

Facing Homelessness

A Study of Homelessness in Chicago & the Suburbs



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Research Team

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REGIONAL ROUNDTABLE ON HOMELESSNESS

The Regional Roundtable on Homelessness (Regional Roundtable) is a forum that works to improve strategies for understanding and addressing homelessness throughout northeastern Illinois. Within this forum, local governmental administrators and funders share the challenges of assessing and planning for the needs of people who are homeless within their communities, and of understanding and addressing homelessness. Specifically, the Regional Roundtable discusses best practices, funding opportunities, strategies, and undertakes projects to improve the Continuum of Care process within each jurisdiction and across the region.

The Regional Roundtable consists of at least one representative from each jurisdiction's Continuum of Care in the greater Chicago area. In the six-county Chicago region, there are eight different jurisdictions with a Continuum of Care in place: the cities of Chicago and Evanston, Cook, DuPage, Kane, Lake, McHenry, and Will (including Joliet) counties. These groups comprise the Regional Roundtable.¹

HOMELESS NEEDS ASSESSMENT PROJECT

The Regional Roundtable's first formal collaborative endeavor is the Homeless Needs Assessment Project (HNAP), a region-wide assessment of the characteristics and service needs of people who are homeless. The HNAP is comprised of three separate surveys conducted in 2001 to gather information from people who are homeless, providers of homeless services, and people who are at risk of becoming homeless.

client survey

The surveys of people who were homeless focused on adults aged 18 years and older, who had the ability to consent to research, and were seeking services from a service provider. Children and youth were not surveyed. This survey was designed to produce data that could be compared to recently released national data on homelessness.²

provider survey

The survey of providers of homeless services used a point-in-time methodology to gather information about individuals and families who were homeless on February 15, 2001. This survey was designed in large part to fulfill HUD's 'gaps analysis' requirements.

outreach survey

The survey of people who were either homeless and not staying in a shelter, and people at risk of becoming homeless was conducted using a convenience sample, to enhance the limited information currently known about these groups.

This landmark project provides the most comprehensive data to date on the area's homeless populations, provides critical new regional data, and is unique in that it compiles information from people who are homeless, providers, and people at risk of homelessness. The HNAP offers policymakers and practitioners valuable information to guide them in developing programs that prevent first-time and repeat spells of homelessness as well as ameliorate the effects of homelessness. This research will also help local officials guide the allocation of public and private sector resources to areas of greatest need.



Regional Data From Client Survey

Age	
18-29	17%
30-39	24.5%
40-49	36.6%
50-59	14.7%
60 and older	7.3%
<i>Survey does not include anyone under 18 (note: adds up to 100.1% due to rounding)</i>	
The age at which they first became homeless:	
Average age	33.7 yrs
Median age	34 yrs
Gender	
Male	68.1%
Female	31.9%
Families	
Single adults	59.7%
Non-custodial parents	31.7%
Parents with children in their custody	8.6%
Race/Ethnicity	
African American	53.4%
Caucasian	34.4%
Latino	7.6%
Other	4.6%
Geography	
Suburban and Collar Counties	53.9%
City of Chicago	46.1%
Average number of years people who were homeless resided in their jurisdiction	14 yrs ³
Education	
Less than High School	32.9%
High School Graduate/GED	34.6%
Some College	24.8%
College Graduate	6.0%
Post Graduate	1.6%
Employment Status	
Employed	39.1%
Unemployed	38.4%
Not in the Labor Market	18.1% ⁴
Other	4.4%
Other Characteristics:	
Victims of Domestic Violence	7.5%
Military Veterans	19.0%
Previously Incarcerated	31.4%
Receiving Government Assistance	36.2%
In Foster Care as a Child	8.3%
Doubled-up Before Homeless	42.3%
Chronic Substance Users	27.3%
Seriously Mentally Ill	13.8% ⁵
Dually Diagnosed (Mental illness & substance abuser)	7.0%
HIV or AIDS	3.4%

KEY FINDINGS

Across the region, regardless of city or suburban location, there are many similarities as to why people are homeless. In addition, people who are homeless generally tend to stay in a jurisdiction, and not to relocate across county and city boundaries.

People who are homeless across the Chicago region are individuals and families with a large variety of backgrounds and experiences. This holds true in all geographic locations, as do the reasons people cite for their homelessness.

The average length of time people at risk of homelessness had lived in their respective jurisdiction was 13 years, and for those who were homeless it was 14 years.

Homelessness can be generally categorized into patterns related to the length and number of times that someone has been homeless. Service needs are somewhat different for each pattern. A menu of services to address the wide range of personal and structural circumstances that cause homelessness, in addition to services targeted to the specific needs of those in each pattern, can help reduce homelessness.

Twenty-nine percent of individuals and families who were homeless in the region were experiencing crisis homelessness, 42.7% were experiencing episodic homelessness, and 28.3% reported they were experiencing persistent homelessness.

The needs of people who are homeless were not being met in a number of areas including employment services, affordable housing, substance abuse treatment, dental care, and legal services.

Those who have a mental illness had a statistically significant greater need and unmet need in nearly every service category including mental health care, substance abuse treatment, medical care, and case management.

Homelessness negatively affects families in many ways, including separating parents from children and inhibiting children's educational and emotional development. Prevention of family homelessness can help children's development and family stability.

Forty percent of those surveyed had children under the age of 18. However, many of these individuals did not have their children with them at the time of the survey.

One in five homeless families (20.5%) identified domestic violence as a factor that contributed to their homelessness.

Many people who are homeless work; some receive government assistance. The income from these various sources is often too low or not stable enough to cover monthly rent in Northeastern Illinois. Employment programs, affordable housing, wage increases, and strengthening of the safety net can help people who are homeless meet their basic needs.

Well over one third (39.1%) of the people surveyed were employed.

