manage the pain. He became addicted, then switched to heroin when the cost of oxycodone became \$30 per pill. Estranged from his family as a result of his addiction, and having spent all his savings, Victor lost his home and his rights to visit his daughter as well. After a summer living in woods and parks, he found help at a homeless shelter and has been working on moving past his addiction and rebuilding his life.

Jasmine and her partner moved to North Carolina with their children. She got a job transfer with the same retailer she had been working for full-time in New Jersey, but only a part-time position was available. They lived with her partner's grandmother for some months, but then the grandmother had a stroke and had to move in with her daughter, who could not also house Jasmine's family. Jasmine and the children went to a hotel, which initially let her pay what she could. Then an emergency grant through her employer kicked in some rent. She took a second job at a fast food restaurant, at times leaving the children alone in the hotel. By chance, in the checkout line of the retail store where she works, she met the director of a program that helps homeless people move into rental housing.

William is a 57-year-old veteran with a non-combat-related disability, a back problem that occurred after he had left the service, and was working in the food industry. Without a job for 8 years, Social Security Disability payments were his only source of income, and he understood that they would no longer be available if he tried to work full-time. William had lived in his own apartment for 5 or 6 years, but after drawing down his savings, he could no longer pay the rent. His aunt offered to help out but only if he found something less expensive. William didn't want to leave his home but eventually moved out and became homeless,

sometimes staying in a family member's attic. His sister suggested that, because he was a veteran, he might try the Veterans Administration (VA) for help. He did that and started to receive medical care through the VA and also short-term rental assistance.

Bunny, a feisty woman who walks with a cane, struggles with mental health issues related to childhood trauma. Anxiety, depression, and some level of cognitive impairment make it difficult for her to express her needs. At 52, and with a grown son and daughter, she has moved many times, been evicted repeatedly, and had several episodes of homelessness. She is estranged from her son, and her mental health challenges would appear to make it difficult for her to live with her daughter or anyone else. Her daughter does show up from time to time with food and cleaning supplies.

Anthea, a 22-year-old mother to a 3-year-old and a 1-year-old, had never been able to afford a place of her own. She moved out of her mother's home into her partner's mother's double-wide in a small town. The couple intended to buy the trailer, but Anthea's partner became abusive. She left him one Wednesday night and showed up at the door of a shelter with her children. She couldn't get into that shelter, so she and the children prepared to bed down on the street. A passer-by called the police who showed up and helped them get into a different shelter.

Ricardo, a soft-spoken man with glasses perched on top of his head, came to a city in the Northeast from Puerto Rico at age 50, hoping to find work and bring his wife and young son to join him. Finding he could not afford the rent in this very expensive city, he stayed in a shelter for homeless people for a year, working a job during most of the time, and then got into a program that provides help with the rent. His wife and son have managed to get to the same city but are living in a different apartment, having figured out assistance in another way.

Michelle first became homeless as a new mother at 22. She was working two jobs and lost one of them. "My daughter was in daycare. I couldn't get affordable daycare for her. It was like I was stuck and I couldn't afford the rent anymore. I had to move out. Came home to stay with family members, mom, whoever I could at the time." She was evicted from her apartment, the first she'd had in her name. Over the next 8 years, she experienced similar cycles of unstable employment, childcare challenges, births of additional children, and homelessness. Before entering a program that helps homeless people obtain affordable housing, she and her children had spent a year and a half moving between different hotels or shelters when their money ran out. She was paying about \$400 a week for hotel stays but could not save enough money for up-front move-in costs (first and last months' rent and security deposit) and had an eviction on her record.

Jermaine left home for the last time at age 15. "I remember my dad used to put me out at the age of like 15. I live with myself and been on my own since I was like 13, in a certain sense. I used to run away. Me and my sisters used to jump out of a window and run away. We used to sleep in abandoned cars. I've been a survivor though." He floated from friend's house to friend's house and

between a city in North Carolina and Kansas City, where he had extended family. He became involved with selling drugs at 21 and when he got into trouble in one city, he would move to the other, bouncing back and forth for years and living with family members, friends, on the street, or in his truck. He was staying in his truck at the time a friend of his told him about the rapid re-housing program he entered. Based on that friend's knowledge of the process, he "sucked up my pride" and entered a shelter for the first time, at age 35 so he could put in his application.

These examples may or may not jibe with common views of who becomes homeless in the United States in the twenty-first century, but all the stories in this book are about real people (we have changed their names).¹ In addition to showing the variety of pathways into homelessness, they exemplify categories of people that have been developed to help governments and social service systems respond to homelessness: adults homeless on their own, families homeless together with their children, veterans who become homeless after serving their country, young people who fall into homelessness after leaving their parents, and people whose patterns of homelessness are sustained or "chronic."

Efforts to classify people who become homeless go back half a millennium. In 1528, Martin Luther took a turn. His "Book of Vagabonds and Beggars" cataloged 28 varieties, ranging from "Bregers, or beggars who simply ask an alms for God's or the Holy Virgin's sake" to "Schleppers, or false begging priests" to "Süntregers, or pretended murderers, who say they have taken a man's life in self-defense, and unless they bring money at the right time they will have their heads cut off" (Ribton-Turner, 1887).

Early twentieth-century researchers had the same taxonomic impulse. For example, Solenberger (1911) profiled 1,000 homeless men who sought help from the city of Chicago from 1900 to 1903 in a book with chapters on "homeless old men," "chronic beggars," "confirmed wanderers or 'tramps,'" and "homeless, vagrant and runaway boys." She also described their disabilities or deficits, with chapters on "the crippled and maimed," and "the insane, feeble-minded, and epileptic."

The twin foci on classification and deficits remain dominant tropes today, although we prefer "challenges" as a less pejorative term than "deficits" for describing mental illness and other issues that some people who experience homelessness struggle with. For both scholars and citizens who try to make sense of the growth of homelessness in our streets, it is perhaps natural to ask what is wrong with the people we encounter there. The rest of this book suggests that if the goal is to understand the causes of homelessness and come up with solutions, there are more important questions to ask.

¹ These examples are from a study of people who entered programs for homeless people called rapid re-housing. Sponsored by the U.S. Department of Housing and Urban Development, the study interviewed people at length in late 2018 and early 2019 (Jefferson, Thomas, Khadduri, & Mahathey, 2019). Authors Anna Jefferson and Hannah Thomas helped us add to the information that appears in that report, based on the transcriptions of the interviews.

One reason is that first impressions are often misleading. For example, contrary to both Luther and Solenberger, most people experiencing homelessness today do not panhandle, and many who panhandle are not homeless (Dordick, O’Flaherty, Brounstein, Sinha, & Yoo, 2018; Lee & Farrell, 2003).

Another reason is that people encountered in the middle of a homeless episode are arguably at the worst point in their lives. Many of the people we introduced at the beginning of the chapter had jobs and social connections before (and sometimes during) the time they were homeless. And as some of their stories show—and others would if we followed them long enough—most people emerge from episodes of homelessness and return to housing. People’s characteristics change, along with their housing status.

Because most episodes of homelessness are fairly brief, far more people have encountered homelessness during their lives than are homeless on any given night. Indeed, as we will show later in this chapter, one of every 14 adult Americans living in normal housing told an interviewer in 1990 that there was a time in their lives when they had been homeless and slept in a shelter, abandoned building, or public place (Link et al., 1994). That’s so many people that you must know at least one of them.

Before we get to the causes of homelessness in Chapter 2, and the solutions in Chapters 3–6, we need to take the measure of the problem. The remainder of this chapter defines homelessness based on where people sleep and describes groups of people such as families with children, adults, veterans, and how long they remain homeless. We describe characteristics such as age, race, and gender, and show how groups and characteristics have changed over time. We estimate how many people are homeless over a day, a year, or a lifetime, and finally consider the challenges many of them face. Along the way, we explain how we know what we know, and some limitations on our knowledge.

