

**HOMELESSNESS IN DELAWARE**

**2000**

by

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## TABLE OF CONTENTS

LIST OF TABLES.....	V
LIST OF FIGURES.....	VII
ABSTRACT.....	VIII
CHAPTER 1	
INTRODUCTION AND METHODOLOGY.....	1
CHAPTER 2	
A REVIEW OF NATIONAL HOMELESSNESS RESEARCH.....	13
CHAPTER 3	
HOMELESSNESS IN DELAWARE.....	36
CHAPTER 4	
THE HOMELESS SERVICE DELIVERY NETWORK IN DELAWARE.....	72
CHAPTER 5	
MAJOR FINDINGS AND RECOMMENDATIONS.....	93
REFERENCES.....	109
INSTRUMENT AND DATA APPENDIX.....	112

## LIST OF TABLES

Table 3.1	Homeless Population Report for Wilmington .....	42
Table 3.2	Homeless Population Report for New Castle County (excluding Wilmington) .....	43
Table 3.3	Homeless Population Report for New Castle County (including Wilmington) .....	44
Table 3.4	Homeless Population Report for Kent County .....	45
Table 3.5	Homeless Population Report for Sussex County .....	46
Table 3.6	Homeless Population Report for Kent and Sussex Counties.....	47
Table 3.7	Homeless Population Report for Delaware, Statewide .....	48
Table 3.8	Rate of Sheltered Homelessness in Delaware, 1995 and 2000 .....	56
Table 3.9	Number of Persons and Multi-Person Households in Emergency Shelters on Selected Dates in 1986, 1995, and 2000 .....	58
Table 3.10	Point-in-Time Estimates for Site-Based Emergency Shelters in 1995 and 2000 .....	60
Table 3.11	Point-in-Time Estimates for Motel Voucher Emergency Shelters in 1995 and 2000 .....	61
Table 3.12	Point-in-Time Estimates for All Emergency Shelters in 1995 and 2000.....	62
Table 3.13	Point-in-Time Estimates for Transitional Housing in 1995 and 2000.....	63
Table 3.14	Point-in-Time Estimates for Emergency Shelters and Transitional Housing in 1995 and 2000 .....	64
Table 3.15	Living Units and Capacity Utilization Summary.....	68

Table 4.1	Number and Types of Programs Serving Homeless, 1995 and 2000.....	74
Table 4.2	Number and Location of Shelter Providers, 1995 and 2000 .....	75
Table 4.3	Biggest Problems Programs Face.....	79
Table 4.4	Biggest Reasons People in Programs are Homeless.....	81
Table 4.5	Best Way to Reduce Homelessness for People in Programs.....	83
Table 4.6	Reason Some Program Clients Return to Homelessness.....	84
Table 4.7	Trends in the Homeless Problem.....	87
Table 4.8	Additional Services Needed by Program Clients .....	89
Table 4.9	Homeless Programs' Greatest Technology Needs.....	91

## LIST OF FIGURES

Figure 3.1	Delaware Real Gross State Product, 1991-1998.....	37
Figure 3.2	Delaware and U.S. Annual Real Personal Income, 1991-1999 .....	38
Figure 3.3	Delaware and U.S. Unemployment Rates, 1991-2000.....	38
Figure 3.4	Delaware and U.S. Poverty Rates, 1991-1999 .....	39
Figure 4.1	Participation of Homeless or Formerly Homeless in Program Planning and Service Delivery.....	86

## **ABSTRACT**

This thesis reports the findings of a point-in-time research study of homelessness in Delaware, conducted on January 25, 2000. Beginning with a discussion of the challenges that face researchers as they attempt to define and measure homelessness, it exposes the broader issues surrounding homelessness and reviews national research and literature on the problem. Next, the results of the Delaware research are presented and analyzed, both in comparison to research conducted in Delaware in 1986 and 1995, and in light of the national literature. Finding that the point-prevalence of sheltered homelessness in Delaware has likely remained much the same since 1995, during a period of unprecedented national and local economic prosperity, Delaware faces a serious homelessness problem. Current policy and service delivery are failing to reduce or eliminate homelessness, largely due to a shortage of affordable, stable housing for households transitioning out of homelessness. This thesis concludes by proposing an approach to homelessness that is intended to prevent its occurrence before it takes place and more holistically treats the problem once it does.

## CHAPTER 1

### INTRODUCTION AND METHODOLOGY

#### Introduction

The Center for Community Development and Family Policy at the University of Delaware has conducted two statewide general studies of Homelessness in Delaware, released in 1988 and 1996. Varying considerably in methodology, both studies attempted to capture the state of homelessness and homeless service provision by taking a snapshot of homeless persons and shelter providers at a given point in time.<sup>1</sup> The study released in 1996 took a more in depth approach, assessing the needs and perspectives of homeless persons, particularly with regard to the incidence of substance abuse and treatment.

In 1994, during the Clinton administration, the U.S. Department of Housing and Urban Development (HUD) began requiring that communities interested in receiving homeless assistance funding develop what it termed a “Continuum of Care.” In a general sense, a true continuum of care includes the full range of service providers and other interested parties who, together, plan and implement services intended to assist homeless persons as they move from being on the street to regaining adequate and stable housing and reintegrating into society. Slightly different in practice, a HUD-defined Continuum of Care is a self-appointed assembly of homeless

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<sup>1</sup> For more information on the major findings of these studies, see: Peuquet, Steven W. and Pamela Leland. 1988. Homelessness in Delaware. University of Delaware. (pp. 1-10) and Peuquet, Steven W. and Abigail Miller-Sowers. 1996. Homelessness in Delaware Revisited. (pp. 123-135)

assistance providers that jointly applies for HUD funding through a process of community-level, citywide, statewide, or regional planning for a homeless assistance network. Through the HUD application process, the planning body of each Continuum of Care must demonstrate that a full range of stakeholders was included. HUD's Continuum of Care system of funding requires that at least four fundamental elements be included in this network:

1. Outreach and Assessment to connect individuals and families with services that will meet their needs;
2. Emergency shelter and other safe, decent alternatives to the street;
3. Transitional housing with appropriate support services to prepare people for independent living;
4. Permanent housing or permanent supportive housing arrangements.

Although not all homeless persons will need all of these types of services, the notion of a logical service continuum depends on the existence of each of these services and effective coordination of the providers of each.

The Homeless Planning Council of Delaware formed in 1995 in response to HUD's directive, representing the state of Delaware as its Continuum of Care planning and coordination group. A critical part of its annual planning and application for funding has been to conduct a needs assessment among its member service providers, and to identify the gaps in the network's services. Once gaps are identified, the Homeless Planning Council assigns relative priority rankings to each gap and requests that HUD fund agencies or programs intended to fill its highest-ranking priorities. To this end, the Homeless Planning Council of Delaware approached the Center for Community Development and Family Policy in 1999 to ask that it replicate

previous research to conduct the required needs assessment. Dr. Steven W. Peuquet, who supervised the studies released in 1988 and 1996, accepted this opportunity to not only provide a useful planning tool for the Homeless Planning Council, but to update information about the problem of homelessness in Delaware.

### **Research Questions and Methodology**

There are two primary purposes for this study: 1) to conduct a point-in-time estimate of the utilization of and need for emergency shelter and transitional housing in Delaware, and 2) to conduct a survey of the network of homeless service providers in the state. Thus, the primary research questions are:

1. How many individuals and households were provided with emergency or transitional shelter on the night of January 25, 2000?
2. How many individuals and households were turned away from shelters because of a lack of shelter space on the night of January 25, 2000?
3. What percentage of shelter capacity was utilized on the night of January 25, 2000?
4. What are the basic characteristics of the individuals and households that received shelter on the night of January 25, 2000?
5. What types of services are offered and specifically targeted to homeless individuals and families in Delaware, through service providers that specialize in this population?
6. What are the characteristics of the homeless service delivery system in Delaware and what are its gaps?

In addition to these six research questions, this thesis will explore national research and thinking about the problem of homelessness. Addressing the challenges

that researchers, policy makers, and service providers face as they attempt to define or measure homelessness will place the Delaware research into a broader context. Thus, this thesis is intended to serve two functions: (1) as a public service document that provides a technical report of the point-in-time study, it should be a useful resource for service providers and policy makers, and (2) as a thesis containing a more academic treatment of homelessness, it should provide a theoretical backdrop for considering the findings and policy recommendations of the point-in-time study.

The units of observation for the point-in-time study are programs that target and primarily serve homeless individuals and families. Individual programs are referred to as “service providers.” Multiple programs offered by one agency are considered to be separate service providers if they operate with separate budgets, have separate staff, are located in separate locations, have differing program requirements or maximum lengths of stay, or target separate sub-groups of the homeless population.

As with many other social ills, the study of homelessness is fraught with methodological complications.<sup>2</sup> Researchers have found nearly everything, from defining homelessness to locating homeless persons to count, to be extremely difficult. Once a homeless population has been identified and its size has been reasonably estimated, debates continue over what should be done with this information.

Because this study of homelessness in Delaware is rooted in a replication of previous work, it concentrates on a rather narrowly defined sub-group of the total homeless population, the “literal homeless” residing in emergency shelters or

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<sup>2</sup> This thesis contains a detailed discussion of the methodological complications involved in studying homelessness in Chapter 2: A Review of National Homelessness Research.

transitional housing on the night of January 25, 2000. Rather than randomly sample from the population or service network being observed, Delaware's relatively small size eases researchers' access to literally all service providers in the state, thereby taking a near 100 percent cross-sectional glance at the point-prevalence of sheltered homelessness. While we can never be certain that a cross section has captured every single member of an observed population, this study has achieved as close to 100 percent sampling as possible, resulting in reliable enumerations rather than statistical estimations. Further, it expands upon the studies released in 1988 and 1996 by including non-shelter homeless service providers in its observation, in an effort to capture a profile of both the shelter and non-shelter homeless service delivery system in Delaware.

Consistent with previous work in Delaware, an "emergency shelter" is defined as a temporary living program for individuals and families who lack a fixed, regular, and adequate nighttime residence, which has a maximum length of stay of 180 consecutive days. Emergency shelter programs are either "site-based," where clients receive shelter at a particular facility designed for such purpose, or provide "motel vouchers" for clients to seek shelter at an area motel. A "transitional housing" program is defined as one that provides housing (with or without support services) to individuals and families who otherwise lack a fixed, regular, and adequate nighttime residence, which allows residents to stay for more than 180 consecutive days, but generally no more than 24 consecutive months. Service providers offering either emergency shelter or transitional housing are referred to collectively as "shelter providers," whether or not they provide additional support services. As described later, service providers that offer support services without any shelter or other

housing, are termed “non-shelter service providers.” Finally, “non-sheltered homeless” and “street homeless” both refer to persons and households that have not received residential services, and remain in public or private places not designed for, or ordinarily used as regular sleeping accommodations for human beings.

It is important to note that definitions that are used by shelter providers to describe themselves to the public or funding sources sometimes differ with the definitions used here. For example, there is considerable debate about the appropriate maximum length of stay for emergency shelters. Some argue that a shelter is only *emergency* if it is provided for no longer than 30 days, while others assert that the duration of an emergency should be defined by clients’ needs alone, and could reasonably extend for years in certain circumstances. While some providers claim to allow clients to remain indefinitely, the nature of their housing and support services may be such that residents generally stay no more than 24 months, moving on to more permanent housing arrangements. Rather than negotiate each of these differences for each provider, this study has chosen its definitions to be consistent with other research and to most accurately depict homeless services in Delaware. Further, while some providers’ policies insist that clients are not allowed to stay beyond a certain point, exceptions are understandably common. Thus, this study can only claim to have made a good faith effort to place providers in the categories that best match the ways that providers behave.

### **Research Timeline**

From October 1999 to early-January 2000, the author worked closely with a consultant from the Homeless Planning Council of Delaware to define the goals of the research and develop a survey instrument to accomplish these goals. An effort

to simply replicate the study conducted by the Center for Community Development and Family Policy (CCDFP) in 1996 was balanced with both the assessment needs of the HPC and the difficult realities of measuring homelessness. Beginning with membership and mailing lists from both the Homeless Planning Council and the Delaware Association of Shelter Providers, a list of service-providing agencies was developed and refined for use in this study. It is believed that nearly all homeless service providers in Delaware, both shelter and non-shelter, were included in the mailing list for this study's survey instrument.<sup>3</sup>

The survey instrument used in 1996 was revised and updated considerably, but served as the foundation for this study's instrument.<sup>4</sup> The instrument was approved by the University of Delaware Human Subjects Review Board in early January 2000 and was 'tested' on three service providers to ensure that it was clear and relatively easy to complete. After CCDFP graduate students contacted each of the identified agencies to verify their address and program directors' names, the instrument was mailed out on January 17, 2000. Each package contained one or more copies of the complete instrument, depending on the number of separate programs each agency operated, and a return envelope, postage-paid. Recipients were asked to return completed surveys one week after the night of January 25.

Data collection proceeded throughout Spring 2000, because the design of this research required that a near 100 percent response rate be achieved. During August

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<sup>3</sup> It is reasonable to assume that some informal service providers were not included in this list, such as churches that open their doors on certain nights or occasionally prepare meals specifically for local homeless persons. The absence of these providers is not viewed as a significant threat to the comprehensiveness of this study.

<sup>4</sup> The Survey Instrument can be found in the Appendix.

2000, after nearly seven months of telephone calls and re-sending the instrument, we concluded that we had collected all of the completed surveys that would be returned. There remain a few programs that have not returned the survey, either because they have chosen not to do so, or because the program no longer exists.<sup>5</sup>

### **The Survey Instrument**

The cover letter attached to the survey instrument, serving as the notice of informed consent, requested that a manager or other knowledgeable person complete the survey. In the interest of maintaining the confidentiality of the respondents, they were not asked to report who completed the survey for each service provider. Respondents were informed that they retained the right to not complete any portion of the survey instrument, for whatever reason. The instrument includes seven pages, divided into three parts (Parts A, B, and C). Shelter providers were asked to complete all three parts, while non-shelter service providers were only asked to complete Part B and Part C.

**Part A** The first part is a one-page matrix, which asks how many households and persons received emergency shelter or transitional housing from the responding service provider on the night of January 25, 2000. It also asks how many persons and households were turned away from these shelter providers on this night, due to lack of available space, not because they did not meet program eligibility.<sup>6</sup> This

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<sup>5</sup> See Chapters 4 and 5 for more information about these programs.

<sup>6</sup> All shelter providers were later telephoned to inquire about their shelter capacity, in terms of the number of beds in the facility or the maximum number of separate households that could be accommodated on January 25, 2000.

matrix contains columns for each possible household configuration or ‘type.’ For example, there are separate columns for female-headed households with children under 18 present, male-headed households with children under 18 present, male/female couples with children under 18 present, etc... (See instrument) Within each household type, respondents were asked to report the number of persons under 18 years old and over 18 years old. <sup>7</sup>

**Part B** Part B first asks for general program information, including Program Name, Agency Name (if different), and their respective addresses and relevant contact information for Program and Agency Directors. Next, it asks the respondents to report some general descriptive information about their program, such as the date of beginning operations, hours of operation during the week, what age groups and population are targeted or served, what program eligibility requirements are in place, whether program fees are charged, and what the maximum length of stay is, for shelter providers. Finally, Part B includes two separate lists of 25 support services commonly offered by homeless service providers, one list for services offered to homeless individuals and another for services offered to homeless persons in households with children under 18. Respondents were asked to indicate which support services it offered to either of these groups.

Respondents were also asked to provide information regarding the capacity utilization of each of these support services, filling in three columns for each service offered: Maximum Capacity, Capacity Used, and Capacity Needed. This

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<sup>7</sup> For the purposes of reporting, “household” was defined as two or more persons who normally live together, whether or not they are related by blood or law. However, this study shall consider all household units to be households, including adult males and females living alone, otherwise referred to as “individuals.”

information was collected in order to assist the Homeless Planning Council in completing the *Gaps Analysis Form* in HUD's Continuum of Care application. However, as was made clear by the variety of responses received and the confusion that respondents expressed to this portion of the instrument, it is nearly impossible to quantify the number of support service "slots" that programs offer and much more difficult to standardize those slots across programs and agencies with vastly different funding streams and operating policies. Despite this study's attempt to standardize service slots to the number of people served, as HUD does, it remains clearly unreasonable to ask programs or regional service networks to estimate the maximum number of people to whom it can provide services like clothing or substance abuse treatment, much less be able to compare the gaps in one service to the gaps in another. Thus, the findings of these capacity utilization questions, offering no useful information, have been omitted.

**Part C** Part C of the instrument is essentially a key informant opinion survey. Findings from this section presume that the respondents are a uniquely reliable source of information about the trends of homelessness in Delaware, by virtue of the fact that they are on the "front line" of the service delivery system. They work with homeless individuals and families on a daily basis, in many cases for 10, 20, or more years, and know more about the evolving needs of the homeless than anyone else. Thus, Part C asked these key informants for their opinions regarding the challenges that their programs face, as well as questions about the needs and challenges faced by the population that their program serves. Other questions ask about the participation of homeless or formerly homeless persons in program decision-making, whether the program plans implement any major changes, and the programs' use of computers. The

majority of the questions in this part were asked in the 1996 study and were replicated here in order to produce a time-series, while a few were added or revised to expand the information provided by the key informants.

### **What This Research Has Missed**

It is important to note that this research has not captured the entire scope of homelessness in Delaware. Its parameters were drawn by both the needs of the Homeless Planning Council, the time frame, and the natural limitations that arise when measuring a phenomenon like homelessness. It operated with a narrow definition of 'homeless,' explicitly because a broader population could not have been measured within its time and budgetary constraints. Thus, this study has not counted the street homeless, individuals and families residing in permanent supportive housing, persons in institutions such as prison or juvenile detention centers, youth in foster care who will "age out" of that system at age 18 without a support network, or individuals and families who have been forced to "double-up" with friends and family. Arguably, all of these groups of people could be placed on the spectrum of experiencing homelessness or extremely precarious housing.

This research should be taken, within the context of its boundaries, as a snapshot of "traditional" homeless service providers in Delaware and the individuals and families that they serve. It is hoped that this snapshot can be used for not only better understanding the trends among this population of homeless persons and service providers, but also for expanding our appreciation of the complexity of homelessness in order to make more sound policy decisions.

## **Thesis Framework**

The body of this thesis begins, in Chapter 2, with an introduction to the concept of homelessness, describing some problems associated with defining the term *homelessness* and developing research methods to make a chosen definition operational. Once these complexities have been aired, Chapter 2 concludes with a discussion of the national findings about the size and characteristics of the U.S. homeless population. In Chapter 3, the focus shifts to the findings of the point-in-time study of emergency shelter and transitional housing programs in Delaware (Part A of the survey instrument). These findings are compared to related findings in 1988 and 1996, but move further toward identifying trends in the point-prevalence of sheltered homelessness in Delaware.

The service delivery network is the subject of Chapter 4, which reports on the number and type of services available to homeless individuals and families (Part B of the survey instrument). This chapter concludes with an analysis of the key informant survey (Part C of the survey instrument). Finally, Chapter 5 revisits national findings and theories about homelessness in order to process the major findings in Delaware and propose some recommendations for future policy and service planning in Delaware.

## **CHAPTER 2**

### **A REVIEW OF NATIONAL HOMELESSNESS RESEARCH**

#### **Introduction**

In order to develop successful policy to address any of our identified social problems, it is critically important that we understand the scope and characteristics of the problem. As social research evolves, we develop and improve our methods of studying social problems in hopes of capturing their true essences, rather than simply their numbers. Inquiry into the problem of homelessness in the United States, while advancing rapidly in sophistication and accuracy, is still a relatively young area of research, only formally begun in the past 20 years. Much like most sciences of its kind, research on homelessness faces a number of challenges to its validity, which come in the form of definitional, methodological and purely practical questions and complications. However, despite these roadblocks, studies of homelessness have expanded our knowledge base immeasurably, which in turn has driven advancements in policy that have radically improved the quantity and quality of services available to the homeless and other people in need.

This chapter will focus its attention on measuring homelessness. It asks the following questions: How is homelessness defined? What methods are used to measure homelessness? How do we arrive at accurate and reliable estimations of the 'entire' homeless population in the U.S.? Finally, how many people are thought to be homeless in the U.S. today? It begins with a discussion of various approaches toward simply defining the term 'homeless.' Next, it looks closely at the questions regarding the methodology of measuring homelessness, what processes will produce the most

empirically valid and meaningful findings. Then, the chapter turns its attention toward the development of useful estimates of the size of the actual homeless population. We consider two important practical issues that face researchers in this regard: estimating the number of "street" homeless and projecting findings outside of the studied geographical region. This chapter concludes with estimations of the size and scope of homelessness on a national level offered by three important studies.