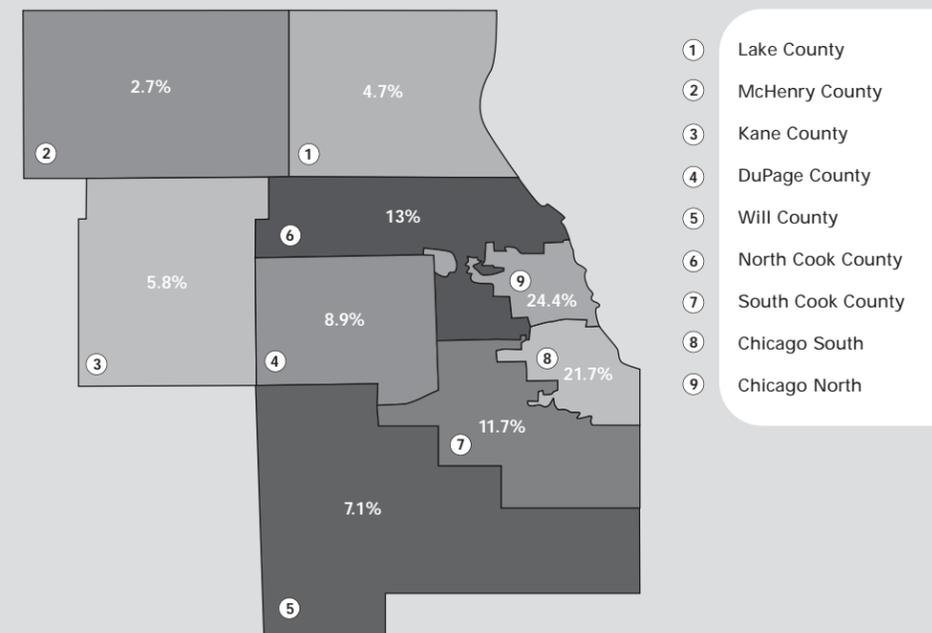
Just over a third (36.2%) of those surveyed reported receiving any kind of government income assistance (such as TANF, SSI, or Food Stamps).

Discharge from institutional settings, such as jails, hospitals, residential treatment programs, and foster care often puts people at risk of becoming homeless. Doubling-up is also one of the strongest predictors of future homelessness. Addressing discharges from various systems coupled with an emphasis on homelessness prevention can help reduce the number of people newly homeless.

Almost half (47%) reported that being released from a hospital, mental health facility, prison, or other institution with no place to go contributed to their homelessness.

Forty-two percent of those surveyed were doubled-up (staying with family or friends) before becoming homeless.

Percentage of Total People Interviewed Per Sub-area



Defining Homelessness

Definitions are extremely important when studying individuals and families who are homeless, and some definitions risk excluding certain groups. For many service providers, however, the definition of homelessness they use is limited by the agencies that fund their services.

Most Federal and human service agencies use the McKinney definition of homelessness. This definition, from the Stewart B. McKinney Homeless Assistance Act of 1987, defines a “homeless individual” as an individual who lacks a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence in a temporary shelter, an institution, or a public or private place not designed for regular sleeping accommodation. For the research presented here, the McKinney definition was used.

The Department of Housing and Urban Development (HUD) definition is similar, but it includes those individuals about to be evicted or released from an institution with no subsequent residence identified.

The Census definition includes those who are “mobile, who may live in irregular housing arrangements, or who makes use of emergency lodging and are at risk of being missed with traditional census procedures.”

The Department of Education definition includes the primary pieces of the McKinney definition, but adds “children and youths who are sharing the housing of other persons due to the loss of housing, economic hardship, or similar reasons; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations...”

These definitions, with the exception of the Department of Education, exclude certain individuals who are, in fact, homeless. Broader definitions include those individuals and families who are “precariously housed” which includes: hotels/motels functioning as permanent housing, single room occupancy (SRO) housing, and doubled-up (temporarily living with relatives or friends, often in overcrowded conditions, due to the loss of their previous home). While these individuals and families have a roof over their heads for that night, the instability of the situation may have them on the street the following day.

WHO IS HOMELESS IN THE NORTHEASTERN ILLINOIS REGION?

More than 1,300 adults age 18 years and older within the six-county Chicago region were interviewed as part of the H NAP. Everyone surveyed was, at that time, using some kind of service, either for people who are homeless (e.g. shelters) or at-risk of becoming homeless (e.g. soup kitchens). Most of the people interviewed were homeless (67.9%). The remainder had been homeless in the past (15.9%) or had never been homeless (16.2%) but were considered “at-risk” of becoming homeless because they were using services that are typically used by the homeless. The data for these three groups are combined throughout the majority of this report to give the most comprehensive picture possible of homelessness in the region.

There is no one general description of a person who is homeless. They are individuals and families with a large variety of backgrounds and experiences. The population surveyed ranged in age from 18 to over 60, with an average age of 43.5 years old. More than two-thirds (68.1%) of those interviewed were male. The population was composed of many races and ethnic groups, but there were statistically significant⁶ differences in the racial and ethnic breakdown for people who were homeless in the city of Chicago and in the suburban areas. Caucasians comprised more than one-half of the individuals who are homeless in the suburbs and 11.2 percent of those who were homeless in the city; African Americans comprised nearly three-fourths of those who are homeless in the city and just over a third of the suburban homeless population. This mirrored 2000 Census figures that also show that for the overall population there is a larger percentage of Caucasians in the suburbs than in the city, and a larger percentage of African Americans in the city than in the suburbs.