Where People Sleep: Definitions of Homelessness

By the late twentieth century, homelessness looked very different from how it appeared to Martin Luther in the sixteenth century or to researchers active between 1900 and 1980. In 1989, sociologist Peter Rossi described “modern” homelessness to distinguish it from earlier phenomena such as transient workers in the Great Depression and skid rows of family-less working men that were still common as of the 1970s. Rossi distinguished between literal homelessness and precarious housing. Literal homelessness—living on the streets, in a car, in a bus or train station, an encampment of tents or cardboard shacks, or an abandoned building – corresponds to most people’s intuitive definitions of homelessness. Europeans call this “living rough.” Rossi added those who sleep in shelters intended for homeless people. People who have access to a conventional home but may not be able to continue to stay there are precariously housed but are not

literally homeless.² The U.S. Department of Housing and Urban Development (HUD) uses essentially Rossi's definition of literal homelessness, both to determine eligibility for programs that it funds to address homelessness and to estimate how many people are homeless.³

To limit disruptions in learning that result from precarious housing situations, the U.S. Department of Education takes a more expansive view of what constitutes homelessness to determine eligibility for programs. The education definition includes children and youth in families that share housing with other people because of economic hardship (often called doubling up) or who pay to live in hotels or motels because of a lack of alternative accommodations (National Center for Homeless Education, 2017). The more expansive education estimates are reported by school authorities based on answers to questions on a form submitted by parents. In this and other sources of information in the United States, it is difficult to distinguish doubled up situations that are precarious from those that are not.

Europeans have resolved the definitional complexity with a typology that enables the media, policymakers, service providers, and researchers to specify just whom they are talking about, across national borders. The European Typology on Homelessness and Housing Exclusion, with 13 categories and 24 subcategories (European Federation of National Associations Working with the Homeless AISBL, 2017), derives from a conceptual framework that considers a physical domain of housing security (having exclusive possession of an adequate space), a social domain (being able to maintain privacy), and a legal domain (having legal title to occupation). These domains permit consideration of a variety of dimensions of housing insecurity that go beyond literal homelessness, providing that the data exist to support measuring them.

In the U.S., a consensus emerged in the late 1980s that it was useful to know how many people experienced literal homelessness and who they were, in order to design policies to stem the growth of literal homelessness and ultimately end it (Khadduri, 2015). In this book, we follow that consensus, and, when we refer to homelessness, we usually mean literal homelessness in the Rossi and HUD sense. Most research on homelessness refers to some part of this group, typically those who use shelters and other homeless assistance programs, because it is relatively easy to find people in these programs, although there is some information on people who sleep rough—or, in the terminology used in the United States, are “unsheltered.”

² When the telephone survey in 1990 (Link et al., 1994) included people who said they slept in a friend's or relative's home because they were homeless, the number rose to 1 in 7 adult Americans. Although respondents labeled themselves as homeless, Rossi and HUD would classify them as precariously housed.

³ HUD makes some exceptions for “imminent” homelessness in determining eligibility for its homeless assistance programs, but does not include imminently homeless people in its tallies of those experiencing homelessness. Examples are people fleeing domestic violence with neither a place to go nor resources to find one and people with chronic disabilities who have moved twice or more in the past two months (U.S. Department of Housing and Urban Development, 2018a).

Data Sources

Before describing more about the characteristics of people experiencing homelessness, we review the data that inform our descriptions. These data are extensive but not infallible, especially when considered for a particular city.

The Department of HUD mandates communities and organizations that accept HUD funds to keep records in a Homelessness Management Information System (HMIS) and report both numbers and characteristics of people who used homeless shelters and other assistance programs to the federal government. Communities report numbers in categories, not individual records of people or households, for HUD's national accounting. When the data system was first created, there were major concerns about the privacy and safety of vulnerable households, and the decision was made not to create a single, national data system but instead to have communities report aggregate data to HUD and to share data with each other if they wanted to do that.

The best national data come from these local systems, aggregated into the Annual Homeless Assessment Reports to Congress (Henry, Bishop, de Sousa, Shivji, & Watt, 2018; Henry, Mahathay, et al., 2018). An advantage of a community-wide system is that it allows calculation of the number of people who use some sort of facility over the course of a year and avoids double-counting of people who use more than one program during that time. Even if all homeless-serving organizations in a community cooperate in a single system, someone who moves from a shelter in one town to a shelter in another town could be double-counted. Thirteen states⁴ have state-wide homeless management information systems, either because they are small states with only one planning organization for homelessness or because they have succeeded in merging local systems into a statewide system. People who move across state lines are still missed, as are people who move across communities in many of the larger states.

Entities that do not receive federal funds do not have to report data to the HMIS on people who use their facility, leading to estimates in some communities that are based on weighting up the data that is reported based on the number of beds in these other facilities. In Nashville TN, where Beth lives, only 3% of the beds in emergency shelters were included in 2016, because the Rescue Mission and another large faith-based provider did not participate. More recently, both providers agreed to cooperate, but because of incompatibility of computer systems, a city staffer had to reenter their data for 2017 by hand.

Gradually, around the country, systems are improving, as communities overcome the technical difficulties implementing information systems and as additional programs without federal funding agree to submit data to local systems.

⁴ Alaska, Connecticut, Iowa, Maine, Michigan, Minnesota, Nebraska, New Jersey, Washington, West Virginia, Wisconsin, Wyoming, and Vermont.

An important reason for the improvement is that many communities use the data for local planning and performance measurement and not just responding to a federal requirement. As of 2017, an estimated 70% of people who used emergency shelters and transitional housing programs⁵ were included in HMIS reporting (Henry, Bishop, et al., 2018).

In addition to the required reporting about people who use homeless assistance programs, HUD requires communities to do a point-in-time (PIT) count of all people experiencing homelessness, both sheltered and unsheltered, at least every other year, and many communities do one annually. The count happens on a specific night at the end of January, because in cold weather people experiencing homelessness are more likely to sleep indoors, where they are easier to count. But how to count people who are not sleeping in a shelter on that night but instead on the “street?” In most communities, teams of outreach workers and volunteers go to known locations, and ride around in cars in the middle of the night to try to spot and sometimes interview people who are out of doors. However, people experiencing homelessness often have good reasons to remain hidden, and counters are told not to put themselves at risk by searching for them, so such counts are inevitably incomplete.

Together with colleagues, Beth tried to judge just how incomplete the street count was in New York City in 2005 (Hopper, Shinn, Laska, Meisner, & Wanderling, 2008). The City has one of the most sophisticated counts in the country. It divides the entire city into small packets of a few blocks, a transportation hub, or a subway station. It uses the best information available – from police, outreach workers, and previous counts—to estimate whether a homeless person will be found there. It then sends teams of volunteers on foot to all the packets where it expects to find people, and a random sample of the others, in the middle of the night with instructions to interview everyone found there and ascertain whether they are homeless. (People who are sleeping are counted without waking them.) The street count is then the actual number counted in places where people were expected plus a statistical extrapolation from places where they were not.

We did two things to estimate the undercount. First, we planted people masquerading as homeless in locations where we knew counters were assigned to see whether they were counted. (If so the plant gave a sticker to the counting team for its tally sheet, to be sure that the plants were not confused with people actually experiencing homelessness.) By all accounts, the counters accepted finding the plants as a challenge that motivated them to be more thorough. Beth was one such plant: I shivered in a torn coat on the lower level of the Union Square subway station near New York University where I taught at the time, hoping that none of my students would come by, but also hoping the counters would find me so I could go somewhere warmer before my tour of duty ended at 4 a.m.

⁵ Both of these offer temporary shelter and typically some supportive services.