### **The Challenges to Defining and Measuring Homelessness**

In order to measure various aspects of any population, a researcher must first precisely identify the population in question and develop a methodological approach that will adequately capture the information needed to answer his/her research questions. These tasks are particularly challenging for any attempted measurement of the homeless population. A close look at research efforts over the past 15 years reveals that finding consensus on an operational definition of homelessness is nearly impossible itself, yet it is only the first of many complex challenges to measuring the homeless problem. This section will begin by looking at a range of approaches to defining homelessness and observers' opinions about the implications of each. Second, it will discuss some of the practical complications of measuring the homeless population and some efforts that have been made to avoid these problems. We find that methodology, along with the definition of key terms, is heavily influenced by the resource limitations of researchers and by the way in which the findings are intended to be used. Overall, this section explores the balancing act between the accurately measure the realities of homelessness and the real-world limitations that lie in the way of doing such.

## **Defining Homelessness**

These are not simply scholastic issues. A definition of homelessness is...a statement as to what should constitute the floor of housing adequacy below which no member of society should be permitted to fall. (Rossi et al, 1987: 1337)

On the most general level, the homeless can be defined as those "who do not have customary and regular access to a conventional dwelling or residence." (Rossi et al, 1987: 1336) However, questions immediately arise about what 'customary and regular access' and 'conventional dwelling or residence' mean. Does 'conventional dwelling' include tents, makeshift shelters or "doubling-up" with different friends each night? Does an informal agreement allowing someone to sleep on another's couch "for a while" constitute 'customary and regular access?' Rossi argues "there is a continuum running from the obviously domiciled to the obviously homeless, with many ambiguous cases to be encountered along that continuum." (Rossi et al, 1987: 1336) If we consider each point along this continuum to be a separate category of tenure status, including clear and ambiguous cases alike, we find a potentially infinite number of categories might arise. Thus, the critical question is at what point along the continuum do we as a society draw a line and agree to consider all of the people fitting into categories on one side of that line to be homeless?

The federal McKinney Homeless Assistance Act of 1987 attempted to draw such a line through Rossi's continuum by defining homelessness as "a lack of a fixed, regular and adequate nighttime residence." This definition establishes three categories of homeless persons, those whose primary nighttime residence is: (1) an emergency or transitional shelter, (2) an institution for those intended to be institutionalized, or (3) a public or private place not designed for sleeping accommodation for human beings (Bentley, 1995 and Jahiel, 1992). However, as Jahiel

points out, the McKinney Act's failure to include individuals or households that may be vulnerable to "imminent episodes of homelessness in its definition creates a sharp distinction between 'literally homeless' people and other very poor people" (Bentley, 1995: 1). This distinction is a risky one, Jahiel claims, as the group of "people who double up with other households because they have nowhere else to go constitute a larger group than all of the McKinney Act categories combined" (Jahiel, 1992: 2). It is questionable whether such a sizable group of similarly poor people should be excluded from programs and services using the McKinney definition for eligibility determination, simply because they were able to cram into the homes of their friends or families while their peers were not so fortunate.

The decision of where researchers or service agencies draw a line along Rossi's continuum depends, to a large extent, on the aims, capabilities, and limitations of the persons or agencies using the term 'homeless.' "Social Service agencies and government researchers tend to define homelessness in line with their own objectives, political orientations, or traditions" (Bahr as reported in Momeni, 1989). Bahr claims that the choice of definition and methodology is not only impacted by the goals of the research, but will dramatically affect its findings. In studying the problem, given limited time and resources, a definition may be selected simply because it is the only definition that can be made operational within the study's constraints. For example, if a researcher intends to literally count the number of homeless persons in a particular area, she is inclined to limit the number of categories of tenure status to be considered homeless to the number that she can reasonably count. It would clearly be counter-productive for her to attempt to count persons that she knows cannot be reached. This tendency to narrow the definition would likely exclude Jahiel's fourth category of

tenure status, those "doubling up," and perhaps other very poor persons in precarious tenure situations. Similarly constrained, government agencies and others serving the homeless are inclined to only call 'homeless' those people that it can readily identify and serve. Thus, in order to produce a more 'accurate' count of homeless persons or target a 'manageable' population for services, the definition is often necessarily scaled down and the problem looks much smaller than it might with a broader definition in use (Bentley, 1995).

There are nearly 300 million people in the U.S., living within households with unique circumstances whose varying housing stability places them at different points along Rossi's continuum of tenure status. Although we may be able to identify some broad categories along the continuum, we have not yet clearly defined which categories should be included in our definition of 'homeless.' The McKinney Homeless Assistance Act of 1987 attempted to group three such categories in its definition of homelessness, but has been criticized for the hard line that it draws and its exclusion of households that are precariously (or marginally) housed. Despite efforts of Jahiel and others to broaden the scope of the definition to include people doubling up, being released from institutions without secured housing, or otherwise facing imminent homelessness, government, service agencies, and researchers operating in resource-limited and/or highly politicized environments continue to widely use the narrower 'literally homeless' definition. The interest in being broad and inclusive is thus balanced by the realities of politics and tight budgets, and is often overwhelmed.

### **Methodological Issues**

Most conventional social research methods used in the quantitative study of modern societies depend on the assumption that persons can

be enumerated and sampled within their customary dwelling units, an assumption that fails by definition in any study of the literal homeless. (Rossi et al, 1987: 1337)

As the previous section revealed, some key decisions in the process of measuring homelessness, like choosing a definition of the term itself, can be largely (if not completely) driven by the goals and parameters of the researcher or agency involved. Not surprisingly, decisions regarding methodology are quite similar. However, it remains important to explore various options and perspectives regarding methodology in order to more thoroughly understand the issues involved and to design research that is successful, valid and meaningful. The following section will discuss some of the issues surrounding data collection and identifying research scope-appropriate methods.

**Data Collection** Studies attempting to determine the total number of homeless persons in a given location collect data using one of or a combination of two basic social science methodologies: sampling and enumeration. The first, sampling, involves observing a randomly selected subset, or cross section, of the population that is being studied. Researchers might then devise and apply some set of multipliers to the findings from the sample in order to estimate the size or other parameters of the total population. Enumeration, on the other hand, involves observing a cross section that is a 100 percent sample of the population being observed. In other words, while both methods are cross sectional in nature, literal enumeration can only be achieved if a complete census of the studied population is conducted.

The vast majority of social studies, those of homelessness notwithstanding, rely on an array of sampling methodologies, because censuses tend to be extremely costly and time-consuming. Moreover, even if researchers are able to

overcome the prohibitive resource demands of conducting a complete census of a population, they can almost never be truly certain to have observed every member of the studied population. As Rossi and Wright have described, all studies using sampling, as well many others that attempt to enumerate, encounter five principal problems (Bentley, 1995: 5-8):

- 1) **Statistical Rarity**- Homelessness likely affects between 0.1 and 1.5 percent of the U.S. population. At these ratios, in a random sampling of an urban area, anywhere between 70 and 500 persons would have to be approached to identify a homeless person.
- 2) **Identification**- Homelessness is not immediately observable. Homeless persons may not wish to disclose their situation and there is no way to verify what is reported to the observer. Further, persons' appearance is an unreliable indicator, as some homeless are well kept and some domiciled persons are not.
- 3) **Transience and Turbulence**- An important characteristic of literal homelessness, as well as extreme poverty, is the instability of arrangements. Many people move in and out of homelessness, are classifiable as domiciled at one time and shortly thereafter change their condition. There are four subgroups of the literally homeless in terms of frequency and duration of homelessness:
  - a) One-time, very short-term homeless-typically only once or twice over a few years, lasting less than a week each time.
  - b) Periodic short-term homeless- a somewhat regular pattern of homelessness, like each month before public assistance checks arrive.
  - c) Transitional homeless- homelessness between living arrangements, but usually domiciled.
  - d) Long-term homeless- those unable to find adequate housing due to a disability or inability to attain work or public assistance.

- 4) **Geographical Concentration-** Homeless people are not usually distributed uniformly in a community. Their spatial distribution tends to reflect the location of institutions that serve their needs. This might be an asset to researchers, if they are able to comprehensively identify those places where homeless receive services and implement cluster sampling.
- 5) **Communication Difficulties-** While some researchers claim that homeless persons are unreliable informants, Rossi and Wright "report that most interviewees were cooperative and helpful and supplied much useful information."

Rossi and Wright provide some suggestions for avoiding or controlling for some of these complications, while others remain factors that will always challenge the validity of research, about homelessness or not. However, if the goal is to collect cross sectional data from which researchers and other observers can gain knowledge about the greater population – in this case, the homeless population – then overcoming these complications might not be as important as appreciating how they should affect data analysis.

**Research Scope** Overlapping the issues surrounding choosing a definition of the observed population and collecting useful data are further questions about the research scope. Depending on the research questions, as were earlier discussions, researchers must identify the timeframe during which data will be collected. Homelessness researchers have generally used some combination of three methods: point-prevalence, period-prevalence, and longitudinal studies. Both point- and period-prevalence studies use cross-sectional data that is collected during a single, defined timeframe. Point-prevalence studies select a single point in time and extract the cross section from the population at that point for observation, limiting the risk of

double counting. It is often preferred by researchers limited either by time or resources, or those simply interested in capturing a "snapshot" of the scope of the problem.

Period-prevalence, in a similar fashion, defines a period of time as the timeframe for data collection. For example, where point-prevalence would assess how many people eat soup on a single day or time of day, a period-prevalence study would aggregate the total number of people who eat soup over a week, month, or year. These researchers would then likely estimate some sort of weekly, monthly, or yearly average number of people who eat soup, flattening the days where soup consumption is particularly high or low. It is important to remember that both types of studies use cross sectional data, but the questions that they answer are very different. Period-prevalence is more costly given the lengthier period of data collection, but it has the potential to capture aspects of the studied population that point-prevalence cannot.

Observers are critical of both approaches. Bahr sees point-prevalence as designed to minimize the scale of the problem and period-prevalence as designed to maximize the scale. He is further suspicious of the common choice to use only one year in period prevalence; why not two or three years (Bahr as reported in Momeni, 1989)? "The obvious difficulty here is that homelessness is a process, or sometimes the end of a process, of deterioration, rather than a characteristic or innate quality of a sub-population" (Bentley, 1995: 4). Using period-prevalence testing to capture those in different stages of the process may result in a more reality-based understanding of the problem and better social policy, but it is controversial, expensive and time-consuming.

As homelessness research has grown and become more sophisticated, researchers and policy makers are increasingly interested in another time-related aspect

to research: looking at trends over extended periods of time. Period-prevalence falls short of being a useful tool for tracking trends because it flattens the peaks and valleys in data that are often the very heart of significant trends. Time series and longitudinal studies are the most promising methods for attaining this goal, but they are not without complications. Time series, in a general sense, involves collecting data repeatedly at set intervals and observing the differences between different intervals. In the case of homelessness research, time series studies often collect cross sectional (either point or period) data at certain times and note the trends from one cross section to another. If these studies do not conduct a census each time, it is even more important that the samples be random in order to ensure that changes over time are not due to the differences between the samples themselves.

By contrast, longitudinal studies observe specific individuals over periods of time. This data is not cross-sectional and is therefore not a source of information about the entire studied population. It is, however, the most powerful method for obtaining insight into the experiences of individuals. This data, for obvious reasons, has always been extraordinarily difficult and expensive to collect, but advances in information technology in recent years lead many to believe that longitudinal studies of homelessness and other social conditions will become much less prohibitive.

Assessing the differences, benefits, and implications of the various methods of studying homelessness, it is most important to understand that each method is designed to measure different aspects of homelessness, answer different research questions. A truly complete understanding of a problem like homelessness would probably have to come from a combination of all of these methods, but specific

research efforts should continue to use the method(s) designed to answer their research questions.

### **The National Scope of the Homeless Problem**

Interest in studying and somehow quantifying homelessness grew rapidly during the 1980s and has continued to produce a substantial body of research, not only on the size and composition of the homeless population, but also on the causes of homelessness and the effect of various policy innovations (Rossi et al, 1987). To attempt to identify and cite even a small portion of the work that has come out of this rather recent surge of interest is beyond the scope of this thesis. This section focuses on the issues that are involved in producing such research and reports some of the most reliable and trustworthy national findings.

All of the chosen studies collected information regarding the literally homeless, although there is a fair amount of discussion in all narratives about expanding their estimates to include other categories of poor persons. Further, only studies that contained clearly defined methodologies were used. The Report to the Secretary of Housing and Urban Development (HUD) on the Homeless and Emergency Shelters (reported by Bentley, 1995) is selected because it was the first attempt, albeit controversial, to estimate the size of the entire U.S. homeless population and because of its obvious intended impact on policy. Martha Burt and Barbara Cohen's America's Homeless (1989) is selected because it is not only referred to by other leading researchers as being one of the most thorough and potentially valid studies of its time, but it also compiles the findings of other studies as it demonstrates its own validity. Burt's update, America's Homeless II (2000), though available only in

summary at the time this thesis was produced, furthers the Urban Institute's effort to produce statistically valid studies of homelessness and speaks to the growth and changes in the homeless population during the 1990s. Finally, I will use findings by Rossi and Wright, Jahiel, and others to support the discussion.

This section is broken into two major parts. First, I look at the questions that researchers face as they attempt to convert the data collected in their survey into meaningful size estimations or homelessness rates and how those numbers are then extrapolated to the nation as a whole. It then explores the range of such estimations about the nation's homeless population, discusses the implications of such variety and explores how that population has changed in recent years.

### **Converting Samples into Meaningful Estimates**

When using literal homelessness as the operational definition, researchers have essentially two subgroups that they are observing: persons who use services offered to the homeless and those who do not. If they are conducting a point-prevalence measurement, for example, they are charged with sampling the people in shelters or institutions as well as those on the street, any place matching McKinney's third category. As discussed earlier in this chapter, the challenges to identifying all relevant shelter providers in order to sample their residents pale in comparison to the difficulty of finding people on the street.

Researchers generally either count both service-users and non-users or count only service-users and apply a "user-to-nonuser ratio" to project a number that would include both groups. For example, compiling the findings of other studies, Burt and Cohen have estimated that for every 100 people that use homeless services, between 20 and 50 do not. Thus, after one has counted every person in target area

shelters and/or soup kitchens, they might estimate that the total literally homeless population in that area is between 120-150 percent of those actually counted. Burt and Cohen concede that this is a crude way of calculating and may be too generous, but other researchers attempting to enumerate service users and non-users arrive at similar ranges (Burt, 1989). Rossi and Wright enumerated both groups in Chicago and arrived at a ratio of 31/100 during the fall of 1985; this, while acknowledging that some non-users were probably not identified. Further, as noted in Rossi and Wright, even efforts to enumerate both groups are often subjected to similar "best guess-timation" in order to correct flaws in study design or implementation (Rossi et al, 1987). On the other hand, Jahiel advises extreme caution when attempting to estimate local, regional, or national 'street-to-shelter ratios,' pointing out that researchers have proposed ratios ranging as much as .35 to 2.74 (Jahiel, 1992: 340).

Once a reasonable number is calculated to be the rate of homelessness (per 10,000 population, for example) in a study's target area(s), researchers might try to extrapolate that rate to the U.S. as a whole. Clearly, given the scattered nature of the geographical concentration of poverty and homelessness, different cities will have different rates. "The homeless rate provides a way of comparing results across cities of different sizes," but cannot be applied flatly to the total U.S. population (Burt, 1989: 23). This task may involve a lengthy process of stratifying the nation's local jurisdictions, using a number of variables including population, median income, and race.

Upon reviewing research up to 1989, Burt and Cohen found that large cities had the highest rates, as high as 37-50 people per 10,000 population. Moderate rates between 13-17 per 10,000 were found in other medium-sized cities; and suburban

and rural areas report rates below 10 per 10,000. With these and their own findings, Burt and Cohen estimate a national rate between 15 and 25 homeless persons per 10,000 population (Burt, 1989). Jahiel is critical of these extrapolations from a combination of local areas to the nation as a whole. He is most concerned with the multipliers used to divide metropolitan areas into MA's and RMA's (Remainder of Metropolitan Area) (Jahiel, 1992: 340). Nevertheless, many regard Burt and Cohen's estimations to be the most reasonable to date.

### **The Size of the U.S. Homeless Population**

With a clear understanding of the inherent problems involved in measuring homelessness, we now turn to what is considered to be the most defensible or important estimations of the scope of the national problem of homelessness. The first of these works is the Report to the Secretary of HUD on the Homeless and Emergency Shelters (1984), which addressed three issues: the extent of homelessness both nationally and by region, the characteristics of homeless people and the scope of shelter and other services that are available to homeless people. It uses a notably narrow definition of homelessness, including only people on the street and those in a shelter (note: this report was produced before the McKinney Act). The data on which this report was based came from other published reports, interviews with key informants and shelter capacity, usage and street counts, all from selected metropolitan areas. The estimations of the total homeless population based on these sources range from 200,000 to roughly 2.2 million. "The HUD report claims the most reliable range to be 250,000 to 350,000," but does not detail its method for determining this range, a rate between 10.7 and 14.9 per 10,000 population (Bentley, 1995: 10). The HUD report is widely criticized because, among a number of reasons, its emphases and

findings are overtly surrounded and driven by defined policy agendas. (Bentley, 1995 and Burt, 1989) Still, it was the first attempt to estimate national homelessness and it supported policy decisions for years.

The first truly science-based effort to capture the national scope of homelessness was America's Homeless, issued by the Urban Institute in 1989, conducted by Burt and Cohen. It was in some ways a response to the HUD report, as well as an attempt to use a more valid and thorough methodology to answer some of the same questions as the HUD report posed. It used the McKinney Act definition, and sought to define a national rate of literal homelessness by interviewing 1,704 shelter and soup kitchen users and workers in March 1987, located in the nation's 178 largest cities in 41 states. From the data collected, Burt and Cohen stratified the remaining areas of the nation, estimated a total service-using population and applied the previously mentioned user-to-nonuser ratio to arrive at an estimate of the total homeless population- "approximately 500,000-600,000 people homeless during a seven-day period in March 1987," between 20 and 25 per 10,000 population. Further, they claim that their findings suggest that more than 1 million people were homeless at some point during calendar year 1987 (Burt, 1989).

In February 2000 Burt released a summary of America's Homeless II, largely an update and expansion of her earlier work, which looks at many of the same questions as the 1989 study. The methodology is much the same, but this report collected data from many more programs and program participants than any research effort previously endeavored- a survey of 4,200 service users and 6,300 program representatives scattered across the nation in February and October 1996. As the service provider system has become more elaborate, the range of programs targeted has

expanded to include transitional and permanent residences, motel voucher distributors, rural food pantries and others. Burt's calculations have also become much more sophisticated, providing separate information on homeless households and persons and 1-day, 7-day and annual time period estimates. This new study suggests that between 2.3 and 3.5 million people likely experienced homelessness at least once during 1996, nearly 1 percent of the entire U.S. population. On any one day, between 440,000 and 842,000 people are likely to be homeless, a range that falls on both sides of the 1989 report.<sup>8</sup> Burt notes that, despite the successes of a booming economy and the expansion of services available to the homeless in most markets in the country, the rates of extreme poverty which carry the threat of homelessness are growing rapidly (Burt, 2000).

### **Socioeconomic Characteristics of the Homeless Nationally**

This section will elaborate on the earlier general description of the size of the homeless population by providing a profile of some of the social and economic characteristics of the homeless population in the U.S., concentrating on the urban homeless. It will report what national researchers have found within the homeless population regarding household type, sex, race, age, education, employment, income, substance abuse, and mental illness. These and other socioeconomic characteristics are particularly important because, in many cases, they are used as the bases for various

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<sup>8</sup> Burt suggests that the higher range is a more likely accurate representation of the Point-prevalence.

causative arguments about homelessness. Such causative arguments are discussed in the final chapter of this thesis.

Researchers have documented studies about the characteristics of the homeless population for well over 100 years. To many, the most surprising finding that has come from such research is the relatively unchanging heterogeneity of the U.S. urban homeless population, generally unaffected by year or location. Despite the occasionally changing assumptions and stereotypes that Americans have held over the years, "all the distinctive categories of homeless people that are present today have been evident throughout our nation's history." (Stark, 27) There have always been substance abusers, mentally ill persons, skilled laborers, physically disabled persons, families with children, and elderly persons among the ranks of the homeless. As Stark notes, the undeniable heterogeneity of the homeless population directly contradicts the widely held notion that homeless people are all mentally ill, single male drug or alcohol addicts who are either unskilled or unwilling to work (Stark, 1992). Further, the more heterogeneous the homeless population is, the more difficult it becomes to identify a single causative argument that addresses even a reasonable majority of the population.

In the following discussion, estimates that are consistent with Burt's methodology have been used whenever possible in order to maintain a sense of consistency with her estimates of the national scope of homelessness reported earlier in this chapter.

### **Household Type**<sup>9</sup>

Recent surveys of the urban homeless indicate "one of the fastest growing segments of the homeless population is families with children; and families, single mothers, and children have for years consistently made up the vast majority of the rural homeless" (NCH Fact Sheet #7, 1999). Between 1979 and 1990, the number of poor people in the U.S. increased 41 percent and it is believed that families with children under 18 accounted for more than half of that increase. Forty percent of people in poverty are children and the 1997 poverty rate for children under 18 of 19.9 percent is almost twice as high as that for any other age group. Cited by the National Coalition for the Homeless, Shinn and Weitzman estimated in 1996 that families with children constitute approximately 40 percent of people who become homeless (NCH Fact Sheet #7, 1999).