More than two-thirds (67%) had graduated from high school, with some of them having gone on to college. Over one-third (39.1%) were employed; fewer than a third (30.2%) were unemployed and/or had recently been laid off, and the rest were disabled or otherwise unable to work. Here too there were significant statistical differences for

the city of Chicago and the surrounding suburbs. Individuals who were homeless in the suburbs were more likely to have completed high school or attended school beyond high school than those who were homeless in the city; and the suburban individuals who were homeless were more likely to be employed full or part-time, while the individuals who are homeless in the city were more likely to be unemployed. Again, 2000 census figures demonstrate that these trends mirror those of the overall population – higher percentages of individuals in the suburbs are employed and have graduated high school than individuals living in the city.

WHY PEOPLE ARE HOMELESS

There is rarely one single reason why people are homeless—the causes are manifold and complex. There are both structural issues (such as housing costs and the low wage labor market) and individual factors (such as domestic violence and untreated illnesses), which contribute to the problem of homelessness. When people who were homeless or had been homeless in the past were asked to identify all possible reasons for their homelessness, almost all cited several contributing factors. This highlights the complexity that often these factors, working together, cause homelessness.

Economic Hardship

The inability to pay the rent was by far the biggest contributing factor for homelessness (59%). Loss of a job was also reported as a major contributing factor for nearly half of the participants (48.9%). Well over one third (40.6%) reported being cut off from government assistance (SSI or TANF) or their assistance amount being too low as a contributing factor in their homelessness.

Health Issues

Participants reported a number of significant health issues that contributed to their homelessness. Substance abuse was ranked highest (46.3%); physical and mental health problems were also frequently cited (18.6 and 13.5% respectively). The physical and mental health issues related to domestic violence also contributed to 11.3 percent of those surveyed becoming homeless.

Leaving Precarious Situations

Many people who are homeless live in some place other than their own home before they become homeless. Leaving these situations is often what

pushes individuals and families into homelessness. Forty-two percent of those surveyed lived with family and friends immediately before becoming homeless. More than half (53.8%) reported that an argument with family or friends led to their homelessness. Additionally, some (13.2%) reported that their home becoming condemned contributed to their homelessness. Finally, many people leaving institutions end up on the streets. Almost half (47%) reported that being released from a hospital, mental health facility, prison, or other institution with no place to go contributed to their homelessness.

Primary Reason for Homelessness

When asked to identify the primary reason for becoming homeless, the largest proportion said addiction to alcohol or drugs (27.3%), followed by loss of a job or lack of employment (17.8%), domestic disagreement (13.5%), and inability to pay rent (12.7%). But as mentioned above, these reasons most often do not stand alone as the sole cause of the homelessness.

“Exactly How Many People are Homeless?”

Obtaining an accurate count of the homeless population is extremely difficult. Most efforts to count those who are homeless focus on the number of individuals using shelters or other homeless services on any given night. Accepted research practices find that comprehensive surveys of shelters and other homeless services capture only about 70% of the homeless population in cities, and about 50% in suburban and smaller communities.¹³ Difficulty arises in trying to locate and count individuals living without shelter (on the street, in cars, etc.) or those individuals and families that are homeless, but temporarily staying with family and friends. These attempts often fall dramatically short of the estimated numbers of the unsheltered population. The transient nature of the population, and the varying lengths of time in which individuals are homeless also frustrate counting efforts. National studies estimate that more than 700,000 people are homeless on any given night, and up to two million people experience homelessness during the year.⁷

The H NAP surveys were not designed to count the number of people who are homeless in the region. Rather, they offer information about the providers of homeless assistance, the characteristics of the homeless population who use services, and establish statistically valid benchmarks and a methodology for collecting data in the future. Such information is critical for developing effective public policy responses needed to break the cycle of homelessness. Having any number of people who are homeless is reason for concern and action.

UNMET SERVICE NEEDS FOR THE HOMELESS POPULATION

While every community receiving HUD money for homeless services now has a Continuum of Care to address the needs of the homeless, many critical needs for the homeless population go unmet. Needs go unmet for a variety of reasons including lack of or limited programmatic funding and growth in demand exceeding growth in service capacity.

In order to address these needs, each continuum of care is required to submit an annual analysis of 'service gaps' to determine where current services do not meet the needs of people who are homeless in their area. This gap in services was examined by asking two essential questions: what do people who are homeless in the region most need, and what is the capacity of the service system to meet those needs?

Services Most Needed by People Who are Homeless



What do people who are homeless need in terms of services over the course of a year and are those needs met?

The interviews conducted with adults who were homeless or at risk of homelessness (client survey) captured information on their service needs in the year prior to the interview. (See chart).

Over the course of the year prior to the survey (2000) at least three fourths of the people who identified these needs received the corresponding services. The areas of greatest unmet need are finding a job, finding a regular place to live, and dental care.

Some specific groups of people had different rates of need or unmet need that were statistically significant. Examples of this include city residents as compared to suburban residents, those with a mental illness versus those without, and veterans versus non-veterans.

Relatively speaking, there was little difference in the assistance needs among people in Chicago and the suburbs, though a few key differences stand out. In the suburbs there was a statistically significant higher percentage of people needing substance abuse treatment than in Chicago, yet proportionately more were able to have that need met. Also, there was a statistically significant higher need for assistance in getting training or education to find a job among people in Chicago when compared to the suburbs, yet fewer in Chicago had that need met.

Those who have a mental illness had a statistically significant greater need and unmet need in nearly every category including getting medication, mental health care, substance abuse treatment, help finding a job, getting reconnected to family, obtaining medical care, and case management.

Veterans, in comparison to non-veterans, had statistically significant lower rates both of need for help and unmet needs in most service categories. This includes lower rates of unmet need for reading literacy, getting medication, mental health care, medical care, dental care, and case management.

What is the capacity of the service systems in the region to meet the needs of people who are homeless?