The counters nabbed me and, overall, 71% of the plants. In most cases that were missed, the counters never showed up. Occasionally there was confusion over boundaries (did the counters' park zone include the bench between the park wall and the street?). Additionally, counters gave more or less plausible reasons (an apparent tryst or undercover stakeout) why they assumed someone was not homeless and did not ask.

Second, we visited soup kitchens, mobile food programs, drop-in centers and the like over the next 2 days, and asked people where they had been on the night of the count. If they were homeless and not in shelter, we asked follow-up questions to ascertain whether they could have been counted, if counters sent to their location had done exactly what they were instructed to do. For example, if people said they were on the subway, we asked whether they went to the end of the line, where counters moved onto cars to interview people who did not get off. Only 70% of people were in places where they could plausibly have been counted. Others—on a rooftop, in an abandoned building or a stairwell of an occupied one, in a parking structure, or on a porch behind shrubbery were not visible to teams walking the streets.

To be included in the street count, a person had both to be in a visible place (as all the plants were) and to be counted. Thus the proportions from the two stages of our study multiply—suggesting that about half of the people who were sleeping rough that night were missed, although that estimate is not precise. Further, people were more likely to be found if they were in Manhattan, where most buildings are flush with sidewalks and most alleys are walled off, than in outer boroughs, where the varied streetscapes provide more hidden places. The rest of the country looks more like the outer boroughs than like Manhattan, suggesting that street counts elsewhere probably miss more. For example, in the huge geography that constitutes the Los Angeles metropolitan area, many people who sleep under freeways and in other dispersed locations probably are missed.

Unsheltered people who are found during the PIT count are added to the numbers in shelters and transitional housing programs that night. New York's overall PIT count is also better than those of many other cities, because people have a legal right to shelter. So a much larger proportion of homeless people in New York stay in facilities where the count is essentially perfect. However, people who are not found, or who are unsheltered on a different night would not be included in the PIT count, although they may appear in annual numbers if they also use shelter during the course of the year.

Despite their shortcomings, the most detailed national information on the characteristics of people who experience literal homelessness come from these two sources—the administrative data in Homeless Management Information Systems and the one-night, PIT counts. The latter are less detailed, because it is hard to ask people a lot of questions about themselves when counting them in unsheltered locations in the middle of the night. What do these data sources tell us?

Groups of People Who Experience Literal Homelessness

The starting point for classifying people who experience homelessness is to distinguish adults and children who experience homelessness together (“families”) from people who experience homelessness without an accompanying child (“individuals”). This distinction is made by the U.S. Department of HUD in its annual reports to Congress, by the U.S. Interagency Council on Homelessness in federal strategic plans to end homelessness, and by community-level planners who are responsible for allocating federal and local resources to address homelessness. The distinction between families and individuals is based loosely on the research literature that began to describe modern homelessness in the late 1980s, as well as the arrangements localities made for shelters, especially in the eastern part of the U.S. It has proved useful for policy and practice. Other groupings (veterans, youth, and people with chronic patterns of homelessness) overlap with both families and individuals.

Families with Children

Nationally, on any given night, close to half (46%) of all people experiencing homelessness in shelters are members of families staying in shelters together (Henry, Mahathey, et al., 2018). In contrast, only a third (34%) of people in shelters at some time over the course of a year are in families (Henry, Bishop, et al., 2018; Henry, Mahathey, et al., 2018). Because families stay in shelters for longer periods of time than individuals, they are more likely to be found in shelters on any particular night. Expanding the definition of homelessness beyond literal homelessness—for example, using the Department of Education’s definition that includes doubling up—could make the proportion of people with insecure housing that are in families with children rather than individuals even higher. But there is no count of people without children who meet the Department of Education definition, so we really don’t know.⁶

More than 290,000 children under the age of 18 used shelters with their families at some time during the most recent year for which we have data (Henry, Bishop, et al., 2018, p. 3.9). Few children show up in the unsheltered counts (only available for a single night), as adults rarely take a child with them to an unsheltered location (Henry, Mahathey, et al., 2018, pp. 1–3 and exhibit 4.1). However, homelessness affects many more families with minor children than the data on people using shelters or found on the streets imply. Many people in shelters for single adults are in fact parents of minor children from whom they have been separated, and the same may be true of people experiencing unsheltered

⁶ The Department of Education reports that 1,300,957 students aged 3 through grade 12 who were enrolled in public school or preschool programs met its larger definition of homelessness in the 2015–2016 school year; that estimate excludes children too young to enroll in school, as well as adults without children (Henry, Bishop, et al., 2018).

homelessness. In one large national study of people experiencing homelessness conducted in 1996, 47% of the people surveyed reported that they had minor children, but only 15% had a child with them during the episode of homelessness. One third of mothers were separated from all of their minor children (Burt et al., 1999).

In the more recent Family Options Study, a large experiment that enrolled 2,282 families with children 15 or under from 57 homeless shelters in 12 sites,⁷ all families had a child with them, but 24% also had a minor child living elsewhere. The vast majority of these separations were informal; less than 1% of respondents reported that a child was in foster care. Over a quarter of families (27%) were headed by a couple, with both partners together in the shelter, but another 10% had a spouse or partner somewhere else (Gubits et al., 2015; Walton, Dunton, & Groves, 2017).

The separation of families is the first example of several we will cite about how demographic and other characteristics of people who are observed during an episode of homelessness may reflect the experience of homelessness and the programs communities use to address it. In in-depth interviews with a subsample of 80 families in the Family Options Study, some parents reported separating from some children to spare them from shelter conditions (often after they had entered shelter together) although they most often described economic hardship as the reason for the separation, like this mother interviewed in Alameda County, California:

At the time I was pregnant, and we were living in motels. I found myself getting broke. We were eating fast foods. I got paid from my job and I called their dad, and I said, “[Ex-Partner], I love my boys, I know you love them too, but I need help right now.” We met and he took the boys... I didn’t have a refrigerator or nothing like that, so I don’t want my boys to—it was beginning to be too much.⁸

Data for the entire sample show that only about a fifth of separations from children occurred around the time of a shelter entry; most separations happened well before (sometimes during episodes of precarious housing that would be counted as homeless under the broader Department of Education definition), and additional separations happened afterward (Walton et al., 2017). Mothers described separations from current partners or spouses, in contrast, as related to shelter rules that excluded men or couples that were not legally wed. Rules led to other family separations as well. Shelters were sometimes unable to accommodate all minor children, especially older boys (2 families in the group of 80 with

⁷ Participating sites were: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport, New Haven, Norwalk, Stamford and Fairfield County, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT.

⁸ Quotations in this section are from the Family Options Study and were previously published in (Shinn, Gibbons-Benton, & Brown, 2015).

in-depth interviews), a 20-year old child who moved back in with his family later, or a three-generational family where the mother and grandmother each took one child so that both adults would be eligible for a family shelter. Altogether, shelters failed to accommodate 12 of the 80 families in their entirety (Shinn et al., 2015).

Mothers felt these separations acutely:

[T]hen I had to move all the stuff out, and there wasn't no help at the time, because it was just a shelter for women and children. He wasn't with me at the time. He was staying with his mom trying to situate stuff, so it was like—if he was here, it would be so much easier, but they didn't allow that.