The significance of separating households with children and households comprised of single adults or couples without children runs much deeper than simply being able to count or estimate numbers or proportions. For example, Whitman et al claim that "the developmental impact of homelessness on children (is) pervasive, severe, and cumulative... and breeds at-risk, frail, or damaged children" (Whitman et al, 1992: 113). Indeed, the differences between the experiences of homeless individuals and homeless families with children are perhaps the most critical to appreciating the sometimes subtle, yet extremely important variety of homeless experiences. In some ways, the differences in causes and service needs of family-homelessness versus individual-homelessness are much more important to understand than those between any other subcategories of the homeless population.

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<sup>9</sup> "Household type" is described in Chapter 1 of this Thesis.

### **Sex, Race and Age**

Despite some variations due to location, studies of the demographic composition of the homeless population continuously find that the homeless population is now, and likely always has been, truly heterogeneous in almost every imaginable way. Looking at the urban homeless, Burt found that:

Most of the homeless adults are male (81 percent in our sample); the majority are nonwhite (54 percent) and between 31 and 50 years of age (51 percent). Homeless persons who use services are three to four times as likely to be black as the general population... They are also slightly more likely to be Hispanic. (Burt, 1989: 36)

Nineteen percent were over 51 years of age (three percent above 66) and more than 15 percent were children (Burt, 1989).

Looking at similar research conducted in different parts of the country, Burt insists that any one study's findings can neither be applied to any other locale nor be extrapolated to the nation as a whole (Burt, 1989). However, it is useful to observe the trends locally, regionally, and nationally to determine which groups of citizens are disproportionately represented in the homeless population. This exercise could produce evidence that certain groups are experiencing particular difficulty competing in labor or housing markets, which might be used to develop more responsive policy.

After noting the undeniable mix of sexes, races, and age groups among the homeless, Jencks describes and refutes a sometimes popular argument that is made by advocates wishing to instill a greater sense of compassion for the homeless in the general public – that the because the homeless are so diverse, they must be just like 'us,' just experiencing bad luck. While this claim is intended to remind non-homeless persons that they too might experience this condition, it substitutes sentimentality for

compassion and grossly misrepresents what is going on. Jencks points out that bad luck must affect everyone at one time or another; homelessness, on the other hand, seems to affect only certain groups of people, many for extended periods of time. Further, if bad luck is in this sense the cause, then good luck must be the solution (Jencks, 1994). This would be a troubling way to approach social policy. It is accurate to assert that ‘we’ share the human condition with homeless persons, which is an appropriate source of compassion, but the vast majority of the human population will not experience homelessness, for one reason or another.

### **Education, Employment and Income**

The most obvious difference between the homeless and the remainder of the U.S. population is their incidence of extreme poverty. Indeed, the condition of poverty extends far beyond lack of money and is rooted in a group of people’s inability to compete in the market, for whatever reason. Lack of education, job skills and income make people extremely vulnerable to poverty and homelessness because of this very inability to compete in the labor and/or housing market. Thus, a considerable amount of research has been dedicated to assessing the levels of these three measures within the homeless population. One of the first efforts, a study by McCook in the early 1890s, which surveyed 1,349 homeless persons from 14 cities, found that a ‘surprising’ 57.4 percent had trades or professional skills. Another study in 1910 concluded that most homeless men in New York’s Skid Row were just recently unemployed, many of them with good references from former employers (Stark, 1992).

While more recent studies have not found as promising results as those conducted a century before, it is not clear that lack of education, job skills, or income

sufficiently explain the homelessness of an overwhelming majority of homeless people. Burt and Cohen found that more than half (52 percent) of homeless adults had graduated from high school, compared to 81 percent of all U.S. adults and 43 percent of adults below poverty. Twenty-five percent worked for pay in the month before being interviewed, but the average length without jobs for others was 4 years. Half of both homeless single men and homeless women with children had not held a steady job (defined as three months or longer with same employer) in more than two years. "The average income per person for the preceding 30 days was \$137, which [was] 28 percent of the federal poverty level for a one-person household. Seventeen percent reported no cash income" (Burt, 1989: 42). All of these findings are consistent with those of other studies of various U.S. cities and regions reviewed by Burt and Cohen.

Although the market-readiness of the homeless population is undeniably bleak, many observers assert that such education, employment, and income results indicate that something more must be going on, that too many homeless people exhibit characteristics that, by most measures, would suggest sufficient market viability. It seems reasonable that elements in the housing or job markets themselves, rather than simply the characteristics of the people, are undermining their ability to compete. Thus, it would be misleading to suggest that homelessness is entirely determined by individuals' skills or ability to generate income.

### **Substance Abuse**

The very nature of substance abuse makes it extremely difficult to estimate the proportion of the homeless population that is addicted to alcohol, drugs, or both. Beyond the vast differences in usage between different household types, self-reporting is not always a reliable source of data. Stark observes that, since the 1900s,

the proportion of the homeless population classified as alcoholic has remained only about 30-33 percent (Stark, 1992). Jencks concedes that the true estimate might be between one and two-thirds of the homeless population, but insists that estimating such a figure is both methodologically impractical and ultimately unnecessary. The widely accepted finding that alcohol use has generally remained the same over the past 100 years indicates to Jencks that alcohol alone is not a promising explanation for the dramatic increase in homelessness in the past 15-20 years (Jencks, 1994).

The introduction and proliferation of inexpensive drugs, such as crack cocaine in the mid-1980s, combined with a steadied usage of alcohol, leads to a population much more chemically dependent than ever before. Despite many misleading reports that crack cocaine is instantaneously addictive, ethnographic studies indicate that people use crack much like people drink alcohol. Its cost (\$3-\$5) is similar to a half-pint bottle of whiskey, which has seduced many non-alcoholics; "some use it constantly (at least until their money runs out), some use it only occasionally, and some fall in between." Jencks argues that the economics of drug and alcohol use indicate that it more likely perpetuates homelessness once people have already become homeless, rather than single-handedly causing people to become homeless (Jencks, 1994). Indeed, it seems much more reasonable to think of substance abuse as a barrier to a person's ability to overcome other vulnerabilities he or she might have to extreme poverty or homelessness.

### **Mental Illness**

The incidence of mental illness among the homeless is even more difficult to assess. Self-reports, hospitalization histories, psychotic symptom scales, and unstandardized psychiatric diagnoses expose nearly every estimate that has ever

been produced to threats to their validity. However, a thorough review of many of such estimates led Robertson (1992) to conclude that there is at least a higher incidence of mental health disorder among the homeless than their domiciled counterparts. Further, street homeless persons demonstrated a notably higher rate of disorder than those in shelters (Robertson, 1992). It is still unclear whether the severity of disorders is significantly greater among the homeless than the housed, but the mentally ill are clearly over-represented in the homeless population. This has led some to assert that the steady de-institutionalization of state mental hospital patients from the 1960s to the 1980s led to the increase in homelessness during those decades, a claim that is still widely debated (NCH #5, 1999). However, this much we know to be true: "In 1987, at least 1.7 million working-age Americans had mental problems so severe they could not hold a job. Roughly 100,000 of these people were homeless. No other affluent country has abandoned its mentally ill to this extent" (Jencks, 1994: 38-9).

## CHAPTER 3

### HOMELESSNESS IN DELAWARE

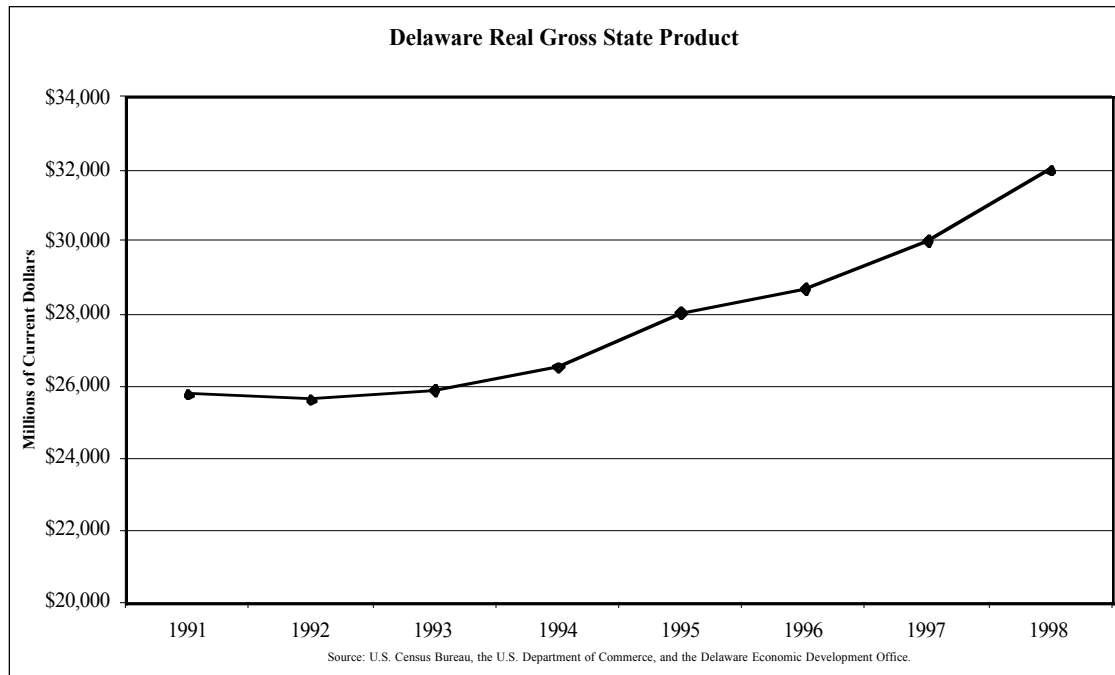
#### **Homelessness in the Midst of Unprecedented Prosperity**

This chapter presents data and analysis of a point-in-time measurement of the size of the sheltered homeless population in Delaware. Since the problem of homelessness has undeniable connections to economics, it is important to understand the economic environment in which Delaware's homelessness is taking place. Anyone remotely familiar with U.S. economic trends is surely aware that the U.S. has recently experienced an unprecedented growth in prosperity. Some states benefited more or less than others from this growth, but it is clear that the economies of all 50 states have benefited to some degree. Figures 3.1 through 3.3 illustrate that Delaware's economy has grown relatively steadily since 1991. While Delaware's gross state product (Figure 3.1) has increased nearly 25% (from \$25.7 billion in 1991 to \$32 billion in 1999), it has experienced unemployment rates consistently below the national average (Figure 3.2) and real per capita income consistently above the national average (Figure 3.3). Despite these positive economic indicators, Delaware's poverty rate has increased slightly between 1991 and 1999, which provides some insight into the question of whether the recent economic boom has reached all segments of the population.

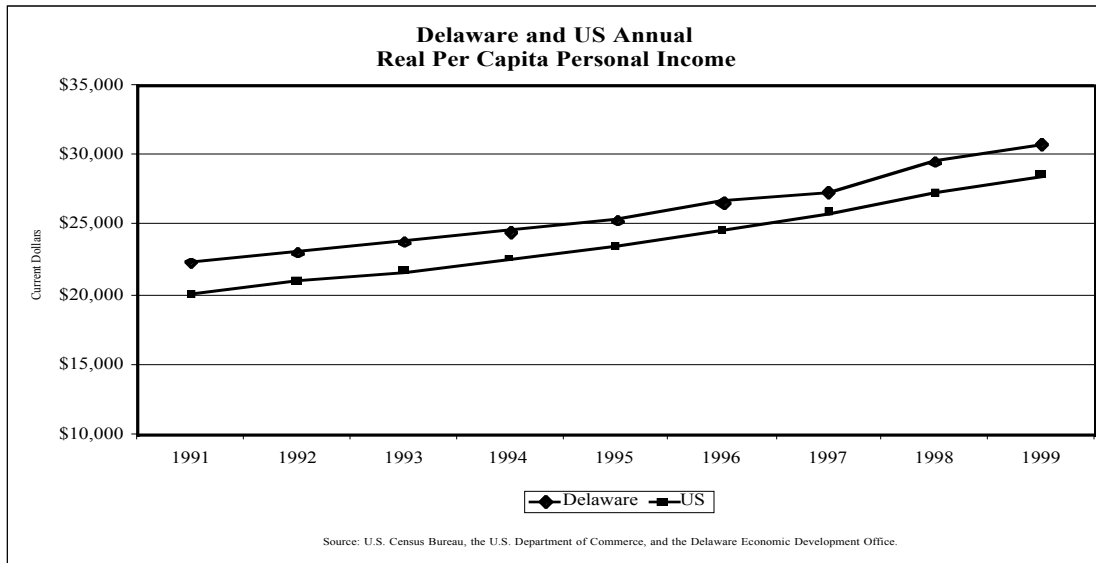
The remainder of this chapter, then, must be considered within the context of a healthy, growing economy with remarkably low rates of unemployment. The claim that "a rising tide raises all ships" would suggest that such economic conditions would lead to a decrease in homelessness. If, on the other hand, the unprecedented rising tides of the last decade have not brought a notable decrease in homelessness,

perhaps some ships have sunk. Readers of the following data are urged to weigh the economic context within which homelessness exists very heavily.

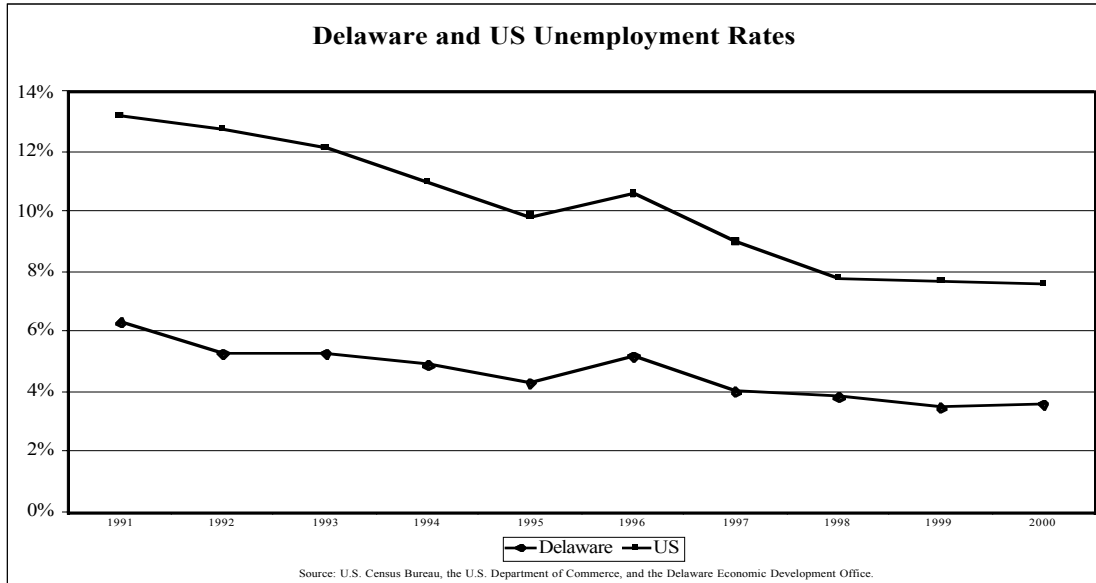
**Figure 3.1 Delaware Real Gross State Product, 1991-1998**



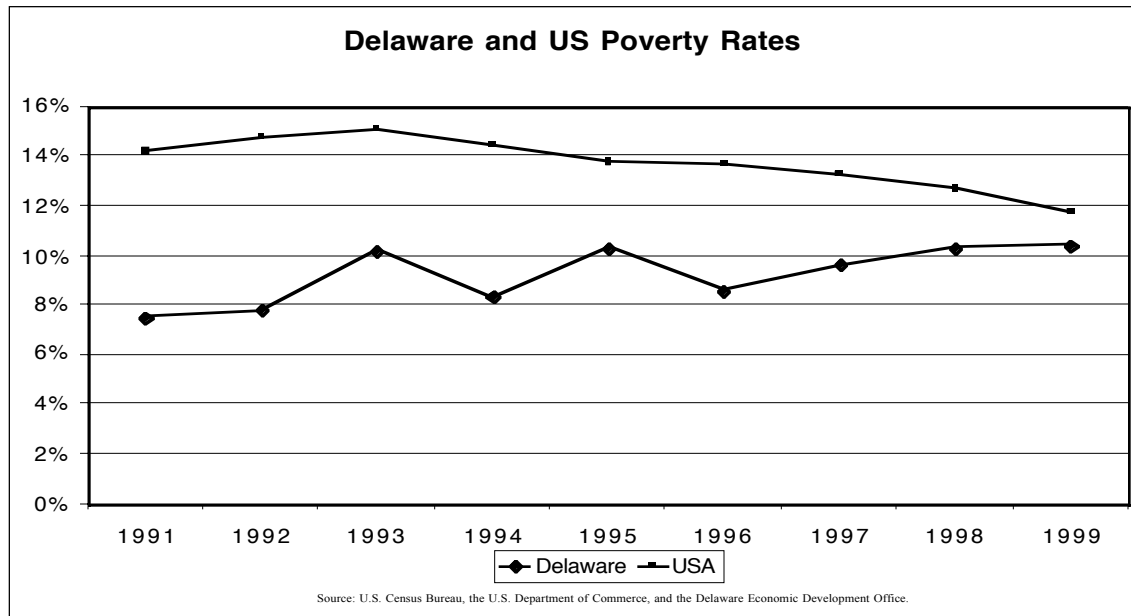
**Figure 3.2 Delaware and U.S. Annual Real Personal Income, 1991-1999**



**Figure 3.3 Delaware and U.S. Unemployment Rates, 1991-2000**



**Figure 3.4 Delaware and U.S. Poverty Rates, 1991-1999**



### **Point-in-Time Counts of Sheltered Homeless in 2000**

As described in Chapter 1, all known homeless shelter providers in the state of Delaware received a survey and were asked to report the number of persons and households that received shelter services on the night of January 25, 2000. They were also asked to report the number of individuals and families who were turned away from their program on this night due to lack of space. Each homeless person was categorized as either a member of a particular household type or as a single adult or child and by whether they received emergency shelter or transitional housing on the night of the estimate.

On the night of January 25, 2000, 1,040 persons were reported to have received shelter services in Delaware. Roughly 35 percent of the total (367) were under the age of 18, although some of these youths were the parents of other persons under

18. There were 463 single adult men (44.5 percent of the total), the largest household group, with female-headed households next with 361 total persons (34.7 percent of the total). There were 96 single adult females (9.2 percent), 84 persons in households consisting of male/female couples with children (8.1 percent), 18 children living without adults (1.7 percent), 12 persons in male-headed households with children (1.2 percent), and 6 persons in male/female couples without children (0.6 percent). There were no persons in “other households,” multiple adults of the same sex without children.<sup>10</sup>

### **Counts by Shelter Type and Location**

Of the total number of persons, 470 received site-based emergency shelter (45.2 percent), 79 received motel voucher emergency shelter (7.6 percent), and 491 received transitional housing (47.2 percent). This data can be found in the data appendix.

Not surprisingly, the vast majority of homeless persons reported on the night of the estimate were residing within the city of Wilmington. In fact, there were more persons within Wilmington (734 persons, 70.6 percent of the total) than in all of the other locations combined. Shelter providers housed 73 persons (7 percent) in New Castle County<sup>11</sup>, 146 persons (14 percent) in Kent County, 61 persons (5.9 percent)

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<sup>10</sup> In 1995, a provider called Christian Outreach Ministries reported serving 59 persons in Seaford, Sussex County. After repeated attempts to locate this provider, we can only assume that it no longer exists. However, if the provider has simply decided not to participate in 2000, its numbers could have a dramatic effect on these findings. Similarly, although Bayard House was included in 1995 and served eight people, it did not participate in 2000.

<sup>11</sup> “New Castle County,” unless otherwise noted, refers to the area of New Castle County that does not include the city of Wilmington.

in Sussex County, and 26 persons (2.5 percent) in the city of Milford. Thus, Wilmington shelter providers served 734 homeless persons while all other locations served a total of 306 persons. Part 1 of Tables 3.1 through 3.7 provide more detailed information on the numbers of persons that received shelter services in the City of Wilmington, New Castle County, Kent County, Sussex County, and Delaware overall.<sup>12</sup>

### **Number of Sheltered Homeless Households Statewide**

Part 2 of Table 3.7 breaks the aggregate sheltered homeless population in Delaware into the eight household types that were asked about in Part A of the survey instrument. There are three types of multi-person households with children (Female- and Male-headed households with children and Couples with children), two types of households with multiple adults with no children (Couples without children and Other multi-adult households without children), and three types of households with individuals living alone (Single adult males, Single adult females, and Children without adults). It is important to note that the term *household* is used somewhat differently here than it might otherwise be used. A *household* can include just one person or many persons, but they must normally consume housing as a single unit; a *household with children* is necessarily a multi-person household that has a head-of-household and one or more children present, whether the head-of-household is a minor, adult, or a couple, married or not.