Through a survey of service providers on February 15, 2001 (provider survey), information was gathered on gaps in needed services on that night, both to fulfill HUD's gaps analysis requirements and to broaden the understanding of what services are lacking in the region. The provider responses present a slightly different perspective on service needs of people who are homeless. This is related to a number of factors. First, providers gave information on the needs of homeless

people who sought their services on one day, while the client survey focused on needs over a year. Also, providers were asked about a more comprehensive list of services than were the people who were homeless. In addition, information was collected for the provider survey separately for individuals and families. Finally, providers assess both short- and long-term needs of the people seeking services, even though they may not all have equal immediate significance to the clients.

What is, perhaps, most striking about the provider's responses is the gap between the services they provide and the services that are needed. Providers list fifteen different needs, ranging from health services to housing needs, which are not being met for at least half of the individuals who are homeless. They also report numerous other unmet needs for large portions of the homeless population. For at least one-third of the families who were homeless, providers indicated fourteen service needs not being met. The provider survey results suggest that needs of families in the system are more often met than are the needs of individuals in this region.

Employment and Education Services

Providers report that finding a job is a high area of unmet need for individuals who are homeless (63%), though they rank job training slightly higher (64%). Providers also report that 62 percent needed help attaining additional education but did not receive it.

Housing

Providers report that permanent housing is the largest unmet service need for homeless families (83%). Similarly, for individuals who are homeless, entering permanent housing (75%) and help locating housing (69%) are the critical unmet issues. Providers also reported high rates of people both needing and unable to receive assistance in paying their rent or mortgage on that night (individuals 59%, families 46%).

Health Care

Dental care was rated by providers as the greatest unmet need (76%) for individuals who are homeless, and the third highest need for families (55%). Substance abuse treatment (54%) and medical services (46%) were also a great unmet demand of individuals, but less so for families. While mental health services met demand better than the other health care services, 40 percent of individuals still did not have this need met.

Other Services

Providers reported a high unmet need for legal advocacy, with well over half of individuals (65%) and over one third of families (39%) not receiving these services. Additionally, both individuals (38%) and families (32%) had trouble finding assistance to meet their transportation needs.

Like the reasons that contribute to homelessness, these service needs are often complex, and a range of services are needed to address them. Additionally, some services are only needed for a short period of time, while others are more complex and require a long-term intervention. Finally, successful provision of some services is dependent on the delivery of others, that is, services must be packaged together or linked together in order for the intervention to be effective.

Addressing these unmet service needs can be approached from many angles. One approach is to emphasize vital needs such as shelter and food. The shortcoming in solely addressing these needs is that they do not, in themselves, move people out of homelessness in the long term. Job placement and helping people find appropriate affordable housing have a greater impact in addressing homelessness, but often need to be packaged with other services in order to be most effective. For example, job training and education services that increase skills complement job placement services in that higher paying jobs become an option. But if a person's physical health continues to deteriorate due to lack of medical care, their success in the labor market will be jeopardized.

Range of Services Examined in the HMAP

Housing

Emergency Shelter
Transitional Housing
Permanent Housing
Help Paying Rent

Employment Services

Job Placement
Education
Job Training

Health

Health Care
Dental Care
Mental Health Services
Substance Abuse Treatment
Medication

Other

Case Management
Money Management
Transportation Assistance
Domestic Violence Services
Clothing
Legal Services
Documents
Literacy Services
Food

These services are provided across the region in a variety of ways, though not all by the homeless service system.

What is a Continuum of Care?

When the crisis of homelessness gained national recognition in the 1980s, government and not-for-profit agencies developed homeless shelters to provide temporary housing for those sleeping on the street. It soon became apparent that a meal and shelter bed were only short-term solutions. Without services that dealt with the many economic, health, and social problems that contribute to homelessness—such as the lack of affordable housing, declining wages, mental illness, domestic violence, and substance abuse—the people who took refuge in shelters often found themselves back on the streets. Based on these experiences, governmental agencies and not-for-profit groups developed the Continuum of Care.

A “Continuum of Care” is both a system vision and an entity. First, it is a system of shelter and housing provision, social services, and other supports for those facing homelessness. This system provides people who are homeless with an array of services, such as counseling, job training, treatment and health care, in addition to temporary shelter. These services lie along a continuum, from short-term shelter services on one end to stable long-term housing at the other.

Secondly, Continuum of Care describes a planning entity and process led by homeless service providers and other service providers in each jurisdiction that receives U.S. Department of Housing and Urban Development (HUD) funding. This entity meets regularly to assess needs and gaps in services for people who are homeless and essentially has two goals: 1) moving people along the service continuum, and 2) engaging annually in a planning process, required in order to access funds from the HUD, to determine how best to improve their system of services and shelter in order to help families and individuals move into stable housing situations.

PATTERNS OF HOMELESSNESS

Just as people who are homeless do not fit one general description or reside in one geographic location, there are important distinctions in their patterns of homelessness.⁸

Crisis (also referred to as transitional) refers to people who have been homeless only once and for a year or less (or have experienced one or two short periods of homelessness). The Regional Roundtable found that 28.9% of individuals and families currently homeless in the region were experiencing crisis homelessness.

Episodic refers to people who have been homeless multiple times and whose current “spell” is less than a year (or suffer cycles of homelessness for varying lengths of time). Of the individuals and families surveyed, 42.7% were experiencing episodic homelessness.

Persistent (also referred to as chronic) refers to people who have been homeless more than one year and may include multiple times. Of those who are currently homeless, 28.3% reported they were experiencing persistent homelessness.

The distinctions between different kinds of homelessness are also important in designing homeless programs and public policies because, as the patterns of homelessness differ, so do the service needs of people experiencing those patterns.

There are statistically significant differences in demographics among the three groups of homeless individuals and families in this region: Younger people (below age 30) tend to experience crisis homelessness while older people are more likely to experience episodic and persistent patterns. A higher percentage of custodial parents (42.4%) were identified as crisis than were non-custodial parents (32.4%) and single adults (25.3%).