Shelter policies and programs also shape patterns of homelessness for people who go to shelters. A study of family shelter users in New York City, Philadelphia, Columbus OH, and the State of Massachusetts found that the majority of people had just one fairly short stay, but “fairly short” ranged from episodes of 30 days in Columbus to 131 days in New York. About a fifth have long episodes, ranging from 144 days in Columbus to 467 days in New York. A small group (2–8%) had multiple brief episodes—these families were also more likely to use psychiatric and substance abuse service systems (Culhane, Metraux, Park, Schretzman, & Valente, 2007). Average stays three times as long in New York as in Columbus are unlikely to result from different characteristics of families in the two cities. In the Massachusetts sample, no one had more than two episodes, and no one with a long stay had more than one in the 2-year observation period, because families usually are not permitted to return to Massachusetts shelters within a year of leaving them (Bourquin, 2015). Even relatively sophisticated researchers sometimes confuse patterns engendered by policies with characteristics of people.⁹

Adults on Their Own

Nationally, almost two-thirds (65%) of people who use shelters at some time over the course of a year are individuals—that is, adults without children with them. Similarly, 67% of people homeless on a particular night are individuals, but this includes unsheltered people, 90% of whom are not part of a family with children. Only 54% of those using shelters on a particular night are individuals (Henry, Bishop, et al., 2018; Henry, Mahathey, et al., 2018).

Most of those considered individuals are by themselves—less than 3% of those who use shelters do so together with another adult. Again, this is partly, although certainly not entirely, a consequence of shelter policies. We have already noted that men may be excluded from family shelters, and there are relatively few locales where childless

⁹ Social psychologists find that people generally attribute too much of human behavior to the characteristics and personality of people who act in some way and too little to the situations that people find themselves in. This mental mistake is so ubiquitous that psychologists call it “the fundamental attribution error.”

couples or childless families with other configurations can be accommodated together. In Nashville's 2019 PIT count, for example, over 30% of the 236 unsheltered people interviewed reported that they were homeless with someone else on the night of the count—half with a spouse or partner and the remainder with other relatives, including adult children, and friends (Bernard, 2019). The ability to live with a loved one, or even a beloved pet, is a reason some people stay on the streets.

The national data show that individuals use shelters for only short periods of time, a median of 22 nights over the most recent 1-year period (Henry, Bishop, et al., 2018). Often, those 22 nights are not continuous but instead are interspersed with periods when the individual is housed (perhaps precariously) or is sleeping rough. Most individuals who use shelters do so only once, and relatively briefly, with brevity often depending on the shelter policies of the jurisdiction where they experience homelessness.

By analyzing shelter records, Culhane and colleagues showed that four-fifths of individual adults who entered shelters in Philadelphia and New York City stayed briefly (an average of 20 days in Philadelphia and 57 in New York), and most did not return during the 2- or 3-year follow-up period. The authors dubbed this pattern transitional. The rest were almost evenly divided among people who shuttled in and out of short stays in shelter and a second group with fewer, but longer, episodes. By self-report and administrative records, the latter two groups had more medical and behavioral health problems (Kuhn & Culhane, 1998).¹⁰ This study was groundbreaking in its demonstration that so many individuals experience homelessness in single, brief episodes. Homelessness is not a permanent trait, but a temporary state that most people pass through before returning to housing (Shinn, 1997).

People with Chronic Patterns of Homelessness

The transitory nature of shelter use for many people and the extensive use of the shelter system by individuals who stay for long consecutive periods or come back often gave rise to the concept of “chronic” homelessness. HUD defines chronicity not only by the length of literal homelessness but also by the presence of a disability, on the grounds that people who meet both criteria will need housing with ongoing supports. To meet the definition, an individual must have been homeless for at least a year, either continuously or over at least four episodes in the past 3 years,¹¹ and also have a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness or disability (U.S. Department of Housing and Urban Development, 2015a).

¹⁰ This is in contrast with the parallel study of families, where long stayers were not more troubled than those who used the shelter system briefly.

¹¹ The definition was revised in 2015 to reflect total time homeless rather than including people with brief episodes that did not total a year.

About a quarter (24%) of all individuals experiencing homelessness on a particular night in 2018 had chronic patterns, and almost two-thirds of them (65%) were staying in unsheltered locations (Henry, Mahathey, et al., 2018). Many fewer families with children have chronic patterns of homelessness. Communities recently began to report that number, and only 5% of people in families would meet the HUD definition of chronic homelessness (Henry, Mahathey, et al., 2018, p. 3.3).

The definition of chronic homelessness focuses on people who are literally homeless—who make extensive use of the shelter system or often sleep in unsheltered locations, or both. For this group, the periods of time not literally homeless may still be remarkably unstable. As Shlay and Rossi (1992) put it, “the line between being homeless and being domiciled is a fuzzy boundary, often and easily crossed.” For example, more than half of a small sample of individuals with serious mental illnesses who entered a shelter in Westchester County had spent most of the past 5 years riding an institutional circuit of shelters, jails, detox facilities, psychiatric hospitals, rehabilitation facilities and the street, punctuated by stays in their own place or living doubled up with other households (Hopper, Jost, Hay, Welber, & Haugland, 1997).

Youth

The federal government’s 2010 strategic plan to end homelessness (U.S. Interagency Council on Homelessness, 2010) established separate goals for youth, and HUD began to track additional categories: unaccompanied children under the age of 18, youth aged 18–25 not accompanied by parents or their own children (also included in the counts of individuals); and parenting youth under 25 who have children with them but are not accompanied by anyone over 25 (also included in the counts of families if the parent is at least 18). The 2018 national point-in-time counts found around 36,000 unaccompanied children and youth and 8,700 parenting youth. Parenting youth are almost all 18–25 rather than younger than 18, and they make up about 15% of all family households (Henry, Mahathey, et al., 2018).¹²

Among the unaccompanied young people (sheltered and unsheltered), only 11% were children under the age of 18 (4,000 compared to 107,000 children experiencing homelessness in the company of adults (Henry, Mahathey, et al., 2018, pp. 1–3). Overwhelmingly, minor children who experience the literal homelessness reported by HUD do so as part of families.

However, researchers who focus on adolescent homelessness describe the way in which unaccompanied youth experience homelessness as different in kind from that of older adults or of children who are part of families. Instead of sleeping outdoors or going to shelters, young people who have run away or been thrown

¹² The most recent Interagency Council Plan continues to set populations-specific goals for youth (U.S. Interagency Council on Homelessness, 2018b).

out by their families often “couch surf” with friends or are in makeshift and, all too often unsafe or exploitative arrangements (Family and Youth Services Bureau, n.d.; Morton, Dworsky, & Samuels, 2017).

Programs that are funded by the U.S. Department of Health and Human Services to serve homeless youth use a definition of homelessness that is broader than the eligibility criteria for HUD programs. The Runaway and Homeless Youth Act (RHYA) counts as homeless anyone up to age 21 “for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living situation” (U.S. Department of Health and Human Services, 2016a). Claims that adolescence is the age at highest risk of homelessness usually count young people, including young adults, who meet one of these expanded definitions and also count young parents in families. Some of these young parents were formerly unaccompanied youth who became pregnant or bore children while homeless (Toro, Dworsky, & Fowler, 2007) whereas others became homeless only after becoming pregnant or having a child.

HUD’s estimates of numbers of youth experiencing unaccompanied homelessness are almost certainly undercounts, both because youth may use programs other than the shelters included in the administrative data reported by communities and because unsheltered youth may be even more likely than adults to avoid being found by street counts. HUD’s estimates also do not include couch-surfing or staying in exploitative situations—for example, as a victim of trafficking (Family and Youth Services Bureau, n.d.). In the Voices of Youth Count, a nationally representative sample of households, 12.5% of households with an 18–25-year-old member reported that at least one such member had experienced homelessness (self-defined) or couch surfing without stable housing in the past 12 months. Follow-up interviews with a small sample of individual youth themselves yielded a rate (including couch surfing) of 9.7% (Morton et al., 2017).