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<sup>12</sup> Locations include the City of Wilmington, New Castle County not including Wilmington, the City of Milford, Kent County net Milford, and Sussex County net Milford. Milford lies in both Kent and Sussex Counties. For the purposes of simplifying the analysis, Milford's findings are divided into two equal halves and distributed evenly between the counties in some instances.

**Table 3.1 Homeless Population Report for Wilmington**

Homeless Population Report for Wilmington, Delaware Point-In-Time Estimate for January 25, 2000						
	Total # Homeless  (a+b+c)	<u>TOTAL NUMBER SERVED BY</u>				
		Emergency Shelters (Site Based)  (a)	Emergency Shelters (Motel)  (b)	Transitional Housing  (c)		
<b>Part 1: Homeless Population</b>						
<b>Households with Children Under 18</b>						
1. Number of Homeless Households with Children	99	30	1	68		
2. Number of Persons in Households with Children	275	73	4	198		
<b>Individuals Not in Households with Children</b>						
3. Youth (17 years of age or younger)	8	8	0	0		
4. Adults (18+ years of age)	451	217	1	233		
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>734</b>	<b>298</b>	<b>5</b>	<b>431</b>		
		Emergency Shelters (Site Based)	Emergency Shelters (Motel)	Total Emergency Shelters	Transitional Housing	GRAND TOTALS
<b>Part 2: Household Types</b>						
<b>Total Female-Headed Households</b>	26	1	27	61	88	
Persons Under 18	48	3	51	157	208	
Persons 18 and Over	15	1	16	20	36	
<b>Total Male-Headed Households</b>	0	0	0	4	4	
Persons Under 18	0	0	0	8	8	
Persons 18 and Over	0	0	0	2	2	
<b>Total Male/Female Couples with Children</b>	4	0	4	3	7	
Persons Under 18	2	0	2	11	13	
Persons 18 and Over	8	0	8	0	8	
<b>Total Male/Female Couples without Children</b>	1	0	1	0	1	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	2	0	2	0	2	
<b>Total Other Households without Children</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Single Males</b>	188	0	188	197	385	
<b>Total Single Females</b>	27	1	28	36	64	
<b>Total Children &lt;18 without Adult</b>	8	0	8	0	8	
<b>TOTAL PERSONS</b>	298	5	303	431	734	
<b>TOTAL HOUSEHOLDS</b>	246	2	248	301	549	

Source: University of Delaware Center for Community Development and Family Policy

**Table 3.2 Homeless Population Report for New Castle County (excluding Wilmington)**

Homeless Population Report for New Castle County (excluding Wilmington), Delaware Point-In-Time Estimate for January 25, 2000						
	Total # Homeless (a+b+c)	<u>TOTAL NUMBER SERVED BY</u>				
		Emergency Shelters (Site Based) (a)	Emergency Shelters (Motel) (b)	Transitional Housing (c)		
<b>Part 1: Homeless Population</b>						
<b>Households with Children Under 18</b>						
1. Number of Homeless Households with Children	20	9	11	0		
2. Number of Persons in Households with Children	62	19	43	0		
<b>Individuals Not in Households with Children</b>						
3. Youth (17 years of age or younger)	0	0	0	0		
4. Adults (18+ years of age)	11	4	7	0		
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>73</b>	<b>23</b>	<b>50</b>	<b>0</b>		
		<b>Emergency Shelters (Site Based)</b>	<b>Emergency Shelters (Motel)</b>	<b>Total Emergency Shelters</b>	<b>Transitional Housing</b>	<b>GRAND TOTALS</b>
<b>Part 2: Household Types</b>						
<b>Total Female-Headed Households</b>	9	5	14	0	14	
Persons Under 18	9	13	22	0	22	
Persons 18 and Over	10	5	15	0	15	
<b>Total Male-Headed Households</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Male/Female Couples with Children</b>	0	6	6	0	6	
Persons Under 18	0	14	14	0	14	
Persons 18 and Over	0	11	11	0	11	
<b>Total Male/Female Couples without Children</b>	1	1	2	0	2	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	2	2	4	0	4	
<b>Total Other Households without Children</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Single Males</b>	0	3	3	0	3	
<b>Total Single Females</b>	2	2	4	0	4	
<b>Total Children &lt;18 without Adult</b>	0	0	0	0	0	
<b>TOTAL PERSONS</b>	23	50	73	0	73	
<b>TOTAL HOUSEHOLDS</b>	12	17	29	0	29	

Source: University of Delaware Center for Community Development and Family Policy

**Table 3.3 Homeless Population Report for New Castle County (including Wilmington)**

Homeless Population Report for New Castle County (including Wilmington), Delaware Point-In-Time Estimate for January 25, 2000						
	Total # Homeless (a+b+c)	<u>TOTAL NUMBER SERVED BY</u>				
		Emergency Shelters (Site Based) (a)	Emergency Shelters (Motel) (b)	Transitional Housing (c)		
<b>Part 1: Homeless Population</b>						
<b>Households with Children Under 18</b>						
1. Number of Homeless Households with Children	119	39	12	68		
2. Number of Persons in Households with Children	337	92	47	198		
<b>Individuals Not in Households with Children</b>						
3. Youth (17 years of age or younger)	8	8	0	0		
4. Adults (18+ years of age)	462	221	8	233		
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>807</b>	<b>321</b>	<b>55</b>	<b>431</b>		
		Emergency Shelters (Site Based)	Emergency Shelters (Motel)	Total Emergency Shelters	Transitional Housing	GRAND TOTALS
<b>Part 2: Household Types</b>						
<b>Total Female-Headed Households</b>	35	6	41	61	102	
Persons Under 18	57	16	73	157	230	
Persons 18 and Over	25	6	31	20	51	
<b>Total Male-Headed Households</b>	0	0	0	4	4	
Persons Under 18	0	0	0	8	8	
Persons 18 and Over	0	0	0	2	2	
<b>Total Male/Female Couples with Children</b>	4	6	10	3	13	
Persons Under 18	2	14	16	11	27	
Persons 18 and Over	8	11	19	0	19	
<b>Total Male/Female Couples without Children</b>	2	1	3	0	3	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	4	2	6	0	6	
<b>Total Other Households without Children</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Single Males</b>	188	3	191	197	388	
<b>Total Single Females</b>	29	3	32	36	68	
<b>Total Children &lt;18 without Adult</b>	8	0	8	0	8	
<b>TOTAL PERSONS</b>	321	55	376	431	807	
<b>TOTAL HOUSEHOLDS</b>	258	19	277	301	578	

Source: University of Delaware Center for Community Development and Family Policy

**Table 3.4 Homeless Population Report for Kent County**

Homeless Population Report for Kent County, Delaware Point-In-Time Estimate for January 25, 2000					
	<u>TOTAL NUMBER SERVED BY</u>				
	Total # Homeless  (a+b+c)	Emergency Shelters (Site Based)  (a)	Emergency Shelters (Motel)  (b)	Transitional Housing  (c)	
<b>Part 1: Homeless Population</b>					
<b>Households with Children Under 18</b>					
1. Number of Homeless Households with Children	24	13	7	5	
2. Number of Persons in Households with Children	80	43	20	17	
<b>Individuals Not in Households with Children</b>					
3. Youth (17 years of age or younger)	10	6	0	4	
4. Adults (18+ years of age)	70	58	1	11	
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>159</b>	<b>106</b>	<b>21</b>	<b>32</b>	
	<b>Emergency Shelters (Site Based)</b>	<b>Emergency Shelters (Motel)</b>	<b>Total Emergency Shelters</b>	<b>Transitional Housing</b>	<b>GRAND TOTALS</b>
<b>Part 2: Household Types</b>					
<b>Total Female-Headed Households</b>	10	5	15	3	17
Persons Under 18	22	9	31	8	39
Persons 18 and Over	7	5	12	3	14
<b>Total Male-Headed Households</b>	0	1	1	0	1
Persons Under 18	0	1	1	0	1
Persons 18 and Over	0	1	1	0	1
<b>Total Male/Female Couples with Children</b>	3	1	4	2	6
Persons Under 18	10	2	12	3	15
Persons 18 and Over	4	2	6	4	10
<b>Total Male/Female Couples without Children</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Other Households without Children</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Single Males</b>	46	1	47	9	56
<b>Total Single Females</b>	12	0	12	2	14
<b>Total Children &lt;18 without Adult</b>	6	0	6	4	10
<b>TOTAL PERSONS</b>	106	21	127	32	159
<b>TOTAL HOUSEHOLDS</b>	70	8	78	16	94
Source: University of Delaware Center for Community Development and Family Policy					

**Table 3.5 Homeless Population Report for Sussex County**

<b>Homeless Population Report for Sussex County, Delaware Point-In-Time Estimate for January 25, 2000</b>					
	<u>TOTAL NUMBER SERVED BY</u>				
	Total # Homeless  (a+b+c)	Emergency Shelters (Site Based)  (a)	Emergency Shelters (Motel)  (b)	Transitional Housing  (c)	
<b>Part 1: Homeless Population</b>					
<b>Households with Children Under 18</b>					
1. Number of Homeless Households with Children	14	7	1	7	
2. Number of Persons in Households with Children	41	21	3	17	
<b>Individuals Not in Households with Children</b>					
3. Youth (17 years of age or younger)	0	0	0	0	
4. Adults (18+ years of age)	34	23	0	11	
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>74</b>	<b>43</b>	<b>3</b>	<b>28</b>	
	<b>Emergency Shelters (Site Based)</b>	<b>Emergency Shelters (Motel)</b>	<b>Total Emergency Shelters</b>	<b>Transitional Housing</b>	<b>GRAND TOTALS</b>
<b>Part 2: Household Types</b>					
<b>Total Female-Headed Households</b>	6	1	7	5	11
Persons Under 18	12	2	14	9	23
Persons 18 and Over	4	1	5	1	5
<b>Total Male-Headed Households</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Male/Female Couples with Children</b>	1	0	1	2	3
Persons Under 18	3	0	3	4	7
Persons 18 and Over	2	0	2	4	6
<b>Total Male/Female Couples without Children</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Other Households without Children</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Single Males</b>	13	0	13	7	20
<b>Total Single Females</b>	10	0	10	4	14
<b>Total Children &lt;18 without Adult</b>	0	0	0	0	0
<b>TOTAL PERSONS</b>	43	3	46	28	74
<b>TOTAL HOUSEHOLDS</b>	29	1	30	18	48
Source: University of Delaware Center for Community Development and Family Policy					

**Table 3.6 Homeless Population Report for Kent and Sussex Counties**

<b>Homeless Population Report for Kent and Sussex Counties, Delaware Point-In-Time Estimate for January 25, 2000</b>						
	<b>Total # Homeless  (a+b+c)</b>	<b>TOTAL NUMBER SERVED BY</b>				
		<b>Emergency Shelters (Site Based)  (a)</b>	<b>Emergency Shelters (Motel)  (b)</b>	<b>Transitional Housing  (c)</b>		
<b>Part 1: Homeless Population</b>						
<b>Households with Children Under 18</b>						
1. Number of Homeless Households with Children	<b>38</b>	19	8	11		
2. Number of Persons in Households with Children	<b>120</b>	63	23	34		
<b>Individuals Not in Households with Children</b>						
3. Youth (17 years of age or younger)	<b>10</b>	6	0	4		
4. Adults (18+ years of age)	<b>103</b>	80	1	22		
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>233</b>	<b>149</b>	<b>24</b>	<b>60</b>		
		<b>Emergency Shelters (Site Based)</b>	<b>Emergency Shelters (Motel)</b>	<b>Total Emergency Shelters</b>	<b>Transitional Housing</b>	<b>GRAND TOTALS</b>
<b>Part 2: Household Types</b>						
<b>Total Female-Headed Households</b>	15	6	21	7	28	
Persons Under 18	34	11	45	16	61	
Persons 18 and Over	10	6	16	3	19	
<b>Total Male-Headed Households</b>	0	1	1	0	1	
Persons Under 18	0	1	1	0	1	
Persons 18 and Over	0	1	1	0	1	
<b>Total Male/Female Couples with Children</b>	4	1	5	4	9	
Persons Under 18	13	2	15	7	22	
Persons 18 and Over	6	2	8	8	16	
<b>Total Male/Female Couples without Children</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Other Households without Children</b>	0	0	0	0	0	
Persons Under 18	0	0	0	0	0	
Persons 18 and Over	0	0	0	0	0	
<b>Total Single Males</b>	58	1	59	16	75	
<b>Total Single Females</b>	22	0	22	6	28	
<b>Total Children &lt;18 without Adult</b>	6	0	6	4	10	
<b>TOTAL PERSONS</b>	149	24	173	60	233	
<b>TOTAL HOUSEHOLDS</b>	99	9	108	33	141	
Source: University of Delaware Center for Community Development and Family Policy						

**Table 3.7 Homeless Population Report for Delaware, Statewide**

Homeless Population Report for Delaware, Statewide Point-In-Time Estimate for January 25, 2000					
	Total # Homeless (a+b+c)	<u>TOTAL NUMBER SERVED BY</u>			
		Emergency Shelters (Site Based) (a)	Emergency Shelters (Motel) (b)	Transitional Housing (c)	
<b>Part 1: Homeless Population</b>					
<b>Households with Children Under 18</b>					
1. Number of Homeless Households with Children	157	58	20	79	
2. Number of Persons in Households with Children	457	155	70	232	
<b>Individuals Not in Households with Children</b>					
3. Youth (17 years of age or younger)	18	14	0	4	
4. Adults (18+ years of age)	565	301	9	255	
<b>TOTAL PERSONS (lines 2+3+4)</b>	<b>1040</b>	<b>470</b>	<b>79</b>	<b>491</b>	
	Emergency Shelters (Site Based)	Emergency Shelters (Motel)	Total Emergency Shelters	Transitional Housing	GRAND TOTALS
<b>Part 2: Household Types</b>					
<b>Total Female-Headed Households</b>	50	12	62	68	130
Persons Under 18	91	27	118	173	291
Persons 18 and Over	35	12	47	23	70
<b>Total Male-Headed Households</b>	0	1	1	4	5
Persons Under 18	0	1	1	8	9
Persons 18 and Over	0	1	1	2	3
<b>Total Male/Female Couples with Children</b>	8	7	15	7	22
Persons Under 18	15	16	31	18	49
Persons 18 and Over	14	13	27	8	35
<b>Total Male/Female Couples without Children</b>	2	1	3	0	3
Persons Under 18	0	0	0	0	0
Persons 18 and Over	4	2	6	0	6
<b>Total Other Households without Children</b>	0	0	0	0	0
Persons Under 18	0	0	0	0	0
Persons 18 and Over	0	0	0	0	0
<b>Total Single Males</b>	246	4	250	213	463
<b>Total Single Females</b>	51	3	54	42	96
<b>Total Children &lt;18 without Adult</b>	14	0	14	4	18
<b>TOTAL PERSONS</b>	470	79	549	491	1040
<b>TOTAL HOUSEHOLDS</b>	357	28	385	334	719
Source: University of Delaware Center for Community Development and Family Policy					

### **Household Types by Location and Shelter Type**

A closer look at the data reveals that there are important trends in the distribution of various household types within and between the four main areas in the state. Similarly, it is useful to dedicate some discussion to the question of which types of households are receiving which types of shelter, also considering location. For example, while 463 single adult males were counted, 385 (83.2 percent) were in Wilmington, distributed between site-based emergency shelter (188 persons) and transitional residence (197 persons). Thus, this section will highlight each of the household types and provide the study's findings related to location and shelter type. As reported earlier in this chapter, service providers in the City of Wilmington serve far greater numbers of persons than elsewhere in the state. Without denying the importance of this fact, this section will attempt to look beyond it in order to detect more subtle trends. This section will report the figures displayed in Part 2 of Tables 3.1 through 3.6.

**Female-headed households with children** There were 130 female-headed households, with 291 persons in these households under the age of 18 and 70 persons over 18. Roughly 60 of these households with children under 18 were headed by females who were under 18 themselves. Another 18 children also received shelter without an adult present. Five male-headed households and 22 couples with children were reported. Five hundred fifty nine adults living alone (463 male, 96 female) received shelter on the night in question.

Despite the concentration of sheltered homelessness across the board in the Wilmington urban core, female-headed households appear to be somewhat evenly distributed between the three counties. Kent county providers sheltered 16, Sussex county providers sheltered 10, and New Castle County providers sheltered 14 female-

headed households. These contrast with the 88 female-headed households that were provided emergency or transitional housing in Wilmington.

While we note that a slim majority of female-headed households (68 of 130, 52.3 percent) were in transitional housing, this observation is heavily swayed by the concentrated availability of transitional housing in Wilmington. In fact, of the 28 female-headed households served in Kent County, Sussex County, and Milford, just seven were in transitional programs (25 percent). There are no transitional housing providers in New Castle County outside of Wilmington, but as many as 14 female-headed households received emergency shelter in this county.<sup>13</sup>

**Male-headed households with children** It is difficult to conduct a meaningful analysis of the trends within male-headed sheltered homeless households in Delaware, simply because there were so few of them in the service delivery system on the night of January 25, 2000. Apart from one such family that received a motel voucher in Kent County, the remaining four households received transitional housing in Wilmington.

**Male/female couples with children** Households within this category were relatively evenly distributed between emergency and transitional programs and between Wilmington and the two southern counties. Of the five households that were served in Kent County, three received emergency shelter and two received transitional

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<sup>13</sup> Because of the nature of State Service Center data collection for its motel voucher program, it is not possible to determine where vouchers given by its New Castle County office were distributed or used within the county. Thus, all or some unknown portion of the New Castle County Motel Voucher recipient population may have received shelter in Wilmington on the night of the estimate.

housing. Of the three households that were served in Sussex County, one received emergency shelter and two received transitional residence. Finally, of the eight couples with children served in New Castle County and Wilmington combined, five were provided emergency shelter and three were provided transitional housing. The lack of an overwhelming concentration of couples with children in Wilmington suggests that this household group may be more vulnerable to homelessness than other groups in rural parts of the state.

**Male/female couples without children and Other Households** All three male/female couples without children in the service system on the night of January 25, 2000 received emergency shelter (two site-based and one motel voucher), all in New Castle County or Wilmington.

The category of “other households” was created to capture non-traditional household configurations including multiple adults of the same sex without children present. No such households were reported on January 25, 2000.

**Adult males living alone** Again, the overwhelming concentration of sheltered homeless single adult males in Wilmington has a dramatic effect on the analysis of location trends within this population. Because 19 adult males were served in Milford and we are unable to determine whether they came from Kent or Sussex County, it is more useful to look at the trends across both counties, including Milford. Seventy-five men received shelter in the southern counties, while 388 men were served in Wilmington and New Castle County.

Of the 75 men in the southern counties, only 16 (21.3 percent) were in transitional housing programs, mostly in Milford (14 men). This contrasts with 197 of

the 388 men (50.8 percent) served in Wilmington who were in transitional housing. Statewide, just 213 of the 463 single adult male households (46 percent) were counted in transitional housing programs.

**Adult females living alone.** Service providers in both Kent and Sussex County reported serving 14 adult females on January 25, 2000. Wilmington and New Castle County providers served 68 adult women. As with adult males living alone, a greater proportion of adult females received emergency shelter than transitional housing in the southern counties, but females seem to be more evenly distributed between the shelter types in the combined Wilmington and New Castle County area. Of the 68 women served in these locations, 36 (52.9 percent) were in transitional housing programs.

**Children under 18 without adults.** Of the 18 sheltered homeless children living without adults receiving shelter in Delaware, 10 were in Kent County and the remaining eight were found in Wilmington. Four of the children in Kent County resided in a transitional housing program on January 25, 2000, in Smyrna.

### **Number of Persons and Households Turned Away**

The Data Appendix contains a table of the data collected on the number of persons and households turned away by shelter providers on the night of January 25, 2000, due to lack of shelter space. Respondents were asked to not report persons that were turned away because they did not meet the program's eligibility requirements. Initially, this information was collected because it was believed that it might shed some light on the number of street homeless on the night of the estimate or, at the very least, reveal something about where additional capacity may be needed. It is unclear to what

extent the information in the data appendix can offer insight into the number of street homeless, because some or all of the persons turned away may have received shelter elsewhere and any number of street homeless persons may have simply not approached a shelter on this night. This said, we presume that the numbers of persons turned away reflect some sort of barrier to shelter, as the programs that turned them away must have been filled to capacity.

However, we note that a total of 54 persons were turned away from shelter services, nine from site-based emergency shelters and 45 from transitional housing programs. Further, all of the persons turned away from transitional housing programs were turned away in Wilmington and eight of the nine people turned away from site-based emergency shelters were turned away in the southern counties (four in Kent County and four in Sussex County). Based on this data, it seems that there may be insufficient transitional housing space in Wilmington, despite the capacity utilization discussed later in this chapter. Although four persons may seem comparatively insignificant to 45, the fact that four persons were turned away from emergency shelters in both Kent and Sussex Counties may be reason for concern, given these counties' relative sizes. There may be somewhat of a shortage of emergency shelter space in these counties, again despite the capacity utilization discussed later on.