There are also differences among the three categories in how individuals report the factors that contributed to their homelessness. Individuals experiencing crisis homelessness listed a wider range of reasons for their homelessness, while individuals experiencing episodic and persistent homelessness had higher percentages within fewer categories. Individuals experiencing crisis homelessness most

frequently cited the inability to pay the rent and loss of a job as contributing factors to their homelessness (51.6% and 45.7% respectively.) Institutional release was more frequently cited (54.8%) by those experiencing persistent homelessness than those in the two other groups (22.8% for crisis and 49.6% for episodic). While addictions were reported by all three groups as a contributing factor, the percentages increased with the severity of the homeless pattern: 41.7 percent for crisis, 46.2 percent for episodic, and 54 percent for persistent. All three groups listed the inability to pay rent as the top reason contributing to that group’s homelessness.

AFFORDABLE HOUSING

The issues of affordable housing and homelessness are inextricably linked. Fifty-nine percent of survey respondents reported that they were homeless because they could not afford the rent. As most Northeastern Illinois communities are experiencing rising rental costs and soaring home sale prices, they are also witnessing a growth in the homeless population due to individuals’ inability to afford their homes. Illinois state statistics on housing demonstrate clearly why those individuals and families who are struggling to make ends meet cannot keep up and find themselves homeless.

In Illinois, it is estimated that more than 1.1 million households have at least one housing problem (defined by HUD as having a heavy cost burden, or living in overcrowded or substandard conditions⁹).

In Illinois, 41% of renter households pay more than 30% of their income in rent, which is not considered affordable.¹⁰

A rental market analysis completed in the Chicago region in 1999 found that the region is over 153,000 affordable units short of what is needed.¹¹

In 2002, an extremely low income household in Illinois (earning \$19,740, 30% of the area median income) could afford

monthly rent of no more than \$494; however the Fair Market Rent in the Northeastern Illinois region for a two bedroom unit is \$891.¹²

A minimum wage earner (earning \$5.15 per hour) can afford monthly rent of no more than \$268.¹³

In 2002, an SSI recipient (receiving \$512 monthly) could afford monthly rent in Northeastern Illinois of no more than \$154, while the Fair Market Rent for a one-bedroom unit was \$747.¹⁴

The 2002 housing wage in Illinois is \$15.48. This is the amount a worker would have to earn per hour in order to be able to work 40 hours per week and afford a two-bedroom unit at the area’s Fair Market Rent.¹⁵

Solutions to the problems of homelessness cannot be discussed without examining affordable housing issues. Individuals and families who are moving out of homelessness need to be able to find a home that they can afford. Preserving existing and creating new affordable housing is one important piece to ameliorating the region’s homelessness problem.

Fair Market Rents for metropolitan Chicago area 2002¹⁶

0BR	\$623
1BR	\$747
2BR	\$891
3BR	\$1114
4BR	\$1247

FAMILY

The population of people experiencing homelessness includes not only adults, but also their children. In fact, one of the fastest growing segments of the homeless population is families with children.¹⁷ Nationally almost half of the children in homeless shelters are under the age of five.¹⁸ A 1999 study on the impacts of welfare reform in Chicago found that the number of families becoming homeless was increasing as a result of changes to welfare laws.¹⁹ Homelessness is a devastating experience for families, disrupting virtually every aspect of family life.

Many individuals who are homeless in this region have children. 40.3 percent of those surveyed have children under the age of 18. However, many of these individuals are non-custodial parents, that is, they did not have their children with them at the time of the survey. For some individuals, their homeless state may have contributed to their non-custodial status. Families are often separated as a result of shelter policies that deny access to older boys or fathers. Separations are also caused by placement of children into foster care when their parents become

homeless. In addition, parents may leave their children with relatives and friends in order to save them from the ordeal of homelessness or to permit them to continue attending their regular school.

On the night of the survey, 8.6 percent of all adults who were homeless reported having their children with them, and there were an average of two children in these families. Families with children tend to have longer stays at shelters than do non-custodial parents who are alone. In addition, childhood homelessness also translates into a greater risk of homelessness in adulthood.²⁰

The client survey was not designed to estimate the number or proportion of homeless families or individuals in the region. This relatively small number of “families” (i.e., adults accompanied by children) interviewed raises questions about the current system. Homeless service providers and especially shelters that target families tend to be small, so on average fewer families than individuals can be served each day, and hence fewer could be interviewed as part of the HNAP. Also, since the number of beds determines how many can be served, a couple of families quickly fill up a small shelter. Finally, data on people turned away from services either due to lack of space or because families cannot be accommodated (i.e. the shelter does not serve families) suggests that families are seeking emergency shelter at the same rate as individuals yet there are ten times more emergency slots for individuals than families.

Homelessness separates not only parents from their children, but married couples from one another as very few shelters have space set aside for couples. Only one third of married survey respondents were currently living with their spouses. Thirty-nine percent of respondents reported that they were divorced, separated, or widowed.

Adults with their children living with them, relative to the other adults surveyed were:

More likely than others to identify domestic violence (20.5%) as a factor that contributed to their homelessness and less likely to identify prison release (10.7%) and substance abuse (7.1%).

More likely than others to identify having been “doubled-up” (53.4%) prior to becoming homeless.

Much less likely to be persistently homeless (only 10.2%). The majority were crisis (42.4%) or episodic (47.5%).

Income and Homelessness

EMPLOYMENT & UNEMPLOYMENT

Many People Who are Homeless are Working

It is often assumed that people who are homeless are unemployed. The Regional Roundtable study found that in the Chicago region, a substantial percentage of people who are homeless, well over one-third (39.1%), reported being employed, the majority in full time employment.

This rate of employment among people who are homeless contradicts another widely held assumption: that employment can solve homelessness. Many people work and continue to experience homelessness, usually because the wages they earn are too low to cover the high costs of living in northeastern Illinois.