The Voices of Youth Count national survey also found that 4.3% of households with children 13–17 had a child who had run away, left home because of being asked to leave, couch surfed, or been homeless, although it is not clear that all these children were homeless on their own (Morton et al., 2017). The reasons that children leave home, including family conflict over sexual orientation, step-parent relationships, and children’s behavior (Toro, Dworsky, et al., 2007), are largely different than the reasons that adults become homeless, and the solutions are also quite different. What it takes to resolve homelessness for 13-year-olds who have run away or been forced to leave home are quite different from what from what it takes for 18-year-olds who are capable of living on their own and holding a lease. In subsequent chapters, we do not consider causes of homelessness or solutions for minor children who become homeless on their own. Young adults (“youth”) 18 and over are included—but typically not broken out—in many of the studies we cite later. Some studies concern special populations of young adults, such as youth aging out of the foster care system. As of this writing, evidence on the effectiveness of special programs for young adults is scarce.

Veterans

In the wake of the U.S. military involvement in Iraq and Afghanistan, federal policymakers became concerned that traumatic combat experience elevates the risk of homelessness, and in 2009 HUD began tracking the numbers of veterans among people experiencing homelessness and describing their characteristics. Similar to all veterans, about 90% are men (Henry, Bishop, et al., 2018). They are more likely to be African American or Hispanic and much less likely to be over 62 years of age than all U.S. veterans, a population that as of the early twenty-first century still reflects the era when U.S. military forces were much larger and relied on the draft rather than on self-selection of volunteers.

So far, those in age groups most likely to have served in Iraq or Afghanistan have only slightly higher rates of homelessness, while those with the highest rates are in middle or late middle age. For example, in 2017, 42% of veterans experiencing homelessness were 51–61 years old, compared with only 18% of all U.S. veterans (Henry, Bishop, et al., 2018). Veterans almost always (98%) experience homelessness on their own (Henry, Bishop, et al., 2018). They may have been married or had a partner, but the partner is no longer with them.

Age, Race, and Gender

When asked to imagine a homeless person, most people think of an ill-kempt middle-aged man. It is true that there are more adults than children who are homeless, but the age at which a person in the United States is most likely to spend a night in shelter is infancy. Figure 1.1 shows the percentage of people of different ages who experience sheltered homelessness, calculated by dividing the number of people HUD reports as experiencing sheltered homelessness over the course of the year by the numbers in the same age groups in the total U.S. population.

As the figure shows, infants under the age of one are at higher risk of homelessness than any other age group. Risk remains high during the preschool years and then drops when children enter school and childcare costs go down. Risk continues to fall in adolescence and rises again in early adulthood (the period through age 24 that is included in youth homelessness) and especially the late 20s, when some young people are the parents of those young children. Risk remains nearly as high in middle adulthood and then falls off sharply among older adults. One's picture of a "typical homeless person" may need to be broadened.

Among adults (including youth over 18), more men than women experience homelessness over the course of a year, 62% vs. 38% (Henry, Mahathey, et al., 2018). The numbers are still more uneven among those who do not have children with them, 71% men vs. 29% women among those using a shelter at some time during a year. Even in families, over a fifth (22%) of adults are men, and data from the Family Options experiment suggest this number would be still higher—perhaps 27%—if family shelters did not exclude them.

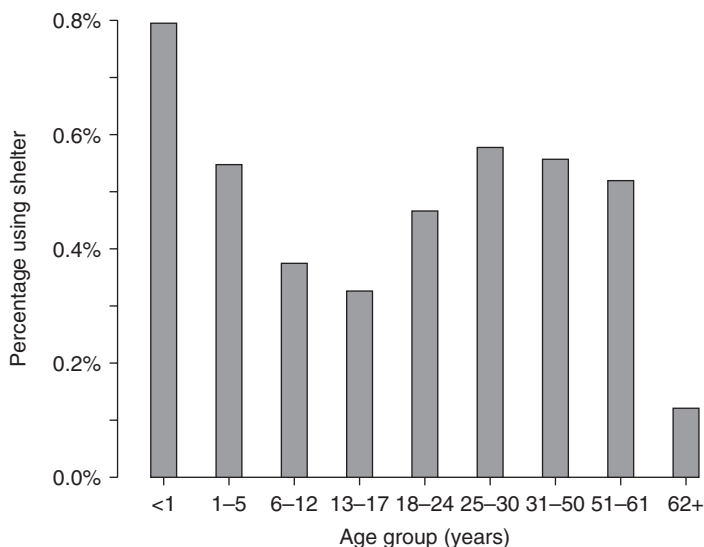


Figure 1.1 Percentage of U.S. Population Using Shelter Over the Course of a Year (2016–2017) by Age Group. Numbers of people experiencing homelessness from Supporting Resources for the 2017 Annual Homeless Assessment Report to Congress Part 2 (Henry, Bishop, et al., 2018). Numbers of people in the U.S. population for 2017 from annual estimates of the resident population by single year of age and sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2017 (U.S. Census Bureau, 2018).

HUD does not include people, overwhelmingly women, who use domestic violence shelters, in these estimates, but the number of beds in domestic violence shelters is not large, so this does not account for the difference (Henry, Bishop, et al., 2018). Women, especially women with children, may be more able than men to persuade kin or non-kin to take them in to doubled-up households,¹³ and they have access to some additional safety-net resources. Unaccompanied young people (children and youth under the age of 25) are somewhat more likely to be male, especially if they are on the street, but unaccompanied youth include more women and girls when compared with all adults who are homeless on their own (Henry, Mahathay, et al., 2018; Toro, Dworsky, et al., 2007).

African Americans and Native Americans are especially likely to become homeless (Burt et al., 1999; Hopper & Milburn, 1996). African Americans are particularly heavily represented among families who use shelters, with 52% of that population identifying as black or African American in 2017. By comparison, the African American share of the family population with incomes below the federal poverty

¹³ Maycock and Bretherton (2016) and the chapter by Pleace (2016) in particular describe the ways that women's homelessness in Europe is often hidden.

level was 23% in the same year. Both shares have dropped somewhat in recent years (Henry, Bishop, et al., 2018).

Homelessness is largely an urban phenomenon. People who experience homelessness over the course of a year are more likely to be in principal cities¹⁴ (72.5%) than either the entire U.S. population (32.5%) or people living in poverty (39.6%), although the number in suburban and rural locations has increased from 23.1 to 27.5% since 2007 (Henry, Bishop, et al., 2018). Here again, homeless services may shape or distort our understanding of people who experience homelessness. Most services are located in cities, so people who become homeless in nearby areas without shelters may migrate there. A study that used HMIS data to look at migration patterns in two states where that was possible, Iowa and Michigan, documented some migration from suburban areas into cities, based on the zip code of the last permanent address before the person entered a shelter. The study found essentially no migration out of rural areas (Leopold, Culhane, & Khadduri, 2017).

Youth who become homeless may or may not differ from the general population in their locale with respect to race or ethnicity (Toro, Dworsky, et al., 2007), but they are disproportionately sexual minorities. Estimates of the proportion of lesbian, gay, bisexual, and transgender (LGBT) youth range from 6 to 40% (Durso & Gates, 2012; Toro, Dworsky, et al., 2007). The 40% estimate comes from a national survey of 354 organizations serving homeless youth (primarily 18 and older) that made special efforts to include agencies serving LGBT youth (Durso & Gates, 2012); the midpoint of earlier estimates is closer to 20% (Toro, Dworsky, et al., 2007). The recent Voices of Youth Count Survey conducted in 2016 and 2017 found no significant difference between urban and rural areas in the prevalence of homelessness for young adults 18–25 (Morton et al., 2018), but that survey also was relatively small and included couch surfing as well as literal homelessness.