### **Size of Selected Subpopulations**

Upon reviewing the findings of Homelessness in Delaware Revisited and the data collected by this study, it is unclear that either research can accurately estimate the size of selected subpopulations, using the information that was reported by service providers. The previous study used the program requirements of service providers to separate sheltered homeless persons into four categories of

subpopulations, including persons (1) with mental health problems only, (2) with alcohol and/or drug abuse problems only, (3) dually-diagnosed with mental health and substance abuse problems, and (4) victims of domestic violence.

The current study finds that the 1996 estimates were not derived with sufficient controls and that the data collected in 2000 cannot lead to more precise estimates. First, it is not unreasonable to doubt that service providers' entrance requirements either occasionally allow exceptions or are perhaps not empirically sound measures of persons' mental health or substance abuse status. Second, the 1996 study made no specific effort to survey all of the places that might provide shelter for victims of domestic violence, as these persons were outside the scope of the study's definition of sheltered homeless persons, as it is here. The only reasonable way to determine the size of certain subpopulations of the homeless population would be to sample the actual population or ask service providers to release potentially confidential information about their clients. The 1996 study conducted a sample and clinical diagnoses for the prevalence and treatment of alcohol and other drug abuse in its Chapter Five, but did not apply these findings to the discussion of the size of subpopulations.

### **The Changing Rate of Sheltered Homelessness in Delaware**

Homelessness in Delaware Revisited, released in 1996, found that the number of people in emergency shelter or transitional housing represented 0.147 percent of the state's total population in 1995, which that study estimated to be roughly 700,000. It went on to suggest that 0.147 percent was likely lower than the true rate of homelessness in Delaware, because it did not account for the immeasurable number of street homeless. In 1989, Burt and Cohen estimated that for every 100

persons that seek shelter or services, between 20 and 50 do not. They also found that areas' rate of homelessness usually range between 0.15 and 0.25 percent (between 15 and 25 people per 10,000 population), once an estimated number of street homeless are included (Burt and Cohen, 1989). Thus, the 1996 study concluded that once the street homeless were hypothetically included in its estimations, Delaware's rate of homelessness fit within Burt and Cohen's range (Peuquet and Miller-Sowers, 1996).

Using population estimates and projections from the Delaware Population Consortium, the finding in 1996 should be revised slightly. A more accurate estimate of Delaware's total population in 1995<sup>14</sup>, 718,721, results in a 0.143 percent rate of sheltered homelessness. While this does not significantly affect the findings of the earlier study, it serves to standardize the previous calculations, to provide more meaningful bases for comparison to the 2000 findings. Table 3.8 displays the estimated size of the population of Delaware, its three counties, and Wilmington, for both 1995 and 2000. This table also displays the estimated size of the sheltered homeless population for those years and calculates the rate of sheltered homelessness for each jurisdiction.

As the population has steadily grown, the rate of sheltered homelessness statewide in Delaware appears to have decreased slightly since 1995 (from 0.143 percent to 0.137 percent), although the number of sheltered homeless persons has remained relatively constant (1,031 to 1,040). The most dramatic shift to observe from Table 3.8 is in Wilmington's rate. Its already uncommonly high rate in

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<sup>14</sup> Estimates from the Delaware Population Consortium are for July 1 of each year. Although the point-in-time estimates were conducted in the winter, they remain the most reliable estimates of the size of Delaware's population and this should not affect the results of any calculations.

1995 (0.945 percent) increased greater than any other rate in the state, to 1.01 percent in 2000. Next, the rate in Sussex County declined from 0.094 to 0.052 percent.

**Table 3.8 Rate of Sheltered Homelessness in Delaware, 1995 and 2000**

Point-in-Time Estimate of the Rate of Sheltered Homelessness in Delaware on January 25, 1995 and 2000						
Location	1995			2000		
	Estimated Population	Estimated Sheltered Homeless	Rate of Sheltered Homelessness in Population	Estimated Population	Estimated Sheltered Homeless	Rate of Sheltered Homelessness in Population
Statewide	718,721	1,031	0.143%	760693	1040	0.137%
Wilmington	72,171	682	0.945%	72848	734	1.008%
New Castle County (net Wilmington)	398,002	62	0.016%	491409	73	0.015%
Kent County	120,869	167.5	0.139%	126275	159	0.126%
Sussex County	127,679	119.5	0.094%	143009	74	0.052%

Source: University of Delaware Center for Community Development and Family Policy

Finally, despite having a population more than three times Kent County, New Castle County (not including Wilmington) has maintained a similar rate in both estimates, though slightly higher. While this may be attributed to the low number of shelter providers in New Castle County, it must be considered in light of the rather high rate of sheltered homelessness in Wilmington. It is reasonable to conclude that homeless persons amass in Wilmington simply because the services are available in the city; it is also reasonable to question if there are barriers to locating homeless services in New Castle County outside of Wilmington.

As the previous study indicated, while the rate of sheltered homelessness is a useful indicator, it misses an important segment of the homeless population, such as persons living in cars, under bridges, in abandoned buildings, or elsewhere. Using Burt and Cohen's estimate of the ratio between service using and non-service using

homeless, it would be reasonable to estimate that an additional 200 to 500 persons remained “on the street” in Delaware on January 25, both in 1995 and 2000. We can know very little else about these persons (Burt and Cohen, 1989). Thus, if between 1,240 and 1,540 were homeless on the night of January 25, 2000, using an admittedly narrow definition of homelessness, then the estimated rate of homelessness statewide at this point-in-time was between .163 percent and .202 percent, which again is consistent with Burt and Cohen’s national findings on the rates of homelessness.

### **Changes in the Size of Delaware’s Sheltered Homeless Population**

As noted in Chapter Two of this thesis, Burt has found that both the point- and period-prevalence of homelessness nationally increased between 1989 and 1999. The study released by the Center for Community Development and Family Policy in 1996 found that the point-in-time estimate of the number of persons in emergency shelters increased 145.1 percent between February 25, 1986 and January 25, 1995. The number of multi-person households in emergency shelters increased nearly 183 percent in this same timeframe, indicating an increase in both the number and the size of homeless households with children in Delaware between 1986 and 1995 (Peuquet and Miller-Sowers, 1996).

Table 3.9 shows a three-point time series of the number of adults, children, total persons and multi-person households in emergency shelters, from point-in-time estimates on February 25, 1986, January 25, 1995, and January 25, 2000. These four categories of data are the only common threads between these three points in time, but they capture important aspects of Delaware’s emergency sheltered homeless

population. There is no reason to believe that differences between these points can be attributed to season or time of month.

Homelessness in Delaware Revisited (Peuquet and Miller-Sowers, 1996)

found an increase in all four emergency shelter categories from 1986 to 1995. As the

**Table 3.9 Number of Persons and Multi-Person Households in Emergency Shelters on Selected Dates in 1986, 1995, and 2000**

<b>Point-in-Time Estimates of the Number of Persons and Multi-Person Households Provided with Emergency Shelter in Delaware on Selected Dates in 1986, 1995, and 2000</b>			
	<b>Feb. 25, 1986</b>	<b>Jan. 25, 1995</b>	<b>Jan. 25, 2000</b>
Adults	178	398	385
Children (under 18)	88	254	164
Total Persons	266	652	549
Total Multi-Person Households	46	130	81
Source: University of Delaware Center for Community Development and Family Policy			

table illustrates, there has been a notable decline in the number of children and multi-person households in emergency shelters since 1995 and a less dramatic decline in the total number of persons. Given that the number of adults in emergency shelters has remained the same, we might think that emergency shelters have experienced somewhat of a plateau of persons, but a shift in the type of households that are coming to them. This dynamic was explored in greater detail in the earlier section titled “Household Types, By Location and Shelter Type.”

A more extensive analysis can be conducted to compare the findings in just 1995 and 2000, since the methodology and information collected did not change as much during this period as from 1986 to 1995. We can now look more closely at

point-prevalence changes within shelter and household types and location, which has not been done before. Tables 3.10 through 3.14 illustrate the changes in estimates from 1995 to 2000. For example, Table 3.10 addresses Site-Based Emergency Shelter estimates, reporting the number of households in each household type, the number of persons under and over 18 in these households, and the statewide aggregate estimates of households and persons in 1995 and 2000. It then reports aggregate estimates in each of the five locations. Tables 3.11 and 3.13 do the same for Motel Voucher Emergency Shelter and Transitional Residence, respectively. Table 3.12 compiles the estimates for both types of Emergency Shelter and Table 3.14 compiles the estimates statewide. Placing the data for 1995 and 2000 next to one another should facilitate a wide range of analysis, beyond the initial observations contained in this report.

**Table 3.10 Point-in-Time Estimates for Site-Based Emergency Shelters in 1995 and 2000**

Site-Based Emergency Shelter Point-in-Time Estimates in 1995 and 2000, by Household Type & Location		
	1995	2000
<b>By Household Type- Statewide</b>		
Total Female-headed households	66	50
Persons Under 18	135	91
Persons 18 & Over	84	35
Total Male-headed households	3	0
Persons Under 18	8	0
Persons 18 & Over	5	0
Total Couples with Children	9	8
Persons Under 18	17	15
Persons 18 & Over	20	14
Total Couples w/o Children	7	2
Persons Under 18	0	0
Persons 18 & Over	14	4
Total Other households (multiple adults)	2	0
Persons Under 18	0	0
Persons 18 & Over	4	0
Total Single Males	142	246
Total Single Females	59	51
Total Children w/o Adults	16	14
<b>Grand Total Persons- Statewide</b>		
	<b>504</b>	<b>470</b>
<b>Grand Total Households- Statewide</b>		
	<b>288</b>	<b>357</b>
<b>By Location</b>		
Kent (net Milford) - Total Persons	74	102
Kent (net Milford) - Total Households	43	67
Milford - Total Persons	10	8
Milford - Total Households	3	6
Sussex (net Milford) - Total Persons	98	39
Sussex (net Milford) - Total Households	46	26
New Castle (net Wilmington) - Total Persons	43	23
New Castle (net Wilmington) - Total Households	17	12
Wilmington - Total Persons	279	298
Wilmington - Total Households	179	246
Source: University of Delaware Center for Community Development and Family Policy		

**Table 3.11 Point-in-Time Estimates for Motel Voucher Emergency Shelters in 1995 and 2000**

<b>Motel Voucher Emergency Shelter Point-in-Time Estimates in 1995 and 2000, by Household Type &amp; Location</b>		
	<b>1995</b>	<b>2000</b>
<b>By Household Type- Statewide</b>		
Total Female-headed households	40	12
Persons Under 18	73	27
Persons 18 & Over	44	12
Total Male-headed households	1	1
Persons Under 18	4	1
Persons 18 & Over	1	1
Total Couples with Children	1	7
Persons Under 18	1	16
Persons 18 & Over	2	13
Total Couples w/o Children	1	1
Persons Under 18	0	0
Persons 18 & Over	2	2
Total Other households (multiple adults)	0	0
Persons Under 18	0	0
Persons 18 & Over	0	0
Total Single Males	4	4
Total Single Females	17	3
Total Children w/o Adults	0	0
<b>Grand Total Persons- Statewide</b>		
	148	79
<b>Grand Total Households- Statewide</b>		
	64	28
<b>By Location</b>		
Kent (net Milford) - Total Persons	87	21
Kent (net Milford) - Total Households	35	8
Milford - Total Persons	0	0
Milford - Total Households	0	0
Sussex (net Milford) - Total Persons	1	3
Sussex (net Milford) - Total Households	1	1
New Castle (net Wilmington) - Total Persons	19	50
New Castle (net Wilmington) - Total Households	6	17
Wilmington - Total Persons	41	5
Wilmington - Total Households	22	2
Source: University of Delaware Center for Community Development and Family Policy		

**Table 3.12 Point-in-Time Estimates for All Emergency Shelters in 1995 and 2000**

All Emergency Shelter Point-in-Time Estimates in 1995 and 2000, by Household Type & Location		
	1995	2000
<b>By Household Type- Statewide</b>		
Total Female-headed households	106	62
Persons Under 18	208	118
Persons 18 & Over	128	47
Total Male-headed households	4	1
Persons Under 18	12	1
Persons 18 & Over	6	1
Total Couples with Children	10	15
Persons Under 18	18	31
Persons 18 & Over	22	27
Total Couples w/o Children	8	3
Persons Under 18	0	0
Persons 18 & Over	16	6
Total Other households (multiple adults)	2	0
Persons Under 18	0	0
Persons 18 & Over	4	0
Total Single Males	146	250
Total Single Females	76	54
Total Children w/o Adults	16	14
<b>Grand Total Persons- Statewide</b>		
	652	549
<b>Grand Total Households- Statewide</b>		
	352	385
<b>By Location</b>		
Kent (net Milford) - Total Persons	161	123
Kent (net Milford) - Total Households	78	75
Milford - Total Persons	10	8
Milford - Total Households	3	6
Sussex (net Milford) - Total Persons	99	42
Sussex (net Milford) - Total Households	47	27
New Castle (net Wilmington) - Total Persons	62	73
New Castle (net Wilmington) - Total Households	23	29
Wilmington - Total Persons	320	303
Wilmington - Total Households	201	248
Source: University of Delaware Center for Community Development and Family Policy		

**Table 3.13 Point-in-Time Estimates for Transitional Housing in 1995 and 2000**

<b>Transitional Housing Point-in-Time Estimates in 1995 and 2000, by Household Type &amp; Location</b>		
	<b>1995</b>	<b>2000</b>
<b>By Household Type- Statewide</b>		
Total Female-headed households	17	68
Persons Under 18	33	173
Persons 18 & Over	17	23
Total Male-headed households	3	4
Persons Under 18	7	8
Persons 18 & Over	3	2
Total Couples with Children	1	7
Persons Under 18	4	18
Persons 18 & Over	2	8
Total Couples w/o Children	0	0
Persons Under 18	0	0
Persons 18 & Over	0	0
Total Other households (multiple adults)	0	0
Persons Under 18	0	0
Persons 18 & Over	0	0
Total Single Males	257	213
Total Single Females	55	42
Total Children w/o Adults	1	4
<b>Grand Total Persons- Statewide</b>		
	379	491
<b>Grand Total Households- Statewide</b>		
	333	334
<b>By Location</b>		
Kent (net Milford) - Total Persons	0	23
Kent (net Milford) - Total Households	0	8
Milford - Total Persons	3	18
Milford - Total Households	3	15
Sussex (net Milford) - Total Persons	14	19
Sussex (net Milford) - Total Households	4	10
New Castle (net Wilmington) - Total Persons	0	0
New Castle (net Wilmington) - Total Households	0	0
Wilmington - Total Persons	362	431
Wilmington - Total Households	326	301
Source: University of Delaware Center for Community Development and Family Policy		

**Table 3.14 Point-in-Time Estimates for Emergency Shelters and Transitional Housing in 1995 and 2000**

<b>All Shelter Types Point-in-Time Estimates in 1995 and 2000, by Household Type &amp; Location</b>		
	<b>1995</b>	<b>2000</b>
<b>By Household Type- Statewide</b>		
Total Female-headed households	123	130
Persons Under 18	241	291
Persons 18 & Over	145	70
Total Male-headed households	7	5
Persons Under 18	19	9
Persons 18 & Over	9	3
Total Couples with Children	11	22
Persons Under 18	22	49
Persons 18 & Over	24	35
Total Couples w/o Children	8	3
Persons Under 18	0	0
Persons 18 & Over	16	6
Total Other households (multiple adults)	2	0
Persons Under 18	0	0
Persons 18 & Over	4	0
Total Single Males	403	463
Total Single Females	131	96
Total Children w/o Adults	17	18
<b>Grand Total Persons- Statewide</b>		
	1031	1040
<b>Grand Total Households- Statewide</b>		
	685	719
<b>By Location</b>		
Kent (net Milford) - Total Persons	161	146
Kent (net Milford) - Total Households	78	83
Milford - Total Persons	13	26
Milford - Total Households	6	21
Sussex (net Milford) - Total Persons	113	61
Sussex (net Milford) - Total Households	51	37
New Castle (net Wilmington) - Total Persons	62	73
New Castle (net Wilmington) - Total Households	23	29
Wilmington - Total Persons	682	734
Wilmington - Total Households	527	549
Source: University of Delaware Center for Community Development and Family Policy		

Statewide, sheltered female-headed households averaged 3.14 persons per household in 1995 and 2.76 persons per household in 2000. The number of sheltered female-headed households has generally remained the same, but we can note that a greater proportion of female-headed households were in transitional housing in 2000 than in 1995. Further, fewer persons in female-headed households are over 18, especially among the households in emergency shelters. Male-headed households seem to be getting similarly smaller on average, but there were roughly the same number of male-headed households in 2000 as there were in 1995. There appears to have been an increase in the number of couples with children in all types of shelter, but especially in transitional housing. Conversely, despite the presence of couples without children in emergency shelters, there were none in transitional housing programs.

Single adult males have increased their presence in site-based emergency shelter, largely in Wilmington, but their numbers have not changed in other shelter types. Transitional housing programs may be experiencing a decline in single males, from 257 in 1995 to 213 in 2000, a decrease of 17.2 percent. Similarly, there were 55 single females in transitional housing in 1995, but just 30 in 2000, a drop of 46.5 percent. Without leaping to conclusions, one might wonder whether certain household types that are strongly represented in emergency shelters but not quite as strong in transitional housing are experiencing barriers in the service delivery network, keeping them out of transitional housing. Further, one should consider whether household types strongly represented in transitional housing face barriers to securing permanent housing, barriers that may be unique to that subgroup.

A close look at the numbers of persons in each household group under and over 18 years of age reveals that two men and 60 women headed households with

children while they were under 18 themselves. An additional nine persons under 18 were parents in couples with children and there were 18 sheltered homeless children living alone. In all, there were 367 persons under 18 in emergency shelters or transitional housing on the night of January 25, 2000, more than 35 percent of the entire sheltered homeless population. There were an estimated 309 persons under 18 in 1995, just 30 percent of the sheltered population then. Thus, the number of sheltered homeless persons under 18 has increased by 58 persons, or 15.9 percent.

### **Capacity Utilization**

In 2000, for the first time, shelter providers were asked to estimate the maximum number of living units that were available to homeless persons on the night of January 25, 2000. Depending on the operating procedures of the provider and the population that they serve, some providers reported the number of beds that they had available. Others, generally those providers that avoid placing single persons with families or combining clients otherwise, reported the number of living units available relative to the household composition of the persons that were served on this night. *Living unit*, then, refers to either a bed or a room, depending on how each provider defines and uses its capacity. In this sense, we have controlled for the variation among providers by stating that one household occupies one living unit, regardless of the size of either.

The information collected by this question of maximum capacity compared to the capacity used on the night of the estimate is particularly telling about the needs of each type of shelter in different locations. Table 3.15 summarizes the total number of living units and the number of living units used on January 25, 2000. The Utilization Rate column contains the resulting ratios between these numbers,

indicating what proportion of each location's capacity in either emergency shelter or transitional housing was used on January 25, 2000.<sup>15</sup> Analysis of this information must include a careful consideration of both the "hard numbers" of living units and the percentages.

In any housing market, even the unconventional market for shelter space, one expects to find some unused capacity at a given point-in-time. In fact, a homeless service delivery network is probably better prepared to respond quickly and effectively to the changing needs of its clients if some living units are not filled every night of the year. Still, there is a legitimate argument that capacity left unused on a regular basis wastes resources that might be put to better use elsewhere. In this light, though, it is neither surprising nor particularly troublesome to observe that just 82.1 percent of all living units in Delaware were used on the night of January 25, 2000. It is more useful to note which types of living units were more or less utilized than others in different locations.

We first notice that statewide site-based emergency shelter living units were considerably less used than statewide transitional units. This may indicate a need for expanded transitional housing space statewide, but understanding where those units are most needed is very important. Earlier in this chapter, we observed that four people were turned away from emergency shelters in both Kent and Sussex Counties, which had 56 percent and 91 percent emergency shelter utilization rates respectively.

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<sup>15</sup> Determining the maximum capacity of a motel voucher program on a given night is extremely problematic, as capacity is often defined by the amount of money remaining in a program's budget for the month's allotment. Therefore, motel voucher programs are not included in this analysis.