Work Doesn't Pay Enough

Many of these workers just don't earn enough money. Those individuals working as day laborers earn low wages and have very unsteady employment. Additionally, many low-wage positions offer fewer benefits, no medical insurance, and less job security, which may leave many households even more vulnerable to homelessness.

A recent study of day laborers who were homeless in Chicago found that 82 percent of them were paid an hourly wage of \$5.50 or less at their most recent job.²² The value of the minimum wage has been dropping, adding to the difficulties that low-wage earners face. The real value of the minimum wage in 1997 was 18.1% less than in 1979.²³

In Illinois, the average income levels of the bottom fifth and middle fifth of income earners has not increased from 1978 to 1998 while the top wage earners have had an average increase in income of approximately \$30,000.²⁴

The future of job growth does not appear promising for many workers. A 1998 study estimated that 46% of the jobs with the most growth between 1994 and 2005 pay less than \$16,000 a year; these jobs will not lift families out of poverty.²⁵ Moreover, 74 percent of these jobs pay below a livable wage (\$32,185 for a family of four).

For many Americans, work provides no escape from poverty and a job does not equal a home.

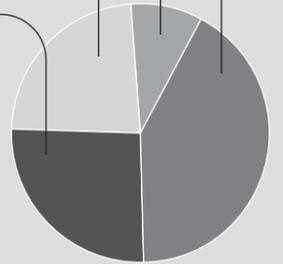
Those Who Were Employed

41.8% working full time

9.0% employed but not working
(due to extended illness, maternityleave, furlough or strike).

23.3% in day labor

25.9% part-time



Those Who Were Unemployed

The people who were not employed fell into two general categories: unemployed (38.4%) and not in the labor market (18.1%). People who were considered 'not in the labor market' were:

Disabled and unable to work	11.1%
Retired	4.7%
Full-time homemakers	1.1%
Full-time students	1.2%

Those who are persistently homeless are more likely to be unemployed (15.2%) and not in the labor market than are those who experience crisis (11.7%) or episodic (13.8%) homelessness.

Children Who are Homeless²¹

Children who are homeless face barriers to enrolling and attending school, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies.

Children who are homeless lose four to six months of academic time with each change of school.

Children who are homeless often experience high levels of depression, anxiety, and low self-esteem, which then can have negative consequences on their behavior.

Children who are homeless experience health problems twice as often as other children, and have higher rates of asthma, ear infections, stomach problems, and speech problems.

Children who are homeless are twice as likely to experience hunger, and four times as likely to have delayed development.

Government Assistance

Only 36.2% of people who are homeless and at-risk of becoming homeless received government assistance.

Only 1.7% received Temporary Assistance to Needy Families (TANF), 13.4% received SSI, 8.5% received Social Security or other retirement benefits.

Well over one third reported that one of the reasons they were homeless was because they were either cut off from government assistance (23.8 %) or their assistance amount was simply too low to allow them to move out of homelessness (16.8%).

There was a larger percentage of people receiving TANF and Food Stamps in the city of Chicago than in the suburbs.

There was a much higher rate of Social Security or other retirement benefits receipt in the suburbs(double) than in the city.

Government Assistance

Another widely held belief is that the government provides a safety net to all who are in need of one. This survey showed that those who receive government assistance found it extremely hard to make ends meet, and that the majority of people who are homeless in this region are not receiving any assistance at all. Just over one third (36.2%) of surveyed people who are homeless and at-risk of homelessness received some government income assistance (such as TANF, SSI, or Food Stamps). Only 1.7 percent received Temporary Assistance to Needy Families (TANF), and many more reported that being cut off from assistance contributed to their homelessness. TANF caseloads have dropped dramatically since welfare reform, and extreme poverty is growing more common for children, especially those in female-headed and working families.²⁶

Thirteen percent of those surveyed received Supplemental Security Income (SSI) monthly. These people who are disabled, too, struggled to obtain and maintain stable housing due to the inadequacy of their SSI benefit amount of \$512 per month. In this region's housing market, the cost of a one-bedroom apartment at Fair Market Rent (\$747) is more than a person's total monthly SSI income.

Cash assistance programs, (TANF, SSI, Transitional Assistance, and AABD), are not available to non-disabled adults who do not have children, or who do not have custody of their children. Over half (59.7%) of those interviewed had no children or no children under age eighteen, and 31.7 percent were non-custodial parents, and thus did not qualify to receive the above assistance. Some townships in Illinois do provide \$100 per month in General Assistance to poor adults, but there is no requirement that they do so and no guarantee that they will continue to provide this assistance. Poor adults without dependents are also largely ineligible for the Medicaid health insurance program. They do qualify for federal housing programs, but the waiting lists are years long in many locations. For exam-

ple, in Chicago, the waiting list for public housing family properties has been closed for five years, and has 33,328 households already on it.²⁷

The only easily accessible government program available for these adults without children and non-custodial parents is Food Stamps, which is essential for buying food but cannot be used to pay rent. While government assistance programs can provide an important stabilizing force for some individuals and families, they often do not reach people who are very much in need of assistance.

INSTITUTIONAL EXPERIENCE

Discharge from institutional settings, such as jails, hospitals, residential treatment programs, and foster care, often puts people at risk of becoming homeless. Upon release, many individuals find themselves struggling to make ends meet. Spending a month or more in an institution most often leads to the loss of a job, an apartment, and government assistance. Long stays often also lead to disenfranchisement from family, friends, and any former support community. The devastating combination of all of these factors leaves those individuals released from institutions at great risk for homelessness.

The Regional Roundtable study found that almost half (47%) of those surveyed cited release from an institution as a contributing factor to their homelessness. Almost one quarter (24.3%) of respondents said that they had spent at least one night in an institutional setting in the month prior to the HNAP survey. For many, their institutional stay went beyond one night. The average number of nights spent in an institution in the month prior to the survey was 22.1.