Changes Over Time

The patterns seen today by age, gender, race, and family status are a relatively recent phenomenon. After the “Hoovervilles” of the Great Depression (shanty towns of people without jobs) and up until the early 1970s, most people who experienced homelessness were older white men who no longer were able to do the physically demanding work of their younger years, currently had no job or intermittent, poorly paid jobs, and often had disabilities (Bogue, 1963). These men rarely slept on the street, although they were certainly “inadequately housed” in single-room occupancy hotels (with no kitchen and a bathroom down the hall), mission dormitories, or flophouses. Many of the latter were divided into windowless five by seven-foot cubicles with partitions that did not extend to the

¹⁴ A U.S. Census Bureau classification.

ceiling or floor. The wire mesh that filled the gap, allowing for minimal privacy and security, gave rise to the moniker “cage hotels” (Rossi, 1989, p. 30). Before public drunkenness was decriminalized, some slept in police stations and jails. Researchers focused more on the men’s lack of social ties than on their housing circumstances (Bahr, 1973; Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990). Although several studies estimated that only about a quarter of men were alcoholics, researchers emphasized this problem, for example, entitling a book about New York’s skid row *Old Men Drunk and Sober* (Bahr & Caplow, 1973). Many observers thought that the problem of homelessness would disappear as this older generation of men came to the end of their lives (Bogue, 1963).

But homelessness did not die off. It changed. By the late 1970s, “the new homeless,” younger men, often African American, along with some women and even families, began to emerge (New York City Commission on the Homeless, 1992). Further, the shrinkage of skid rows associated with urban renewal made the residual “old” homelessness more visible. The decriminalization of vagrancy and public drunkenness meant that people who might once have sobered up in jail were now on the streets (Shlay & Rossi, 1992). Efforts to count and categorize people experiencing homelessness led to wildly differing estimates of the composition and characteristics of people experiencing homelessness during the 1980s. Nevertheless, across 60 studies conducted from 1981 to 1988, 26% of people identified as homeless were women, over 40% were black, and the median age was 37 (Shlay & Rossi, 1992), a far cry from the older white men of the 1960s.

The age distribution of homelessness has continued to change, quite separately for single men and for parents in families. Men born in the latter half of the baby boom, from the mid-1950s to the mid-1960s, continued to dominate the numbers from 1988 to 2010, both in decennial census data (when the census conducted shelter counts) and in data from the Department of Homeless Services in New York City, which has the longest, most complete records of shelter usage. The age at which a single man was at highest risk of being found in a shelter (relative to the numbers in the overall population), peaked at 34–36 in 1990, 37–42 in 2000, and 49–51 in 2010 (Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013).

In the New York data, it is not the same people who continue to experience homelessness across the different decades, but newcomers to the homeless system are most often drawn from the same cohort of late baby-boomers (Culhane et al., 2013). In-depth interviews with homeless individuals sampled at a New York City drop-in center for older adults found that roughly half of the sample (42 of 79) had led conventional lives with long periods of residential stability and employment through middle age (e.g., a grocery store manager, an army colonel, a fundraiser for a nonprofit) until some event, and usually a cascade of events, pitched them into homelessness. The other 37 people had more long-standing patterns of housing instability, although not necessarily literal homelessness (Shinn et al., 2007).

Similarly, in San Francisco, successive groups of literally homeless adults found at shelters and free meal programs in San Francisco in each of four time periods, had a median age of 37 in 1990–1994 and a median of 46 in 2003. The earliest group had been homeless for 2 years on average, but the last group reported 6 years of literal homelessness (Hahn, Kushel, Bangsberg, Riley, & Moss, 2006).

The national data reported by HUD show a similar aging trend. Among people experiencing homelessness as individuals, the percentage 62 years and older grew from 4% in 2007 to 8% in 2018, and the percentage between 51 and 61 years old grew from 20 to 26% (Henry, Bishop, et al., 2018).

The story for families with children is different. In the New York City data, from 1988 to 2005, the modal age of heads of families remained 21–23 (Culhane et al., 2013). More recent national data on families suggest an older typical age, as only 23% of adults in families using shelters at some time during 2017 were between the ages of 18 and 23. There was only a very small aging trend between 2007 and 2017 (Henry, Bishop, et al., 2018). Because infants and preschool children are common in families experiencing homelessness, it may be the age of children rather than the age of their parents that is critical for families. About half of the children in families using shelters over the course of a year are under the age of 6, and 11% are infants less than 1 year old (Henry, Bishop, et al., 2018). The slight increase in age of mothers may be because the mean age of U.S. mothers generally at the time their first child was born increased from 24.1 in 1988 to 26.8 in 2017 (Martin et al., 2018; Mathews & Hamilton, 2002). The number of adult men in homeless families is increasing (Henry, Bishop, et al., 2018), but this may be a function of the increasing willingness of shelters to accommodate couples rather than the changing composition of the families themselves.

The last decade has seen important changes in the numbers of people experiencing homelessness—changes that are particularly marked for people with chronic patterns of homelessness and for veterans. Overall, the number of people counted nationally in PIT counts decreased almost 15% from about 647,000 in 2007 to about 553,000 in 2018. Most of the drop of close to 100,000 total people was among people who were unsheltered. The numbers of people in shelter (on a single night) stood at about 391,000 in 2007, rose a bit during the aftermath of the Great Recession, came back to 391,000 in 2015, and has dropped a bit—to 358,000—since then. The additional progress in the last 3 years has been partially offset by a smaller increase in the unsheltered population (Henry, Mahathey, et al., 2018).

The number of people with chronic patterns found on the night of the counts decreased 26% from about 120,000 to less than 89,000 over the same period (Henry, Mahathey, et al., 2018).¹⁵ We think that decrease is real, not just a matter of reporting, because we do not think that systematic changes have taken place in

¹⁵ This figure is based on estimates from point-in-time counts. Based on revised HMIS data standards and reporting protocols, HUD expects to start using administrative data to estimate the number of people homeless over the course of a year who have chronic patterns of homelessness.

the way communities nationwide count chronically homeless individuals. We also think the drop is consistent with the success of permanent supportive housing programs that combine housing with voluntary services, as we will discuss in Chapter 3, on ending homelessness for people who experience it.

The number of veterans experiencing homelessness nationally fell even more dramatically from about 73,000 in 2010 (the first year data were available), to about 38,000 in 2018 (Henry, Mahathay, et al., 2018). We believe that federal and local policy efforts that we will describe later, in Chapters 3 and 4, account for cutting veteran homelessness nearly in half. These decreases, especially for veterans, show what can be done with concerted effort.

Total Numbers Over a Day, a Year, or a Lifetime

We have HUD's estimate of 553,000 people on a single night in January, 2018. Given the likely undercounts of people staying in unsheltered locations, the total number of people experiencing homelessness in the U.S. nationwide on a particular night in January 2018 was probably more than 600,000.

But what about longer periods? Over the course of a year, we believe the number is closer to 1.6 million people. HUD's estimate of the number of different people who used a shelter at some point during the course of a year was just over 1.4 million in 2017, dropping from almost 1.6 million in 2007.¹⁶ To get a total that includes people who were unsheltered, we might add another 200,000. That is the unsheltered PIT count, which as we have already pointed out, misses many people

¹⁶ The way programs that serve homeless people are labeled may result in undercounts, both of people homeless on a particular night and of people homeless over the course of a year. HUD considers people homeless if they stay either in emergency shelters or in transitional housing programs, which do not provide permanent housing but instead temporary shelter for up to 2 years. There is no bright line between emergency shelters and transitional housing, either in actual lengths of stay or in the types of services provided. After some attempt to create definitions (Jill was involved), HUD gave up and accepts whatever programs choose to call themselves.