**Table 3.15 Living Units and Capacity Utilization Summary**

<b>Living Units and Capacity Utilization Summary</b>			
<b>Statewide</b>	<b>Maximum Capacity</b>	<b>Capacity Used</b>	<b>Utilization Rate</b>
Total All Shelter Living Units	1172	962	82.1%
Total Emergency Living Units	588	435	74.0%
Total Transitional Living Units	584	527	90.2%
<b>All Shelter Living Units by Location (Emergency and Transitional)</b>			
All Wilmington	827	735	88.9%
All New Castle (net Wilmington)	29	17	58.6%
All Kent (net Milford)	200	119	59.5%
All Sussex (net Milford)	63	58	92.1%
All Milford	53	33	62.3%
All New Castle (including Wilmington)	856	752	87.9%
All Kent and Sussex	316	210	66.5%
<b>Site-Based Emergency Units by Location</b>			
Emergency in Wilmington	309	271	87.7%
Emergency in New Castle (net Wilmington)	29	17	58.6%
Emergency in Kent (net Milford)	180	100	55.6%
Emergency in Sussex (net Milford)	43	39	90.7%
Emergency in Milford	27	8	29.6%
Emergency in New Castle (including Wilmington)	338	288	85.2%
Emergency in Kent and Sussex	250	147	58.8%
<b>Transitional Living Units by Location</b>			
Transitional in Wilmington	518	464	89.6%
Transitional in New Castle (net Wilmington)	0	0	N/A
Transitional in Kent (net Milford)	20	19	95.0%
Transitional in Sussex (net Milford)	20	19	95.0%
Transitional in Milford	26	25	96.2%
Transitional in New Castle (including Wilmington)	518	464	89.6%
Transitional in Kent and Sussex	66	63	95.5%
Source: University of Delaware Center for Community Development and Family Policy			

While, given its low rate, it may seem surprising that anyone was turned away from an emergency shelter in Kent County, the fact that 95 percent of all transitional housing in this county was utilized may indicate that Kent County emergency shelter providers may have experienced difficulty placing their clients in transitional programs.

We also noted that 45 people were turned away from transitional housing in Wilmington on the night of the estimate. Although we cannot know whether those turned away found shelter elsewhere, the fact that 45 people were turned away from Wilmington transitional housing when 54 living units remained unused that night might suggest that the network for referrals may not have worked to the benefit of some of those turned away. On the other hand, the accessibility of certain shelter space, particularly transitional housing, is often dependent on a match between the household structure of those currently in the shelter (or the requirements of the program) and the characteristics of the people seeking shelter.

The varying definitions that shelter providers use to determine their target populations undoubtedly influence outside observers' perception of the characteristics of the people that have gained access to shelter. For example, if shelter space were only available to female-headed households with children, a similar study of sheltered homelessness would obviously find only female-headed households with children and might erroneously conclude that homelessness is only affecting this group. It is critically important to avoid this trap of shelter requirements defining the perceived characteristics of the sheltered or total homeless population.

### **Capacity Utilization Conclusion**

First, this analysis did not address capacity utilization and shelter space availability as they relate to household structure. For example, while there may be

emergency or transitional living units available in a particular location, these units may be restricted to families or single women. In this case, using a “client- or consumer-based” approach to shelter capacity, the picture looks quite different for a single man than for a household that fits the requirements of the available units. Further, if the programs supplying these units are the sole source of data regarding the size and characteristics of the sheltered homeless population, findings from this data are likely to be distorted considerably, over-representing types of persons and households for which there happen to be more services. It would be wise for planners and policy makers to consider how program requirements affect both the perceived characteristics of the sheltered homeless population and the barriers to accessing shelter space experienced by different segments of the homeless population at large.

The data collected regarding capacity utilization indicates no need to increase the supply of emergency shelter units, but this should not be understood to suggest that some existing capacity should be scaled back. There is a much stronger case for increasing the supply of transitional housing units, as there appears to be a “bottleneck” of clients in transitional housing units that has impeded clients’ ability to move through the continuum of care, from emergency shelter to transitional housing to permanent housing. The nature of these types of programs is such that transitional programs are likely to take considerably more time than emergency programs; planning of the continuum of care should better reflect this. While this research did not directly study the availability of permanent housing for transitional housing residents, the high rates of utilization in transitional units combine with the numbers of people turned away from transitional units to indicate that the current capacity of transitional- and, quite likely, permanent- housing is insufficient. Supporting this conclusion, service

providers report in Chapter 4 that the availability of affordable housing remains among the biggest problems faced by their clients and programs.

Any expansion of transitional housing should pay careful attention to which household types are experiencing barriers in which locations. Expanding transitional housing should be considered statewide, including introducing additional transitional housing units to New Castle County outside of Wilmington. Further, it must be coupled with an increase in the availability of safe, decent, and affordable permanent housing for the persons and families moving out of transitional housing, to clear a path through the current “bottleneck.”

**CHAPTER 4**  
**THE HOMELESS SERVICE DELIVERY**  
**NETWORK IN DELAWARE**

**The Size and Nature of Delaware’s Homeless Service Delivery Network**

The information reported in this chapter was collected by Parts B and C of the survey instrument, which was completed by all survey respondents, whether or not they provided shelter services. This marks a considerable expansion of the scope of homelessness research in Delaware, as it includes a range of service providers that before had not been included, providers that offer non-shelter support services that are targeted to the homeless, but may not be exclusively available to the homeless.<sup>16</sup> Indeed, this survey of service providers was intended to be a 100 percent survey, rather than a sample of some proportion of all service providers. While the findings of Homelessness in Delaware Revisited can be used for comparison to this study’s findings it is important to remember that the nature of this research is broader than that of the previous work. We believe that including non-shelter service providers will help to develop a more complete and accurate portrait of the homeless service delivery network in Delaware.

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<sup>16</sup> Because some clients of these providers may not fit this study’s definition of homeless, information collected regarding the number of clients served has been determined to be unreliable for the purposes of this study. It is likely that this information includes multiply counted clients and some clients that are not homeless.

When reading and using the following information, it is important to keep in mind that there were some irregularities in the reporting by service providers. The vast majority of programs' respondents that participated in this study responded to most of the questions that they were asked, but some did not. Some program managers chose to only report the number of persons that received shelter on the night of the estimate, while others responded to only a few questions. In some cases, respondents working for agencies that manage multiple programs chose to answer questions in the same way for all of their programs. Although this has the effect of counting some individuals' perceptions more than once, we can only assume that they responded in earnest for each individual program, so each response is included as a separate response. The nature of this type of research is such that responses must remain confidential and that the researchers can only make a good faith effort to report these responses in the most accurate way. Because of these irregularities and the relatively small number of service providers, it is more important to observe the substance of what was reported, rather than how many providers said one thing or another.

### **Statewide Overview**

Throughout Delaware, there are 57 shelter providers<sup>17</sup> and 23 non-shelter service providers that target their services to homeless persons or families, leading to a

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<sup>17</sup> Jesus House, a retreat center located in Wilmington, offers homeless persons and families shelter on nights that the retreat center is not operating. However, neither in 1995 nor 2000 did Jesus House provide shelter to homeless persons. Although it does serve some people on some nights, we have elected to not regard it as a separate service provider for either 2000 or looking back at 1995, as it does not function as regular program targeting the homeless.

total of 81 homeless service providers counted by this survey. Of the 58 shelter providers, 27 provide site-based emergency shelter, nine provide motel voucher emergency shelter, and 23 provide transitional housing. Table 4.1 lists the type and number of service providers in 1995 and 2000, with the noted exclusion of non-shelter service providers in 1995.

**Table 4.1 Number and Types of Programs Serving Homeless, 1995 and 2000**

Number and Types of Programs Serving Homeless in Delaware				
	Site-Based Emergency Shelter	Motel Voucher Emergency Shelter	Transitional Housing	Non-Shelter Support Services
In 1995	28	7	16	N/A
In 2000	26	8	23	23
Source: University of Delaware Center for Community Development and Family Policy				

As Table 4.2 shows, of the total number of shelter programs, 39 are located in Wilmington/New Castle County, a decrease of one emergency shelter provider and an increase of six transitional housing programs. Across the two southern counties there were 15 shelter programs in 1995 and 18 in 2000. Looking more closely at the findings in 2000, the 39 programs in Wilmington/New Castle County include 16 emergency shelters and 17 transitional housing programs. As noted elsewhere, New Castle County outside Wilmington had no transitional housing programs. Further, three of the six transitional programs in the southern counties are in Milford while seven of their 12 emergency programs are located in Kent County (excluding Milford).

**Table 4.2 Number and Location of Service Providers, 1995 and 2000**

Number and Location of Service Providers in 1995 and 2000												
	Wilmington		New Castle County (net Wilmington)		Kent County (net Milford)		Sussex County (net Milford)		Milford		Statewide	
	1995	2000	1995	2000	1995	2000	1995	2000	1995	2000	1995	2000
Emergency Shelter	17	16	6	6	8	7	6	4	2	1	39	34
Transitional Housing	11	17	0	0	0	2	1	1	1	3	13	23
Non-shelter Support Services	N/A	18	N/A	1	N/A	3	N/A	1	N/A	0	N/A	23

Source: University of Delaware Center for Community Development and Family Policy

Non-shelter service providers are much more concentrated in Wilmington than shelter providers. Eighteen of the 23 such providers are located in Wilmington, while just three are in Kent County, one is in New Castle County (net Wilmington), and one is located in Sussex County. No surveys were returned by non-shelter service providers located in Milford, although it is certainly possible that some do exist.

While it may make sense for there to be so few homeless service providers in New Castle County outside of Wilmington, one must consider whether it is prudent for Wilmington to bear the lion’s share of the cost of homeless services, given the likelihood that some proportion of the homeless population in Wilmington came from elsewhere in New Castle County.

**Type and Location of Support Services Offered**

The data appendix contains tables with information regarding 29 support services. All survey respondents were asked whether they offered these services and whether they were targeted specifically to individuals or persons in households with

children. They were also asked to only report the services offered by the responding program on its own premises, in order to avoid double-counting services that were delivered by one program, but on another program's site. The data tables in the appendix report the number of programs offering each service, either to individuals or to households with children, in each location. There are summary columns that calculate the total number of providers that offer each service, either in all of New Castle County or in the two southern counties combined. Given the nature of some services and the ability of agencies to refer clients to one another, dividing the state into these two sections seems to be the most reasonable way to assess where there might be gaps in services.

When assessing whether there is a shortage of a particular service in one of the locations in the state, it is difficult to determine to what extent the services currently offered are utilized. As discussed in more detail in Chapter 1, the information collected regarding the utilization rates of these services within each program was determined to not be useful for this purpose. While we must avoid merely speculating that certain services need to be introduced to or reduced in one or more locations, the data tables still contain valuable information regarding how readily available certain services are throughout the state. Moreover, one must remember that this discussion revolves entirely around service providers that target their services to homeless individuals and/or families. We must acknowledge, up front, that many providers that do not specifically target the homeless indeed serve many homeless individuals and families, by virtue of the nature of their services.

Looking first at services available to individuals, it is clear that most support services are concentrated in New Castle County/Wilmington. For the vast

majority of services, there are two or more providers offering the service in New Castle County, which offers clients some degree of choice and may mean that a variety of models of service delivery can be implemented. Both New Castle County and the southern counties lack food voucher providers, which may be a tool for preventing literal homelessness among households in extreme poverty that only barely maintain housing. There appears to be a shortage of alcohol abuse treatment/counseling, drug abuse treatment/counseling, domestic abuse counseling, and mental health care for individuals in the Kent and Sussex counties. These counties combined also have just one provider offering general medical services, women's health care, job training, and legal assistance, though not necessarily the same provider or location for each service.

Services available to persons in households with children seem to have more gaps. Of the providers targeting this population, statewide there are just two offering alcohol abuse treatment/counseling, one with drug abuse treatment/counseling, one with mental health care, and three with child care, all located in Wilmington. In the southern counties, one provider offers domestic abuse counseling, one offers family counseling, one offers legal assistance, one offers women's health care, and no providers offer general medical services or direct financial assistance. Despite a relative abundance of life skills training providers for individuals and in New Castle County generally, there are just two in the southern counties. It seems that households with children have the fewest support services available to them, especially in Kent and Sussex Counties.

### **Perceptions of Homeless Service Providers**

As described in Chapter One, the survey instrument asked that the person who completed the instrument be knowledgeable about the nature of the services offered and the population served by the program they represented. Thus, the responses given to the questions in Part C of the instrument are thought to be reasonably dependable sources of information about the nature of homelessness in Delaware as well as the needs of the programs that serve homeless individuals and families. This section of this presents these key informants' responses and describes the overall trends that they have collectively reported. The responses are presented in the order in which the ten questions were asked in the survey instrument.

As noted in the introduction to this chapter, there were irregularities in the reporting of certain programs to these questions. In most instances roughly 70 respondents provided answers to the questions, although some questions received different numbers of responses, as is noted throughout. Further, while using mostly open-ended questions offered key informants considerable flexibility and freedom with their choice of response and wording, it posed a challenge to the analysis of these responses. Similar responses were grouped together to create mutually exclusive categories of responses, being sure that these categories were collectively exhaustive, including the full variety of responses. Responses that were either illegible or deemed to have not answered the question asked were placed in a generic "other" category. It is likely more useful to concentrate on the range of responses that each question received, rather than look too heavily at the "hard numbers" of respondents that reported each response.

**What is the Biggest Problem that This Program Faces? What is the Next Biggest Problem?**

Table 4.3 lists the range of responses that were reported to these questions, including the number of program key informants who reported each problem (frequency). Replicating Homelessness in Delaware Revisited, it is believed

**Table 4.3 Biggest Problems Programs Face**

<b>What is the biggest problem this program faces? What is the next biggest problem?</b>	<b>Number of Providers Stating this is "Biggest Problem"</b>	<b>Number of Providers Stating this is "Second Biggest Problem"</b>
Funding/Lack of Resources	41	10
Availability of Affordable Housing/ Permanent Housing Wait is Too Long	11	7
Complexity of Client Problems Limits Ability to Serve	5	13
Lack of Flexibility/Allowance for Creativity W/in Programs	2	0
Outreach	2	2
Space/Capacity Limitations	2	0
Transportation to/from Work	1	4
Finding/Hiring Adequate Staff	1	9
Cost/Ability to Supply Adequate Food	1	1
Finding Decent Landlords for Clients	1	0
Providing Employment Training Programs	0	5
Respect & Support of Economic Community	0	2
Lack of Commitment/Motivation from Clients	0	2
Too Much Paperwork/Red Tape	0	1
Prescription Medicine for Adults	0	1
Getting Area Dentists to Volunteer	0	1
Client Compliance	0	1
Impact of Welfare Reform	0	2
Increased Demand for Services	0	2
None	1	2
No Answer	3	9
Don't Know	0	1
Other	2	2

Source: University of Delaware Center for Community Development and Family Policy

that asking for the top two problems instead of just one generates a greater variety of responses and delves more deeply into the issues faced. To the question of the biggest problem faced, the “Funding/Lack of Resources” was reported by a strong majority of the respondents (41; 56 percent). Funding was also perceived to be one of the top two problems by 10 agencies, according to their responses to the second question, which means that 51 of 77 (66 percent) reporting agencies experience major problems regarding funding. Next, 18 respondents claimed that one of the two biggest problems faced by their program was the availability of affordable housing for their clients or the waiting lists for permanent housing were too long. Another 18 respondents claimed that the complexity of their clients’ problems was among their programs’ biggest problems. The fourth most-reported problem is the programs’ ability to find and hire adequate staff, reported by 10 programs.

Although it is important to take note of the problems most frequently reported, other problems should not be neglected, because they too can provide insight into the difficulties faced by homeless service providers. For example, providing employment training and transportation for clients to get to and from work were each reported by five programs. Two programs report space and capacity problems and, similarly, an increased demand for services is seen as a big problem by two other programs. In many ways, the variety among the responses may be more telling than the responses themselves, because it reveals some of the subtle complexity of service delivery.

This question was not reported in the study released in 1996. It was asked in the questionnaire used for the 1996 report, which was revised for the 2000 study, but there is no discussion of any responses to this question.

**What Is the Biggest Reason That People in Your Program Are Homeless? What Is the Next Biggest Reason?**

Table 4.4 lists the range of responses that were given to this question.

The top three most reported reasons that persons are homeless are drug and/or alcohol addiction, poverty, and a lack of affordable housing. Respondents also reported that a lack of employment opportunities, family/relationship issues, and mental illness are

**Table 4.4 Biggest Reasons People in Programs are Homeless**

The two biggest reasons people in this program are homeless are...	Number of Providers Stating this is "Biggest Reason"	Number of Providers Stating this is "Second Biggest Reason"
Addiction to Drug and/or Alcohol	15	11
Poverty	12	8
Lack of Affordable Housing	9	9
Family/Relationship Issues	8	4
Lack of Employment Opportunities	7	7
Domestic Conflict/Abuse	5	4
Mental Illness	5	6
Lack of Education/ Job Skills	4	4
Poor Life Skills/Financial Management	2	6
Hidden Disabilities	1	0
Lack of Transportation	1	1
Poor Governmental Planning/Funding/Mgmt	1	2
Coming from DE Correctional Facilities	0	1
Failure to Follow Through with Treatment	0	1
Lack of Community	0	6
Lack of Transitional Housing Space/Services	0	2
Medical Problems/ Disability	0	1
Problems in Foster/Group Home	0	1
Self Esteem/ Emotional Issues	0	4
No Answer	2	4
Don't Know	2	4
Other	1	1

Source: University of Delaware Center for Community Development and Family Policy

among the top two reasons that persons and families in their program were homeless. Other responses included domestic conflict or abuse, lack of education or job skills, poor life skills or financial management skills, and a lack of community.

Again, the variety of responses is revealing in itself. Self-esteem, emotional issues, problems in a foster or group home, medical problems and disabilities, and poor government planning, funding, and management appear among the less frequently reported reasons.

Homelessness in Delaware Revisited (Peuquet and Miller-Sowers, 1996) reported similar responses about the causes of homelessness. Addiction to drugs and/or alcohol, poverty, and a lack of affordable housing topped its list of causes reported by shelter providers.

### **What is the Best Way to Reduce Homelessness for the Population that Your Program Serves?**

For this question, respondents were asked to recommend one type of activity that would reduce the homelessness of their target population. In some cases, respondents offered more than one recommendation, but it remains useful to include all of the responses in this discussion. Looking at Table 4.5, the two most frequently mentioned ways to reduce homelessness were to increase the supply of affordable housing and increase job training. It is not surprising, given the responses to previous questions, that increasing substance abuse treatment and aftercare, as well as improving case management, job opportunities, and job placements were also among the most recommended ways to reduce homelessness. In addition, program informants proposed more self-esteem and life skills programs, increased government funding for

assistance, improved efforts to reintegrate clients one-by-one into social networks, and increasing mental health and medical services.

Again, Homelessness in Delaware Revisited reported remarkably similar responses to this question. Increasing the supply of affordable housing was most reported, while “more jobs paying livable wage” and “more substance abuse treatment programs” were close behind.

**Table 4.5 Best Way to Reduce Homelessness for People in Programs**

<b>The best way to reduce homelessness for the people this program serves would be to...</b>	<b>Number of Providers Stating this</b>
Increase Supply of Affordable Housing	17
Increase Job Training Programs	13
More Substance Abuse Treatment and Aftercare	8
Improve Job Opportunities/More Job Placement	7
More Effective Case Management	7
More Self-Esteem/Life Skills Programs	6
Reintegrate Clients One-by-One into Social Networks	6
Increase Government Funding for Assistance	5
Increase Mental Health/ Medical Services	4
Increase Counseling Services	3
Increase Financial Assistance to Individuals	3
Overhaul Education System	3
Encourage Client Involvement	1
Improve Public Transportation	1
Increase Educational Opportunities	1
Increase Public Awareness	1
Provide a Supportive Environment	1
Provide Transitional Counseling	1
Reduce Government Input	1
No Answer	4
Don't Know	3
Other	3

Source: University of Delaware Center for Community Development and Family Policy

**Approximately What Percentage of People Served in Your Program Become Homeless Again After They Leave and Why?**

Of all of the questions posed in this part of the survey instrument, this question was not answered completely by the greatest number of respondents. Many of those who estimated a percentage of persons that returned to homelessness did not offer a reason. Conversely, some respondents provided a list of reasons that their clients returned to homelessness, then estimated percentages of their client base that return because of each reason. While many responses were insightful, it is clear that

**Table 4.6 Reason Some Program Clients Return to Homelessness**

<b>Why do some people served by this program return to homelessness?</b>	<b>Number of Providers Stating this</b>
Client Behavior or Bad Habits (not necessarily substance related)	12
Substance Abuse	11
Program Unable to Resolve Existing Problems	10
Lack of Affordable Housing	6
Mental Health Problems	6
Insufficient Employment Opportunities	3
Cycle of Hopelessness & Poverty	2
Difficult Transition to New Housing	1
Poor Life Skills	1
Return to Abusive Situations/ Cycle of Domestic Violence	1
No Answer	21
Don't Know	3
Other	7
Source: University of Delaware Center for Community Development and Family Policy	

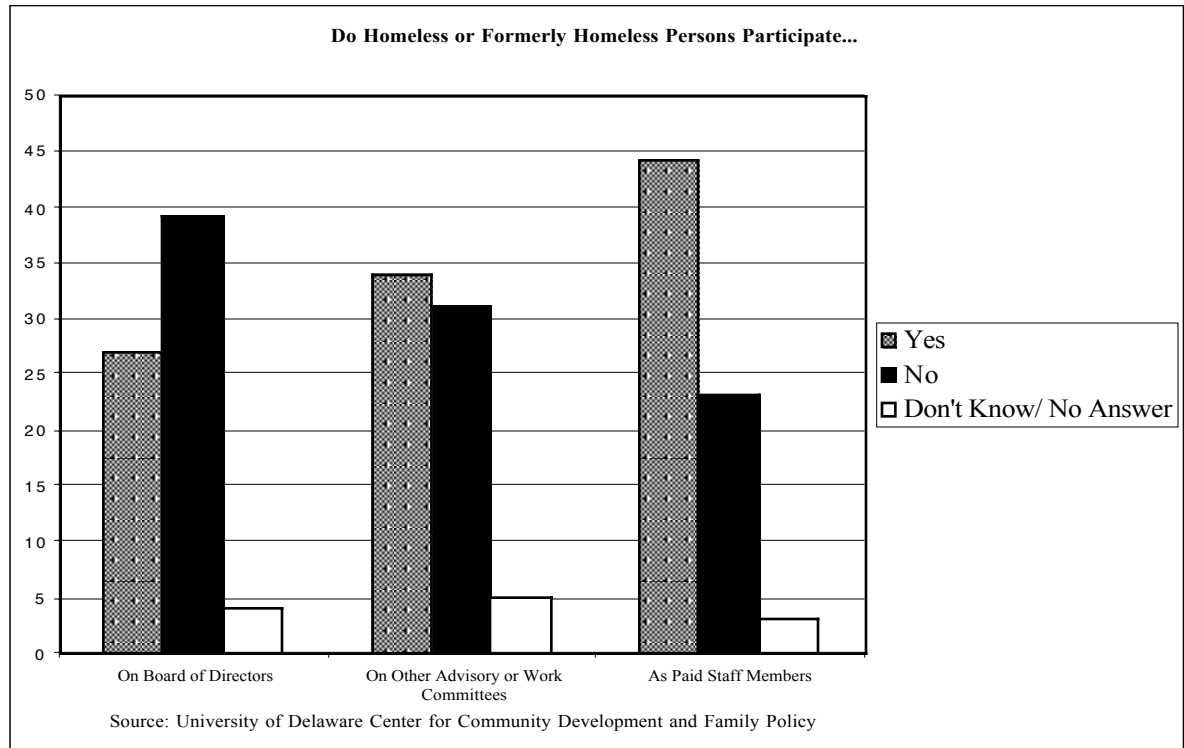
this question was too confusing for too many respondents, either because of what it asked or because of the way that it was asked. This is a lesson for any future replication of this research, to either re-structure this question or omit it altogether.