Release from health-related institutions, including hospitals, mental health centers, and detoxification programs put many individuals at risk of homelessness.

Fourteen percent of respondents reported that their release from a hospital contributed to their homelessness.

More than one quarter (25.1%) of individuals surveyed reported having a mental health condition of schizophrenia, paranoia, major depression, anxiety disorder, or social phobia, (13.8 percent of those surveyed were considered seriously mentally ill), which suggests that some individuals may cycle back into institutional care.

Some individuals reported having specific health problems including chronic bronchitis (15.3%), tuberculosis (4.5%) or HIV/AIDS (3.4%).

It was also reported that 12.9 percent of those surveyed have been in an alcohol or drug treatment facility in the last month, with a higher percentage in the suburbs than in the city (15.3% and 9.6% respectively). Almost half (46.3%) of those surveyed reported that their use of alcohol or drugs contributed to their homelessness.

Mental health and substance abuse are critical issues facing the homeless population. However, for those individuals leaving institutional care after being helped to deal with these issues, their discharge should symbolize an improvement in their lives and not a return to life on the streets.

Release from prison is also problematic for individuals.

Fifteen percent of individuals surveyed reported that their release from prison contributed to their homelessness.

A small portion (4.6%) reported having gone directly from prison to being homeless.

Overall, 31.4 percent of study participants were incarcerated in a state or federal prison at some time in their lives.

Ten percent of those individuals who had been previously incarcerated reported that they had been denied access to homeless services. Some shelter policies prohibit individuals with criminal records from staying in the shelter.

Once individuals have been incarcerated, it becomes significantly harder for them to find a job and a place to live. Many employers and housing agencies have regulations prohibiting hiring or housing of people with criminal records. Additionally, since prisons have cut many of their education, job training, and rehabilitation programs, it has become increasingly more difficult for former offenders to succeed upon their release.

Many people who are homeless had institutional experiences as children. Sixteen percent of individuals surveyed reported that they had spent time as a child in foster care, a group home, or in another institution. Of this group, six percent had been in two or more institutions as a child. Individuals who are homeless in the region were twice as likely to have lived in foster care than those who have never been homeless.

INDIVIDUALS AT RISK FOR HOMELESSNESS

Across the nation millions of Americans are at risk for homelessness. For the at-risk, one shift in their life (such as job loss, rent increases, or health crisis) can lead to their homelessness. Many of the nation's poorest individuals live in this precarious situation, living from paycheck to paycheck and hoping to make ends meet.

The Regional Roundtable sought to find information on the at-risk-of-homelessness population by surveying individuals who were not currently homeless but who were using homeless services. While this does not provide information on the entire at-risk population (excluding those who are not connected to any services), it does provide groundbreaking data on some individuals who are at risk. Much of this data can be used to identify and target service needs for at-risk individuals.

The Regional Roundtable client survey found that

More than one third (32.1%) of individuals using homeless services were not currently homeless. Almost half of these individuals (49.5%) had been homeless in the past, while the other half (50.4%) had never been homeless before.

Nearly one third (30.7%) of the at-risk group who had never been homeless before were over 60 years of age.

There was very little difference in employment levels between the at-risk population and the currently homeless population (42.7% and 40.0% respectively).

Many of the people at risk indicated that their housing situation had been precarious in the past year. The Regional Roundtable outreach survey found that:

In five out of the seven jurisdictions, at least 33 percent of those surveyed reported they had stayed in their car, an abandoned building, a shelter, or outdoors because they had nowhere else to stay.

At least 22 percent of people surveyed in every jurisdiction and over half in two jurisdictions reported that they had temporarily stayed with family or friends in the last year because they had trouble affording a place of their own.

In addition, the average length of time people at risk of homelessness had lived in their respective jurisdictions was 13 years.

In the client survey, individuals who were at risk of homelessness reported a different set of needs for services than did the currently homeless population. While individuals who are homeless reported having a greater need for emergency services (such as finding a place to live, finding a job, and substance abuse treatment,) the at-risk population identified needing more stabilizing services (like finding child care and paying utility bills). At-risk individuals also identified service needs that were not being met, including training or education to get a better job, learning to read better, getting food, getting an eye exam, and medical care.

Doubled-Up

“Doubled-up” describes a situation in which people are temporarily living with relatives or friends, often in overcrowded conditions, due to the loss of their previous home. Doubling-up is one of the strongest predictors of future homelessness, and these individuals are often referred to as the hidden homeless. By the time a person or family is living under someone else’s roof, they have more than likely exhausted all their other safety nets. One more crisis or economic challenge and they will be

on the street. This situation also puts the leaseholder of the shared space at risk of jeopardizing their own housing situation.

Surveys of individuals who are currently homeless indicated that more than two in five people (42.3%) had been living doubled-up prior to becoming homeless. This rate varied little across the region. A 1997 randomized survey of households in metropolitan Chicago indicated that 5 percent of households in the region were experiencing a doubled-up situation.²⁸

Living doubled-up with others is an extremely precarious situation. Individuals who are currently homeless reported that specific events related to their doubled-up status contributed to their current homelessness. Fifty-four percent of individuals reported a disagreement with family and friends leading to their homelessness, while 17.9 percent reported that the people they were staying with no longer had room for them. For the doubled-up population, one such event can force a family or individual into homelessness.

CONCLUSION

Homelessness is a persistent problem that affects individuals and families throughout metropolitan Chicago, including both the city and the suburbs. *Facing Homelessness* documents the factors that lead into homelessness and identifies the many unmet needs of people who are homeless. Understanding this information is essential to effectively address the needs of people who are homeless or at risk of homelessness in the Chicago region. Information from the study will help agencies develop strategies to prevent homelessness, assist people in getting out of homelessness, and respond to the unmet needs of people who are homeless.