With encouragement from HUD and advocacy organizations, and based on evidence that transitional housing was not effective (see Chapter 4), many communities have shifted their emphasis from transitional housing beds, whose occupants are counted as homeless, to short-term rental subsidies ("rapid re-housing"), whose occupants are deemed permanently housed. The logic of considering people in rapid re-housing programs permanently housed is that, although the subsidy is short-term, people with the rapid re-housing form of assistance live in housing they control and in which they could remain if they could find a way to pay the rent after the subsidy ends. When reporting data to HUD, communities appear to have changed the labels of some programs from transitional housing to emergency shelter (which does not affect the counts of sheltered homeless people) and the labels of other programs from transitional housing to rapid re-housing (which does). Such relabeling may account for some of the drop in sheltered homelessness—e.g., the 3,700 fewer families counted in shelters and transitional housing programs in January 2018 compared to January 2017, at the same time the inventory of transitional housing dropped by about 20,000 units (Henry, Bishop, et al., 2018; Henry, Mahathay, et al., 2018). But we don't really know, so we do not make an adjustment to the number of people using shelters over the course of a year.

who were on the streets that night. It also misses people who were unsheltered on a different night during the year. But many people who experience unsheltered homelessness also use shelters at other times and are already in the 1.4 million. If about the same number who are missed also use shelters at any point over the year, then the total number of people experiencing literal homelessness over the course of a year may be 1.6 million.^{17,18}

Thus far we have estimates of people homeless on a particular night (sheltered and unsheltered, about 600,000 people) and people homeless over the course of a year in shelters (about 1.6 million people). But a year is a short period of time. Much larger estimates of the number of people experiencing homelessness come from asking people who are living in conventional housing about homelessness they experienced at some time during their lives and not just in the past year or two.

Back in 1990, researchers led by Bruce Link undertook a study of public attitudes toward homelessness with a rigorous sample survey of adults in households with telephones in the continental United States. Because they thought that those attitudes might be influenced by people's personal experiences of homelessness, they decided to ask about those experiences and then to ask some follow-up questions to anyone who acknowledged having been homeless in the past. Survey organizations charge researchers by the minute for asking questions, thus the organization Link hired to do the survey had to come up with some sort of estimate of the number of people who would be asked the follow-up questions. Organizational representatives decided it would be such a small number that it would not be worth any charge. (After all, this was a household survey—anyone currently homeless or staying in a prison or mental hospital—who might be at higher risk of having been homeless in the past—would not be included.) They guessed wrong.

Fully 14.0% of the 1,507 survey respondents answered yes to the question "Have you ever had a time in your life when you considered yourself homeless?" and 4.6% said they had been homeless between 1985 and 1990 (Link et al., 1994, p. 1909). Respondents who classified themselves as having been homeless were asked three follow-up questions: "While you were homeless, did you ever (1) sleep in a park, in an abandoned building, in the street, or in a train or bus station?; (2) sleep in a shelter for homeless people or in another temporary residence because you did not have a place to stay?; (3) sleep in a friend's or relative's home because you were homeless?" (p. 1909). A little over half of the people who said

¹⁷ In the point-in-time counts in Nashville in 2018 and 2019, about half of unsheltered people who were interviewed said that they had used a shelter at some time during the past year (Bernard, 2019).

¹⁸ Broader definitions yield larger numbers. For example, HUD counted 270,301 children aged 6 to 17 in shelters and transitional housing programs from October, 2015 to September, 2016 (Solari, Shivji, de Sousa, Watt, & Silverbush, 2017). The U.S. Department of Education counted 1,300,957 children enrolled in public schools (including preschool programs) that met its broader definition of homelessness in the 2015–2016 school year (Henry, Bishop, et al., 2018).

they had been homeless at some time in their life, 7.4% of the survey respondents, said yes to one of the first two questions and were classified as literally homeless.¹⁹ The other people, who said yes to only to the last question, were classified as precariously housed. The sequence of questions did not allow the researchers to determine definitively the percentage of people who had been literally homeless in the past 5 years, but 3.1% of the sample said they had been homeless in the past 5 years and also met the criteria for literal homelessness at some point in their lives.

The researchers asked about total duration of homelessness (including doubling up): the most frequent reply (46%) was between a month and a year. Only 8% had been homeless for less than a week, 33% between a week and a month, and 13% for over a year. In 1990 there were slightly over 185 million adults living in the United States, so the researchers estimated that 13.5 million adults had been literally homeless at some time in their lives, and nearly 26 million had considered themselves homeless if doubling up is included (p. 1910). The fact that many people are homeless for fairly short periods is also shown in later analyses of shelter records by Culhane et al. (2007; Kuhn & Culhane, 1998) and explains why the numbers for lifetime homelessness are so much larger than the numbers for any given night or year.

Estimates of people homeless or precariously housed at some time during a year show a substantial increase between the late 1980s and the early 2000s. The percentage of adult respondents to the national General Social Survey who replied yes to a combined question about whether the respondent “had to temporarily live with others or in a shelter or ‘on the street’” during a single year increased from 2.57% when the survey was conducted in 1988–1991 to 4.13% when they survey was conducted in 2004,²⁰ almost as high as Link et al.’s (1994) estimate (4.6%) for a parallel measure over a five-year period. This, of course, is before the Annual Homelessness Assessment Reports that have shown more recent decreases.

Studies that were smaller than Link’s (Toro, Tompsett, et al., 2007), more specialized (Rosenheck & Fontana, 1994) or more local (Culhane, DeJowski, Ibanez, Needham, & Macchia, 1994) have, like Link, found much higher rates when homelessness is measured over a period of time longer than 1 year. The rates are particularly high for young adults (Morton et al., 2018).

The Importance of Time Frames

The proportion of the population that becomes homeless over an extended period such as 5 years or a lifetime is vastly larger than the proportion homeless

¹⁹ The margin of error for the estimate of 7.4% was from 5.7 to 9.1%. Estimates of the percentages of people with different characteristics have much greater uncertainty, so we do not report them here.

²⁰ Of 1,012 respondents who answered this question in 1988–1991 and 1,332 who answered in 2014—a significant increase (Smith, Davern, Freese, & Hout, 2017, p. 2833).

on any given night. As national telephone surveys and examination of shelter records for individuals and families have shown, most people who become homeless do not remain homeless forever. As the estimates of numbers of chronically homeless people show, only about a quarter of individuals and 5% of families remain homeless for as long as a year.

In this, homelessness differs from many other social statuses. The proportion of people in the United States who are immigrants does not vary much over a day or a year or a decade. Some people arrive, others leave or die, there are trends over time, but once an immigrant, always an immigrant. Homelessness is more like unemployment—many people experience it briefly, some have repeated bouts, some despair of finding jobs and leave the labor force entirely.

For homelessness, as for unemployment, it makes sense to ask how many people are in this status on a given day—what epidemiologists call *point prevalence*, to understand something about the need for services and to monitor trends. But the one-night estimate serves to minimize the scope of the problem. To truly understand the vastly larger number of people afflicted, estimates over a longer span of 5 years or a lifetime—what epidemiologists call *period prevalence*—are also important. Surveys of people living in ordinary housing miss anyone currently homeless, so they are not very good at estimating the effects of recent changes in policies to address homelessness. However, surveys do provide a window on the magnitude of the problem and the resources that will be needed to end it.

Phrases like “the homeless” suggest to the casual reader that people who are homeless are a species apart—just as the tiger does not change its stripes, “the homeless” will remain so—and maybe there is little anyone can do about it. Understanding that people move into and back out of homelessness provides more points of intervention. What policies and practices can prevent people from becoming homeless? What services can speed their exits and prevent them from returning to that state? The last four chapters of this book address these questions.