Despite the irregularities and confusion, Table 4.6 lists the responses given to the follow-up question about why programs' clients returned to homelessness after leaving the program. Among the most frequently reported reasons are a set of reasons that focus on the clients' problems, including substance abuse, client behavior, and mental health problems. A number of programs acknowledged that they sometimes fail to resolve clients' complex problems. Other responses focus on the lack of affordable housing and sufficient job opportunities awaiting clients when they leave the programs, steering them back into homelessness. Although it is difficult to conduct a thorough analysis of these responses, they are very much consistent with the range of responses given to earlier questions and certainly merit reporting.

**Do Homeless or Formerly Homeless Persons Participate on Your Agency's Board of Directors, Other Advisory or Work Committees, or As Paid Staff Members? (yes or no)**

This question shifts the focus to programs' inclusion of persons who have experienced homelessness into either daily program activities or broader planning efforts. Figure 4.1 reports the number of yes, no, and don't know/no answer responses received regarding each level of inclusion. There appears to be a trend toward higher levels of inclusion in the less-broad activities. Forty-four of the 70 responding programs (63 percent) have homeless or formerly homeless on their paid staff, but just 27 programs (39 percent) have them on their board of directors. Thirty-four programs (49 percent) reported having homeless or formerly homeless persons on other advisory or work committees. While it may be thought that greater inclusion is preferable to less, one can not assume that homeless or formerly homeless persons necessarily desire to be included in program activities or planning. However, the fact that fewer than half of the responding programs include homeless or formerly

**Figure 4.1 Participation of Homeless or Formerly Homeless in Program Planning and Service Delivery**



homeless persons in either their board of directors or other committees, roles that generally involve greater influence on program design and direction, should be considered carefully.

The findings for this question in 2000 contrast somewhat with those from 1995. Peuquet and Miller-Sowers found that roughly 50 percent of all (shelter) programs included homeless or formerly homeless persons in all three areas, with slightly greater participation on boards of directors (52.8 percent) (Peuquet and Miller-Sowers, 1996). While some of this difference may be due to the fact that some non-shelter programs do not work exclusively with homeless persons, it does appear that inclusion in programmatic planning has decreased slightly since 1995.

**For the Population Your Program Serves, Do You Think the Homeless Problem is Now...**

Respondents were given a scale of five ways to complete this phrase: getting much worse, getting slightly worse, staying about the same, getting slightly better, getting much better. Table 4.7 illustrates the responses to this question. There is no question that a vast majority of respondents believe that the problem of homelessness is getting worse. Nineteen respondents reported that their programs' clients' homelessness was getting much worse (27 percent), while 25 said it was getting slightly worse (36 percent). This is a total of 63 percent of the 70 respondents. Another 19 said that homelessness was staying about the same (27 percent) and 2 said that it was getting slightly better (3 percent). Five respondents did not answer this question.

**Table 4.7 Trends in the Homeless Problem**

<b>For the population this program serves, do you think the homeless problem is now...</b>	<b>Number of Providers Stating this</b>
Getting Much Worse	19
Getting Slightly Worse	25
Staying About the Same	19
Getting Slightly Better	2
Getting Much Better	0
No Answer	5

Source: University of Delaware Center for Community Development and Family Policy

The findings for this question are particularly interesting when considered in light of the findings of the previous chapter, that the point-prevalence of homelessness in Delaware seems to be at a plateau. The fact that persons intimately familiar with the needs of homeless persons and families believe that the problem is

getting worse when the point-in-time number has remained the same suggests that the problem of homelessness, not just its size, has become more troubling over the years. Further, since the study released in 1996 found essentially the same sentiment among service providers, it seems reasonable to conclude that the nature of the problem has become more confounding and the solution more elusive.

**What Additional Programs or Services Are Needed By the People Your Program Serves?**

This question received the greatest number of different responses, broken down into nearly 30 groups. As with some earlier questions, the variety of responses should be considered to be as important as the responses themselves, as this question focuses its attention on the unmet needs of homeless persons and families. Table 4.8 lists the responses with the number of times that each was given. Again, it is important to note that many respondents offered more than one response, so it is not useful to consider proportions beyond looking at the responses most frequently given. Those most frequently given were education and job training, substance abuse treatment and counseling, case management and counseling, life skills and financial management, and affordable housing opportunities, counseling, and placement. These responses, not surprisingly, point toward building clients' capacity to compete in the labor market and in life generally. Rather than simply treating clients' problems indefinitely, the services that these respondents say that their clients need are geared toward re-building clients' lives. Other needed services that were reported include mental health treatment, medical services, transitional housing services, transportation, dental care, and improved foster care.

**Table 4.8 Additional Services Needed by Program Clients**

<b>What additional programs or services are needed by the people this program serves?</b>	<b>Number of Providers Stating this</b>
Education/ Job Training	24
Substance Abuse Treatment/ Counseling	17
Case Management & Counseling	10
Life Skills/ Financial Management Training	8
Affordable Housing	7
Housing Counseling/Assistance	7
Emergency Shelter for Women	6
Medical Services	5
Transportation Services	5
Dental Care	4
Mental Health Treatment	4
Transitional Housing Services	4
More Individualized/Comprehensive Services	3
Assisted Living Services	2
Improved Foster Services	2
Increased Financial Assistance	2
Longer Term Programs	2
Child Care	1
Eye Care	1
Food/Hot Meals	1
Increased Bed/Shelter Space	1
Increased Outreach	1
Legal Assistance	1
Permanent/ SRO Housing	1
Spiritual Enrichment	1
Women's Health Care Services	1
None	2
No Answer	12
Other	4

Source: University of Delaware Center for Community Development and Family Policy

**Will This Program Be Changing Its Size, Approach, or Structure Over the Next 6-12 Months?**

Thirty-eight of the 70 responding programs said that they expected no change in the coming 6-12 months, a period of time that passed before the release of this study. All of the 26 programs that expected change anticipated some expansion of either their capacity or their range of services.

**Regarding the Use of Computers in Your Office and For Service Delivery...**

**Do you have access to the Internet?** Forty-two programs had access to the internet, 60 percent of responding programs.

**Do you have access to email?** Forty-three programs reported having access to email, roughly 61 percent.

**Do you use the Internet or email for program operations?** Thirty-six programs (51 percent) reported using these technologies for program operations.

**How many personal computers does this program own/use? What type of computers are these?** There was no report-worthy significance to the numbers of computers owned or used, although future studies may find it useful to analyze the number of computers compared to the number of persons served or the size of programs' operating budgets. Forty-six programs used Pentium computers; three used Macintosh; and one used a computer with a 486 processor.

**Do you have computer-based intake, referral, or reporting systems?** Forty percent, just 28 programs, reported having these systems. Programs were asked to describe systems that they did have, but few did so.

**Does your agency have a web page?** 16 programs (23 percent)

responded that they or their parent agency had a web page. Web addresses can be found in the database appendix to this chapter, which includes basic information about all of the programs that responded to this survey.

**What is your organization’s greatest technology need?** As with

earlier questions, this was open-ended and received multiple responses from some individual respondents. However, the most reported needs included Internet and web design knowledge, training, and hardware upgrades. Table 4.9 lists the range of responses with the number of respondents that gave each response.

**Table 4.9 Homeless Programs’ Greatest Technology Needs**

<b>What is this program's greatest need, with regard to computer technology?</b>	<b>Number of Providers Stating this</b>
Internet/Web Design Knowledge	26
Training	21
Hardware Upgrades	10
Database Design Knowledge	3
Software Upgrades	3
Have/Provide Internet/Email Access	2
Shared Data Resources	2
Computer Access	1
Computer Support Services	1
E-business Support	1
Uniform Reporting System	1
None	1
No Answer	14
Don't Know	0
Other	1

Source: University of Delaware Center for Community Development and Family Policy

### **A Note on Technology and the Service Delivery Network**

The above questions regarding technology were not asked in previous studies in Delaware, but were intended to begin to gauge how much new information technologies are being incorporated into homeless service delivery. While it is encouraging that more than half of the responding agencies have access to the Internet and email and use technology for their program operations, one should not presume that information technology will necessarily benefit service providers. There are efforts on the national level to investigate how information technologies might improve service delivery, program planning, and homelessness research alike. Delaware planners would be wise to follow this investigation and search for ways to make statewide service delivery, tracking, and planning more efficient and effective via the prudent use of information technology.

## CHAPTER 5

### MAJOR FINDINGS AND RECOMMENDATIONS

The preceding chapters indicate that the state of Delaware continues to have a serious homelessness problem. This chapter summarizes the major findings that support this conclusion and explores some recommendations for how this problem might be addressed.

#### **Major Finding #1:**

The point-in-time number of sheltered homeless people in Delaware was essentially the same in 2000 as in 1995. While the overall rate of homelessness has decreased slightly, given the strength of the state's economy over the past decade, a plateau in the number of people should cause serious concern for policy makers.

#### **Major Finding #2:**

Similar to what has been found in previous studies of homelessness in Delaware, the largest household groups are adult men living alone and female-headed households with children. There are important dynamics related to shelter type and location that are discussed in more detail in Chapter 3.

#### **Major Finding #3:**

There were 367 persons under the age of 18 in emergency shelters or transitional housing on the night of January 25, 2000, more than 35 percent of the entire sheltered homeless population. Compared to findings in 1995, the number of homeless persons under 18 has increased by 15.9 percent.

**Major Finding #4:**

There is strong evidence to support the expansion of transitional housing throughout the state, targeting new units to households for which transitional housing space is either scarce or regularly full, depending on their location. There is a “bottleneck” of clients in transitional housing, which poses serious problems for individuals and families trying to move smoothly from emergency shelters through transitional housing programs to stable, permanent housing. This bottleneck is likely the result of both insufficient transitional housing capacity and a shortage in affordable housing for persons transitioning out of homelessness.

**Major Finding #5:**

Households with children have the greatest gaps in support services available to them, especially in Kent County and Sussex County. Statewide planners should work to ensure that full ranges of support services are available to both individuals and households with children, throughout the state.

**Major Finding #6:**

Homeless service providers overwhelmingly believe that the homeless problem in Delaware is getting worse. The top three causes of homelessness given by these service providers for their target populations were drug and/or alcohol use, poverty, and a lack of affordable housing. These findings are consistent with the findings in the study released by the Center for Community Development and Family Policy in 1996. The fact that this, too, has not changed in five years is quite troubling.

**Major Finding #7:**

Also found in other studies of homelessness in Delaware, the most popular ways to reduce homelessness reported by providers were to increase the supply of affordable housing and increase job training. Other recommendations directly addressed the mental health or behavioral problems of homeless persons themselves.

**Major Finding #8:**

A system for regular and frequent data collection is critical to the success of future planning and policy making in Delaware. As noted in Chapter 1, data collection for this study began shortly after January 25, 2000 and continued for nearly eight months until the decision was made to “close the books.” One must wonder why data collection from 81 providers for a single night in a state such as Delaware should take this long. This points to the need for regular, statewide information collecting and sharing. Increased communications among service providers, frequent cross-sectional studies, and longitudinal observation of individuals have the potential to revolutionize homelessness planning and service delivery. Delaware, given its size and the fact that nearly all providers have been identified, has the unique potential to lead such an effort and engage in planning that is based on relevant and meaningful information.

**The Preventive Approach to Homelessness**

While the above findings of the point-in-time study alone could lead to a range of recommendations for future research, policy, and service delivery, it may be more meaningful to consider them within a broader theoretical context. This section of the chapter will provide such a context for thinking about the causes of and approaches

to solving homelessness. This discussion, though not exhaustive of all types of theories about homelessness, does capture a set of theories that enable the reader to return to Delaware's findings in the end of this chapter to examine some recommendations.

The last section of Chapter 2 described the key social and economic characteristics of the U.S. homeless population, as reported by national homelessness researchers. Presumably, understanding how the homeless population differs from other segments of the U.S. population in these dimensions should provide insight into the underlying causes of homelessness. This, however, provides insight only into one type of causative argument about homelessness – those that point to the personal or moral failings of the homeless themselves as the causes of homelessness generally. The lingering question, though, was how society at large has failed certain persons and caused them to be homeless. Herein lies a second type of causative argument, which point to the systemic conditions that lead to people's homelessness.

This section will present four theories of the roots of homelessness that, Jahiel (1992) claims, incorporate all of the dominant causative arguments proposed by policy makers, researchers, and other observers in the last century. I will use Jahiel's "Prevention Paradigm" as a framework for analyzing these theories and discuss the types of intervention that Jahiel's approach would prescribe for each theory. Thus, once the theories have been briefly outlined, I will use evidence and arguments found by other observers' in an effort to test and strengthen the paradigm.

### **Homelessness by Choice, By Nature, Or By Personality**

The notion that people freely choose to be homeless, that the conditions of their lives are so desperate and unbearable that living on the streets

actually becomes a viable alternative, is not especially widely held today, despite it being rather widely held during the 19th Century (Jahiel, 1992: 13). Recently, more sophisticated 'homelessness by choice' arguments have attempted to consider the range of choices available to homeless people, the personalities of homeless people, and the effect of being a member of the underclass, as they demonstrate that people have indeed elected to be homeless, on one level or another. Christopher Jencks outlines one such argument, which suggests that the increased availability of free shelter space has effectively lowered the 'cost of homelessness' to poor people and encouraged them to spend whatever income they might have on non-necessities including drugs and alcohol since they are ensured free food and shelter every night (Jencks, 1994). Further, once these people become integrated into the social network of the shelter and soup kitchen system, their decision to remain homeless would actually be considered quite rational by many measures.

Jahiel mentions an interpretation of the 'homelessness by nature' theory, put forth by Levinson, which looks to the collective personality of the homeless population as the cause of their condition (Jahiel, 1992). This interpretation essentially finds that homeless people have learned through their failed dealings with society to prefer freedom and leisure, "even if it is only freedom to starve and to beg" (Jahiel, 1992: 13). A related hypothesis comes to many of the same conclusions as Jencks and Levinson by looking at homelessness through the perspective of the underclass, where the values and expectations of the middle class simply do not apply. Schiff (as reported by Jahiel, 1992: 14) assumes that most homeless people belong to an underclass with a culture of its own and asserts that the underclass world view allows people to consider shelter life, one often safer than in ghetto neighborhoods, to

be the "ultimate form of affordable housing." The clear heterogeneity of the homeless population poses a significant threat to these notions, most of which assume that there is some sense of homogeneity among the homeless beyond membership in the underclass.

### **Social Disaffiliation**

In an effort to improve upon the weaknesses of the 'homelessness by choice' theories, other critics have proposed the notion of 'social disaffiliation' as the binding commonality or underlying homogeneity among the homeless population. Brought on by either internal or external factors or changes, social disaffiliation is the separation of persons from society. This may manifest itself, among other ways, in the choice of an individual to lead a deviant or criminal life with drugs or alcohol, the lifelong isolation of the chronically mentally ill, or the withdrawal of society from the individual felt during economic hardship (Jahiel, 1992: 14). Because this theory includes nearly every instance of faulty relationships between individuals and society under its umbrella of 'social disaffiliation,' it is both alluring and dissatisfying. This broad 'commonality' is not a uniquely homeless experience and does not account for the substantial portion of the homeless population that is only episodically homeless or the strong social networks that exist within the homeless population.

### **Housing and Poverty**

The 'housing and poverty' theory asserts that homelessness is the end result of persons lacking money for housing. The commonality among homeless people, according to this argument, is a set of vulnerability factors much like those discussed in the second chapter. Physical or mental illness, substance abuse or

dependence, minority status, age, household type, education, and income are among many other factors that expose people to varying degrees of vulnerability to poverty and homelessness. As these factors are used to discriminate in the competition for limited jobs and housing, people exhibiting unpopular or socially unacceptable conditions experience the most severe poverty and thus risk homelessness. Further, as poverty gets more severe and housing resources decrease, the homeless population increases proportionately, as occurred in the 1980s (Jahiel, 1992). While certain forms of market discrimination are undoubtedly desirable, the fact that certain groups of people are continually more vulnerable to extreme poverty than others suggests that society at large is at least tacitly responsible.

Despite the apparent success of this argument at capturing the relationship between some personal failings and failings of the market, it does not explain the fact that some severely poor or homeless persons exhibit none of the characteristics against which the market discriminates. Some people who would stereotypically not be thought to be vulnerable to homelessness – for example, highly educated or skilled white men without chemical dependencies or illnesses – do, in fact, turn up homeless, though certainly at much lower rates than their more vulnerable counterparts. Similarly, many people that hold the same vulnerability factors as homeless individuals, while sometimes in poverty, remain housed their entire lives. This problem of ecological fallacy challenges the ‘housing and poverty’ theory, but many critics maintain that the theory remains intact because of the rarity of the exceptions offered above. Indeed, the strength of this theory lies in the basic fact that people that become homeless cannot afford housing; all homeless people are extremely poor.

## **Societal Disinvestment**

The ‘societal disinvestment’ theory accepts the premises of the previous theory, but asserts that those categories of people that are especially vulnerable to homelessness were at some time the object of specific decisions to disinvest societal resources in them. These decisions were usually made well before the people actually became homeless and were often coupled with decisions to increase societal investment in other groups.

The rise of homelessness in the 1980s is explained by the growing power of affluent individuals and corporations and their increasing demands on government, beginning in the mid-1970s, along with the disinvestment of people who had been dependent on government for support or who had to be sacrificed to allow investment in other people. (Jahiel, 1992: 15)

This theory has not been directly tested, but Jahiel claims that findings of some studies of housing, welfare, and unemployment have revealed this sort of targeted disinvestment.

Similar to the Housing and Poverty and Societal Disinvestment theories, some have claimed that homelessness is actually a direct product of many economies. Much as economies produce structural unemployment and un-used real estate homeless people and families, in this sense, are considered to be ‘surplus’ workers and consumers within the economy.

## **The Prevention Paradigm**

In Homelessness: A Prevention-Oriented Approach, Jahiel combines his work during the late 1980s and early 1990s with that of more than 30 other researchers in order to develop an approach to homelessness, for both theory and

program and policy development, that addresses the four causal theories asserted above. He adapts methods used in preventive medicine for physical illness and public health to develop a prevention paradigm for treating the social illness of homelessness. "The objectives of prevention are to minimize harm to the individual and the community and to maintain economic productivity" (Jahiel, 1992: 11). Prevention can be achieved by some combination of three stages of intervention with the social illness (Jahiel, 1992):

- **Primary Prevention:** preventing a harmful condition from occurring.
- **Secondary Prevention:** detecting a harmful condition soon after it occurs and taking steps to eliminate it.
- **Tertiary Prevention:** minimizing the harmful effects of an existing condition.