Challenges Faced by People Experiencing Homelessness

People who become homeless face many challenges. Among the most severe is high risk of mortality, a risk that is especially marked for younger adults. Excess mortality for younger adults comes from drug overdoses, along with excess suicide, homicide, and infectious disease. Older adults tend to die from the same causes (such as cancer and heart disease) as older adults more generally—but 10–15 years sooner (Baggett et al., 2013; Fazel, Geddes, & Kushel, 2014). Unsurprisingly, people who are unsheltered have higher mortality than people who use shelters, and in a study in Massachusetts that followed the same group of people over 10 years (known as a cohort sample), they had 10 times higher mortality than the overall population (Roncarati et al., 2018). People studied while homeless have high rates of infectious diseases, chronic diseases, psychiatric and substance use

disorders, and injuries, some due to victimization (Fazel et al., 2014). Across diagnostic categories, they get sick and are admitted to hospitals at earlier ages (Adams, Rosenheck, Gee, Seibyl, & Kushel, 2007).

Rates of disability among people who experience homelessness are also extremely high. HUD reports rates of disability from all causes, including physical and cognitive disabilities and those due to substance abuse and mental illness. In 2017, the share of sheltered individuals with disabilities was 49%. This is greater than the share of people with disabilities in the U.S. population with incomes below poverty, 32% (Henry, Bishop, et al., 2018). Levels of disabilities are a bit higher for veterans (59%) and substantially lower for adults in families (22%). Both those figures are still higher than in the general population, or even the population in poverty (16% for families).

The data on disability (based on everyone who used shelter over the course of the year) do not distinguish between disabilities associated with mental illness, substance abuse, developmental disability, cognitive impairment, and physical causes.²¹ Nor does HUD look carefully at the way disabilities are identified by the program staff that report data into the information system that is the basis for the HUD estimates. But we think the basic point is accurate: about half (51%) of adults who experience sheltered homelessness over the course of a year as individuals do not have any disability, and more than three quarters (78%) of those who are part of a family with children do not have a disability.

Studies of mental health and substance abuse problems among people experiencing homelessness find wildly different rates. For example, a systematic review of mental health diagnoses among homeless individuals (excluding families) in wealthy countries, primarily in Europe, found prevalence rates for psychotic illness ranging from 2.8 to 42.3% and of major depression ranging from 0.0 to 40.9%. The best estimates from this review, considering factors such as the size of samples, are that among unaccompanied adults experiencing homelessness, 12.7% currently have a psychotic illness, 11.4% major depression, 23.1% a personality disorder, 37.9% alcohol dependence, and 24.4% drug dependence. Slightly higher rates of alcohol dependence and slightly lower rates of major depression are found in mainland Europe compared to other wealthy countries (Fazel, Khosla, Doll, & Geddes, 2008).

Almost all of the studies were cross-sectional—that is, they sampled a group of people who are homeless at a particular point in time, rather than a sample of all people who become homeless over a period of time. We have already shown that studies describing people at a particular point in time provide a different picture from studies showing who becomes homeless over a longer time period. (For example, the proportion of families who are homeless on a given night is larger than the proportion homeless over the course of a year because families stay

²¹ This detail is collected in the HMIS administrative data, but only for HUD-funded shelters and transitional housing programs, and not for the large number of shelter beds that are privately funded or funded by cities without using federal money.

longer, on average.) Why might that matter for understanding rates of disability among people experiencing homelessness?

Compared to all people who ever become homeless, those who are counted in a point-in-time survey include a higher proportion of people who remain homeless for a long time or return repeatedly to that state, that is, of people with chronic patterns of homelessness. People who became homeless a month or 6 months before the survey but who returned to housing quickly are not included; others who became homeless at the same time but remained so are counted. To the extent that problems such as mental illness or substance abuse make it difficult to extricate oneself from homelessness, estimates of those problems will be magnified in cross-sectional studies (Phelan & Link, 1999). A PIT count is an example of a cross-sectional study. It minimizes estimates of the number of people who experience homelessness but maximizes estimates of their problems.

To illustrate, we return to the typologies of homelessness for individuals and families and focus on Philadelphia, where researchers matched records of shelter use to records of treatment for substance abuse (Culhane et al., 2007; Kuhn & Culhane, 1998). For individuals, fewer than 10% of people who entered shelter were long stayers, but they used just over half of the shelter days. That means that, on any given day, one would be likely to find that just over half of the shelter residents were long-term users, and the long stayers and episodic users of shelters had more problems such as substance abuse than the transitional (short-stay) shelter users. Among all individuals who entered shelter over 28 months, 37% reported substance problems, and 29% had received substance abuse treatment from a publicly funded source. If a cross-sectional survey had used records for the same Philadelphia shelters, it would likely have found 54% with self-reports of substance problems and 33% with treatment records.

As we noted earlier, studies of people in the midst of an episode of homelessness arguably catch them at the worst point in their lives. Returning to housing can reduce mental health and substance problems. This point is illustrated by the Family Options Study of housing and service interventions for homeless families, which we will discuss more in Chapter 3 on how to end homelessness for people who experience it. That study found that as families began to stabilize, rates of serious psychological distress, alcohol dependence, and drug abuse went down (Shinn, Gubits, & Dunton, 2018). Further, giving families offers of ongoing rental subsidies that held their housing costs to 30% of their income not only ended homelessness for many but also reduced their rates of psychological distress, substance use, and experiences of domestic violence compared to families who received the usual care available in their communities (Gubits et al., 2015, 2016). Distress and substance abuse, like homelessness itself, are not permanent traits, but instead states that can be influenced by environmental circumstances. Just as hardship and shelter rules can shape family composition, hardship and homelessness can sometimes precipitate psychological distress or substance abuse. Although addictions lead some people into homelessness, others do not hit the

bottle until they hit the street. And at least for families, housing is an important mental health “treatment.”

Some observers consider the challenges faced by people experiencing homelessness as a sufficient explanation for that state. Often these observers focus on challenges they may consider moral failings such as substance abuse. But the logic is faulty. College students have high rates of substance abuse; as with homeless adults, the favored substance is alcohol. But observers rarely claim that young people become college students because of their substance abuse. Some college students do in fact become homeless, but it is poverty and food insecurity rather than substance abuse that distinguishes them from their peers (Broton & Goldrick-Rab, 2018). More nuanced explanations are necessary. Chapter 2 analyzes causes of homelessness.

Summary

In this book, we focus on literal homelessness—staying in a place not intended for people to sleep (unsheltered homelessness) or in a shelter or transitional housing program for homeless people (sheltered homelessness). Broader definitions would include more people.

Relying largely on two sources of information—point-in-time counts conducted by all communities across the country on a single night in January and data from shelter records from those same communities over the course of a year, we examine people in five overlapping groups developed to help governments and social service systems respond to homelessness: families with children, adults without children, youth, veterans, and people with chronic patterns of homelessness. We note that seemingly basic distinctions are often shaped by service systems, such as family shelters that do not admit men. More men than women experience homelessness in the U.S., infancy is the age at which a person is most likely to be found in a homeless shelter, and African Americans and Native Americans are at especially high risk.

The face of homelessness has changed over time, both in the run-up to the modern era of homelessness when younger people, including women and minorities, replaced older white men, and in the past decade when social policies have led to a reduction in homelessness, especially for veterans and people with chronic patterns. In the past decade we have also seen that single adults who experience homelessness are getting older.

We estimate the total number of people experiencing literal homelessness over a day (600,000), a year (1.6 million) and a lifetime (over 7.4% of the entire population, based on a telephone survey from 1990—and nearly twice that percentage if we include precarious housing). The numbers are much larger over longer time periods because most people who experience homelessness do so only briefly and then return to housing. Understanding this fact leads to multiple

points of intervention to prevent people from becoming homeless and to help them return to housing.

Finally, we examine the challenges people who experience homelessness face. A PIT count may exaggerate those challenges, for several reasons. First, people with more challenges may have trouble extricating themselves from homelessness, so are more likely than those with fewer challenges to be surveyed on any particular date. Second, people's challenges depend in part on their circumstances and can be reduced by restoring them to housing.