The choice of key definitions and the timing of the intervention are critical to successful application of this paradigm. First, as was stressed in Chapter 2, choosing a definition of the condition targeted for prevention dramatically affects the scope and nature of the preventive measures needed. Similarly, deciding whether the prevention will be targeted toward only affected individuals or some broader group shapes the methods of intervention. The most distinct difference between these stages of intervention is their timing. "One may intervene during an extended period of homelessness (tertiary or late secondary), shortly after the onset of homelessness (secondary), when homelessness is imminent (late primary) or long before homelessness would occur (primary)" (Jahiel, 1992: 12). We now look at how each form of intervention is affected by the differences among the four types of causative theories.

The concept of tertiary prevention is not affected by the differences in causative arguments about homelessness. Whether people are homeless because they lack the skills to compete in the market or because Congress voted to shift resources away from a program that would benefit them, tertiary prevention holds that they are being harmed by a condition and they have needs that simply must be met. The degree of tertiary intervention, however, is highly sensitive to shifts in causative theory. For example, the moral condemnation and criminalization that has often accompanied the claim that homelessness is the product of substance abuse or a lack of moral character can dramatically affect the amount and type of resources available for tertiary intervention (Jahiel, 1992).

In contrast to the sense of alleviating just the pains of homelessness in tertiary prevention, secondary prevention seeks to eliminate the condition for households affected by it. Responding to the ‘homelessness by choice or nature’ theories, secondary prevention would require homeless persons to change their behavior with little help or with coercion. "The social disaffiliation theory suggests a ‘therapeutic’ approach that would reconnect individuals with social organizations by providing remedies to the conditions responsible for the disaffiliation (e.g. help in getting a job or welfare allowance, supported work and housing for individuals with mental disorder or substance abuse, and reestablishment of family ties)" (Jahiel, 1992: 16). Secondary intervention, considering the ‘housing and poverty’ and ‘societal disinvestment’ theories, would actively engage the community as well as individual homeless persons. It would combine efforts to help persons to overcome their poverty and homelessness vulnerabilities with community-wide economic

development intended to create jobs and affordable housing and efforts to improve the public's compassion for the homeless (Jahiel, 1992).

The four theories lead to the most diverse interventions with regard to primary prevention. Primary prevention of homelessness by nature would include anti-drug programs and intensive socialization of poor people into middle-class culture. The conditions that lead individuals to deviance or other social disaffiliation would be detected and treated early and large-scale social changes that have disaffiliating consequences would be actively prevented. Utilizing the 'housing and poverty' theory, primary prevention would emphasize the use of social policy to increase poor people's income, the supply of affordable housing, or both. Finally, while the 'societal disinvestment' theory would dictate many of the same remedies as the 'housing and poverty' theory, it would stress the empowerment and organization of people that are poor or otherwise vulnerable to homelessness, in order to increase their involvement in societal decisions and thereby prevent homelessness from affecting them at all (Jahiel, 1992).

### **Summary of the Preventive Approach to Homelessness**

The heterogeneous nature of the homeless population provides an overwhelming challenge to identifying a single cause – or solution – of the overall problem of homelessness. As the above discussion of Jahiel's four types of causative theories and the preventive paradigm has suggested, the problem of homelessness is probably rooted in all of the asserted causative arguments, in varying degrees and varying combinations for different locations and different people. In fact, it seems more likely that the problem is much more elusive, that even different combinations of

every currently imaginable cause only captures a fraction of what is really happening in many people's and families' lives. Had this thesis broadened the discussion to consider categories of persons that are severely poor or otherwise vulnerable to precarious housing or homelessness, the theories of causation would continue to expand and the path to the solution would become even more unclear.

Having acknowledged that the cause of homelessness is elusive and that it is not easily cured, we remain faced with a social illness that requires serious dedication of compassion, thought, time, and resources. Intervention at just the individual level seems extraordinarily insufficient, if the aim is to ultimately end or reduce homelessness. In order to engage in tertiary prevention and provide homeless people with shelter, meals, mental health or substance abuse treatment, and other services to improve the safety and quality of their lives, advocates must work against community resistance to these services and continue to work toward the improved availability, accessibility, and quality of these services. Secondary prevention involves providing rehabilitative services and temporary housing and income assistance, which requires a good match between the scope and nature of intervention with the real needs of the homeless. The furthest-reaching intervention, primary prevention, involves nearly every effort to reverse the conditions within a society that make certain individual characteristics vulnerable to poverty and homelessness. Early treatment for mental disorders and substance abuse, preventing disability, preventing housing or job displacement, raising individuals' and families' income, and increasing the supply of affordable housing all fit into this category of preventive policy responses to homelessness.

Homelessness policy in the U.S., including welfare and housing policy, has failed to recognize the interdependency among the various causative arguments discussed here. Maintaining separate federal agencies for human services and housing, with seemingly no coordination between the two, essentially denies the evidence that individual characteristics are interacting with society's systems, producing devastating results. Further, as Stark observes, lazily settling on morally condemning assumptions about the homeless allows us "to ignore the structural defects in our society," which results in poor funding of programs to help the homeless and little to no funding of efforts to reform these systems (Stark, 1992: 37). As long as our culture refuses to think about homelessness as a broad and socially destructive condition, just the tip of the proverbial iceberg, the incidence of homelessness will continue to increase and the quality of the lives of those affected will continue to worsen.

### **Conclusion and Recommendations for Delaware**

Once we have collected and analyzed all of the data for this study of homelessness in Delaware and scrutinized the implications of subtle variations in the numbers, we are still faced with the question, "what does this all mean?" The most obvious conclusion that can be drawn from these findings is that Delaware still has much more work to do in the realm of truly comprehensive homelessness planning. It is unclear whether any agency involved in addressing the statewide problem of homelessness has as its core mission ultimately reducing or eliminating homelessness.

Looking to the discussion of Jahiel's preventive approach to homelessness, we note that Delaware's current mode of addressing homelessness is mostly tertiary prevention, that which is intended to minimize the harmful effects of

an existing condition. While tertiary prevention is undoubtedly a critical piece of comprehensive homelessness policy, it alone can neither reduce nor eliminate homelessness; that is simply not within its scope. Indeed, as the discussion of defining homelessness in Chapter 2 would predict, the operational definition of homelessness put forth nationally may well have led to government building and funding homelessness-related programs that are mostly tertiary in nature, not integrating broader, more preventive programs into homelessness planning. Although job creation, housing, welfare, economic development, and other programs certainly qualify as potentially preventing poverty and homelessness, they are not commonly associated with homelessness or built-into its planning. Homelessness planning in Delaware would likely benefit from a strong partnership with and inclusion of key decision-makers from agencies providing programs and services that are more preventive in nature. Ultimately, tertiary prevention will only be effective if it coincides and is coordinated with sincere efforts at primary and secondary prevention.

Before these efforts can be made, our collective thinking about the problem of homelessness must be expanded beyond the thinking that has dominated research and policy development nationally and locally over the past ten or more years. Instead of regarding homelessness as a condition that either affects a person or does not, it should be regarded more as a social disease to which a growing segment of the population is vulnerable. Much like matters of health, we can identify certain individual behaviors and other environmental factors that determine how people's vulnerability to homelessness. In the same sense, we can identify ways to prevent homelessness from affecting some of those vulnerable to it (primary prevention), develop a means to "cure" homelessness for most people that become homeless

(secondary prevention), and offer meaningful care, through support services, to minimize the harmful effects of being homeless (tertiary prevention). The challenge, then, is to allow this broadened thinking to guide a dramatic paradigm shift, to embrace the notion that homelessness programs should include some services for people who have never been literally homeless, with the intention that they never become homeless. Further researching how extreme poverty interacts with other factors to increase households' vulnerability to homelessness would enable service providers to intervene and assist households well before they are forced to either double up or become homeless.

Burt suggests in her most recent study that using a narrow definition of homelessness in our research, policy development, and service delivery has led to an increase in our ability to identify and serve people who fit that definition, but has crippled any effort to reduce or end homelessness (Burt, 2000). Our understanding of the segment of the homeless population that chooses to receive shelter or is eligible to enter a particular shelter on a given night has improved, but we continue to know very little about the hundreds, thousands, or millions of people that are precariously housed or living on the street. Sincere efforts at primary prevention would work against this effect.

On a very basic level, people become homeless because they can no longer afford housing. The reasons that they can no longer afford housing vary considerably across regions, ages, races, and household structures, but the universal solution to homelessness remains constant: make housing affordable and for all households. Any effort to rehabilitate a family after it has become literally homeless that is not coupled

with the creation of a safe and decent living unit that they will be able to afford does nothing to reduce or end the problem of homelessness, for that family or otherwise.

Thus, a model for a more comprehensive approach to policy could begin with Jahiel's three-tiered paradigm. Primary prevention would come in the form of general economic development and other efforts aimed at reducing people's vulnerability to homelessness. Job creation, working toward ensuring livable wages, increasing food vouchers to free-up income for housing, and increasing direct housing assistance are some examples of primary prevention. Foremost, still, is the critical need for an increased stock of affordable housing statewide. The finding that homelessness has likely gone unchanged during five years of unprecedented prosperity leaves no question about this need. Secondary prevention might include improving the capacity of the service delivery network to identify those precariously housed or homeless and move them more efficiently along the "continuum of care." This would require developing a system for providers within the delivery network to communicate with one another, share information, and engage in more proactive – as opposed to reactive – planning for all levels of intervention.

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## **INSTRUMENT AND DATA APPENDIX**

(University of Delaware letterhead here.)

Informed Consent Form for  
Homelessness in Delaware 2000 Research Study

The purpose of this survey is to get a count of the number of individuals and households sheltered in Delaware on the night of **January 25, 2000**, inventory the types and amount of social and support services offered to homeless individuals and households and assess the perceptions of service program personnel about the needs of their homeless clients and their programs. All of the homeless service providers in the state of Delaware, both residential and non-residential, are being asked to participate in this survey. These agencies were identified from the Homeless Planning Council of Delaware mailing list and lists from previous studies conducted by the University of Delaware.

The survey should be completed by an individual in the recipient agency who has a major responsibility for managing the homeless service program. If your agency offers a variety of services under one program, we ask that only one survey form be completed. However, if multiple programs are offered, we ask that a separate form be completed for each program. Feel free to make copies as necessary, or call the number below to request additional copies.

The person filling out the survey can decline to answer any specific question and can stop answering any of the questions at any time. Withdrawal from the survey will not result in any negative consequence to the person filling out the survey or the agency he or she represents.

All of the respondents' answers will be kept strictly confidential. His or her name will not be linked in any way to their answers. The completed survey should be returned to the University of Delaware in the enclosed addressed and stamped envelope. We have asked for agency, program, and director's name only for our records and in order to determine who has responded to the survey. **Please complete and return the survey by February 1, 2000.**

After February 1, we will contact those agencies and programs which have not returned the survey to ask that they complete the survey. It is very important that we receive completed surveys from all recipient agencies, so that our findings accurately represent the homeless service delivery system in Delaware.

If you have any questions about your rights as a participant, you can contact Dr. Frazier Russell at (302) 831-2136. If you have any questions about the study or the survey, please contact Jeffrey Kerrigan at (302) 573-4475.

Thank you for your willingness to participate in this survey.

## Homelessness in Delaware 2000 Research Study

Center for Community Development and Family Policy  
College of Human Resources, Education, and Public Policy  
University of Delaware

**DIRECTIONS:** (please read thoroughly before completing survey)

Part A requests data on the number of households and persons sheltered by your program on **January 25, 2000**. Part B collects data on the types of social and supportive services offered by residential and non-residential agencies, and the extent to which service capacity is being utilized. Finally, Part C assesses the perceptions of service program personnel about the needs of homeless individuals and households, as well as the needs of the service programs.

We ask that either a Program Director or other experienced and knowledgeable member of your staff complete this survey. Please complete these forms as thoroughly as possible, as an incomplete portion of any part of this survey could significantly affect our results.

A separate form should be completed for each separate program your agency operates, shelter or otherwise. If your agency provides shelter off-site by using motel vouchers, but the same program also provides shelter on-site, please combine the on- and off- site data on the same form. However, if your voucher program is separate from an on-site program, please report data for the two programs on separate forms.

- |  |                                       |
|--|---------------------------------------|
| <b>IF:</b> Your program provides emergency shelter, motel vouchers, or transitional residence. | Please complete Sections A, B, and C  |
| <b>IF:</b> Your program provides only services, not housing or shelter.                        | Please complete Sections B and C only |

We also ask that you leave no cells empty. If your program was not in operation or did not serve anyone in a particular category, please indicate with a zero (0).

You will note in Section A that we ask for the number of households sheltered as well as the total number of persons in those households. It is very important that we have both numbers.

The following provides some additional definition of the terms used in this form which may be helpful to you:

**Homeless-** A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter.

**Household** – for purposes of this survey, a household consists of two or more persons who normally live together, whether or not they are related by blood or law.

**Female-headed households with children <18 present (no male adult present)** – Please include all female-headed households with children, even if the woman with children is under the age of 18. It is OK if other adult females are also present, but be sure to include them in the count of persons in the household.

**Adults** – are persons 18 years of age or older.

**Children** – are persons under 18 years of age.

**Couples** – are two persons of opposite sex who are legally married or who present themselves as a couple.

If you have any questions, or need additional forms, please contact Jeffrey Kerrigan at (302) 573-4476. Thank you for your time, assistance, and consideration. This survey will be used to help in planning to enhance the homeless service delivery system in Delaware.

**2000 Survey of the Number of Households and Persons Sheltered by Emergency Shelters, Voucher Programs and Transitional Residences**

**PART A**

	Adult males living by themselves (number of persons)	Adult females living by themselves (number of persons)
Received shelter on the night of January 25, 2000		
Turned away from shelter on the night of January 25, 2000*		

\* due to lack of available space, not because person did not meet program eligibility.

	Female-headed households with children <18 present (no adult male present)		Male-headed households with children <18 present (no adult female present)		Male/female couples with children <18 present		Male/female couples with no children <18 present		Households with multiple adults of same sex with no children <18 present	
	Number of households	Number of persons in these households	Number of households	Number of persons in these households	Number of households	Number of persons in these households	Number of households	Number of persons in these households	Number of households	Number of persons in these households
	under 18 years old	18 years & over	under 18 years old	18 years & over	under 18 years old	18 years & over	under 18 years old	18 years & over	under 18 years old	18 years & over
Received shelter on the night of January 25, 2000										
Turned away from shelter on the night of January 25, 2000*										

\* due to lack of available space, not because person did not meet program eligibility.

## Homelessness in Delaware 2000 Research Study

Center for Community Development and Family Policy  
College of Human Resources, Education, and Public Policy  
University of Delaware

### PART B

Program name: \_\_\_\_\_

Program Director: \_\_\_\_\_

Program address: \_\_\_\_\_

Street

City

State

Zip

Phone

Fax

Email

Agency name: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Agency address: \_\_\_\_\_

(If different)

Street

City

State

Zip

Phone

Fax

Email

Date this program first began operation: \_\_\_\_\_

Please provide a brief program description: \_\_\_\_\_

What population(s) do you target/serve? \_\_\_\_\_

What age groups do you serve? \_\_\_\_\_

Do you have any eligibility requirements? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Do you charge any program fees? \_\_\_\_\_ If yes, what is the cost and what are they for? \_\_\_\_\_

If you provide shelter, what is the maximum allowable length of stay? \_\_\_\_\_

What hours are you generally open during the week? \_\_\_\_\_

**Services to Homeless Individuals:** Do you provide the following services to homeless individuals? If so, please put a check in the box next to the service and complete the corresponding columns.

**Important:** In this section, we are concerned only with services provided IN HOUSE, whether by your staff or otherwise.

**Homeless Individuals**

<b>Service</b>	<b>Maximum Capacity</b>	<b>Capacity Used</b>	<b>Capacity Needed</b>
	(maximum number of people that can be served by this service now)	(number of people being served by this service now)	(if Capacity Used equals Max. Capacity now, approx. number of people still in need of this service)
<input type="checkbox"/> AIDS/HIV Testing or Counseling			
<input type="checkbox"/> Alcohol abuse			
<input type="checkbox"/> Case Management			
<input type="checkbox"/> Clothing			
<input type="checkbox"/> Dental care			
<input type="checkbox"/> Domestic abuse counseling			
<input type="checkbox"/> Drug abuse treatment/counseling			
<input type="checkbox"/> Family counseling			
<input type="checkbox"/> Financial counseling			
<input type="checkbox"/> Food, prepared			
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> Lunch			
<input type="checkbox"/> Dinner			
<input type="checkbox"/> Food, unprepared			
<input type="checkbox"/> Help in obtaining Public Assistance			
<input type="checkbox"/> Housing counseling/ placement			
<input type="checkbox"/> Job search			
<input type="checkbox"/> Job training			
<input type="checkbox"/> Legal assistance			
<input type="checkbox"/> Life skills training			
<input type="checkbox"/> Medical services, general			
<input type="checkbox"/> Mental Health Care			
<input type="checkbox"/> Parenting education			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Woman's health care services			
<input type="checkbox"/> Other (specify below):			

**Services to Homeless Persons in Households with Children:** Do you provide the following services to homeless persons in households with children under 18? If so, please put a check in the box next to the service and complete the corresponding columns.

**Important:** In this section, we are concerned only with services provided IN HOUSE, whether by your staff or otherwise.

**Homeless Persons in Households with Children Under 18**

<b>Service</b>	<b>Maximum Capacity</b>	<b>Capacity Used</b>	<b>Capacity Needed</b>
	(maximum number of people that can be served by this service now)	(number of people being served by this service now)	(if Capacity Used equals Max. Capacity now, approx. number of people still in need of this service)
<input type="checkbox"/> AIDS/HIV Testing or Counseling			
<input type="checkbox"/> Alcohol abuse			
<input type="checkbox"/> Case Management			
<input type="checkbox"/> Child care			
<input type="checkbox"/> Clothing			
<input type="checkbox"/> Dental care			
<input type="checkbox"/> Domestic abuse counseling			
<input type="checkbox"/> Drug abuse treatment/counseling			
<input type="checkbox"/> Family counseling			
<input type="checkbox"/> Financial counseling			
<input type="checkbox"/> Food, prepared			
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> Lunch			
<input type="checkbox"/> Dinner			
<input type="checkbox"/> Food, unprepared			
<input type="checkbox"/> Help in obtaining Public Assistance			
<input type="checkbox"/> Housing counseling/ placement			
<input type="checkbox"/> Job search			
<input type="checkbox"/> Job training			
<input type="checkbox"/> Legal assistance			
<input type="checkbox"/> Life skills training			
<input type="checkbox"/> Medical services, general			
<input type="checkbox"/> Mental Health Care			
<input type="checkbox"/> Parenting education			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Woman's health care services			
<input type="checkbox"/> Other (specify below):			

# Homelessness in Delaware 2000 Research Study

Center for Community Development and Family Policy  
College of Human Resources, Education, and Public Policy  
University of Delaware

## PART C

1. What is the biggest problem this program faces?

---

---

2. What is the next biggest problem this program faces?

---

---

3. Please complete the following sentences:

The two biggest reasons why the people in this program are homeless are...

1. \_\_\_\_\_

2. \_\_\_\_\_

The best way to reduce homelessness for the people this program serves would be to...

---

---

4. Approximately what percentage of the people served in this program do you think become homeless again after they leave the program? \_\_\_\_\_ percent. Why do you think this happens? \_\_\_\_\_

5. Do homeless persons or formerly homeless persons participate ("X" yes or no for each item):

	Yes	No
• On your agency's board of directors?	<input type="radio"/>	<input type="radio"/>
• On other advisory or work committees?	<input type="radio"/>	<input type="radio"/>
• As paid staff members in your agency?	<input type="radio"/>	<input type="radio"/>

6. For the population your program serves, do you think the homeless problem is now:

(check only one)

- getting much worse
- getting slightly worse
- staying about the same
- getting slightly better
- getting much better

7. What additional programs or services are needed by the people your program serves?

---

---

---

8. Will this program be changing its size, its approach or its structure over the next 6-12 months? If so, in what way?

---

---

---

9. Regarding the use of computers in your office and for your service delivery:

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| • Do you have access to the Internet?   | <input type="radio"/> | <input type="radio"/> |
| • Do you have access to email?  | <input type="radio"/> | <input type="radio"/> |
| • Do you use the Internet or email for program operations?  | <input type="radio"/> | <input type="radio"/> |
| • How many personal computers does this program own/use? _____  |                       |                       |
| • What type of computers are these? (386, 486, Pentium I-III, Macintosh, etc...) _____                    |                       |                       |
| <hr/>   |                       |                       |
| • Do you have computer-based intake, referral, or reporting systems? _____ If yes, please describe. _____ |                       |                       |
| • Does your agency have a web page? _____ Address/URL? _____  |                       |                       |
| • What is your organization's greatest need, with regard to computer technology? _____                    |                       |                       |
| <hr/>   |                       |                       |

10. Please give us any additional comments that you think would be useful to us better understanding your program and the clients you serve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_