END NOTES

¹ The Kane County Continuum of Care did not participate.

² See “Helping America’s Homeless,” Burt, Martha, et. al., The Urban Institute, 2001.

³ HNAP Outreach Survey.

⁴ Disabled, retired, full-time homemakers, or full-time students.

⁵ Some people with a mental illness may have been excluded from this study due to an inability to give consent to participate in research.

⁶ Throughout the report references to statistical significance refer to differences significant at 0.05% or 0.10%.

⁷ National Coalition for the Homeless.

⁸ “Helping America’s Homeless,” Burt, Martha, et. al.

⁹ Statewide Housing Action Coalition Fact Sheet “The Illinois Affordable Housing Crisis”

¹⁰ “It Takes a Home to Raise a Child” Campaign Fact Sheet

¹¹ “For Rent: Housing Options in the Chicago Region.” Great Cities Institute, University of Illinois at Chicago, 1999.

¹² National Low Income Housing Coalition. “Out of Reach: America’s Growing Wage-Rent Disparity”

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid

¹⁶ The Fair Market Rent is an annual HUD determination of the maximum allowable rent in each area that can be charged under the Section 8 Existing Housing Assistance Payment Program. It includes the cost of rent, utilities, parking, and all maintenance costs for a privately owned rental unit in good, working condition.

¹⁷ National Coalition for the Homeless, June 2001.

¹⁸ “Homes for the Homeless,” 1998.

¹⁹ Chicago Coalition for the Homeless. “Families Hardest Hit: Effects of Welfare Reform on Homeless Families Chicago, Illinois,” Dworkin, J., 2000.

²⁰ “Helping America’s Homeless,” 1998.

²¹ “Homeless Children: America’s New Outcasts,” Better Homes Fund, 1999.

²² “A Fair Day’s Pay? Homeless Day Laborers in Chicago,” Nik Theodore, Center for Urban Economic Development, University of Illinois at Chicago, 2000.

²³ Mishel, Bernstein, and Schmitt, 1999.

²⁴ Economic Policy Institute/ Center on Budget and Policy Priorities.

²⁵ National Priorities Project, 1998.

²⁶ Wilson, Joe. Public Welfare Foundation.

²⁷ “Plan For Transformation Year 3, Moving to Work Action Plan FY 2002,” Chicago Housing Authority, October 16, 2001.

²⁸ Metropolitan Chicago Information Center (MCIC), Annual Metro Survey, 1997.

Methodology

The data in this report was compiled from three different surveys (client survey, provider survey, and an outreach survey) that were conducted by researchers from the University of Illinois at Chicago for the Regional Roundtable.

Client Survey

The research team conducted interviews with 1,324 adults age 18 years or older in all of the participating jurisdictions: Chicago (north and south), Cook County (north and south), DuPage County, Kane County, Lake County, McHenry County, and Will County. All of the people interviewed were using services that are for people who are either homeless or at risk of becoming homeless, with the majority coming from a shelter or housing program of some type (62.4%).

A comprehensive database of 2,130 service providers who work directly with individuals who may be homeless was compiled using information from each Continuum of Care on service providers in each jurisdiction. Researchers then ‘cleaned’ the data to delete programs no longer in existence, change incorrect telephone numbers and other information. Subsequently 432 programs were identified as potential interview sites, having both the space to conduct interviews and eligible clients (adults over 18 with the capacity to consent to research who were either homeless or at risk of homelessness). These 432 sites were divided (stratified) by jurisdiction and then 145 sites were randomly selected for sampling using the PPS (probability proportionate to size) sample design. Ninety-four sites cooperated.

The adults interviewed were randomly selected from all willing and able clients using services at the site the day the interviews took place. The interviews were conducted from December 2000 through May of 2001. Each interview lasted approximately 12 minutes. The questions were validated using established measures such as the “Short Michigan Alcohol Screening Test,” and “The Physical Health Index” to confirm that self-reported answers were sufficiently accurate.

The client survey was designed to gather data on service needs, factors contributing to homelessness, residential history, and successes and barriers to accessing services. The data presented here reflects the needs of adults in the existing service provider system. It does not include families and individuals either turned away due to lack of space or who may be living on the street and not using services.

Provider Survey

Intensive 30 page surveys were distributed to the 2,130 programs that were included in the initial database. Information was collected on the services provided to and services needed by the homeless and at-risk individuals at each site. Providers were instructed to complete the survey on February 15, 2001 to obtain a picture of homelessness at one point in time across the region. 599 providers responded to the survey, which was conducted by mail, though only 299 of them actually served people who were homeless on the day of the survey. In the past, most of the others had served people who were homeless; they just did not serve them on February 15, 2001. Services offered among these provider respondents included: warming centers, overnight emergency shelters, transitional shelters, transitional housing, residential treatment facilities, permanent housing, outreach, homeless prevention services, social services, food programs, and others. Over 11,000 people who were homeless accessed services from the 299 providers on February 15th. Given that not every homeless service provider was surveyed and based on what is known from other research, the actual number of homeless in this region is much higher.

This research used the point-in-time methodology because that is what is required in HUD’s ‘Gaps Analysis.’ A debate currently exists around whether a point-in-time or a period prevalence count is more effective at portraying the homeless population. The use of point-in-time surveys has been questioned since it may under/over estimate the number of people who are homeless depending on the time of the year. This method can also miss important information about the frequency of usage (i.e. repeat use and duration), and the degree to which people are “intermittently homeless” (i.e. moving in and out of homelessness) due to various reasons such as prolonged unemployment, sudden job loss, and domestic violence.

Outreach Survey

Researchers conducted 517 one-on-one interviews across the region with people at risk of homelessness and people living on the streets, in cars, in parks, forest preserves, and other places not intended for human habitation. This survey used a “convenience sample” and was therefore not conducted to be generalizable about the population of at-risk and homeless people not accessing shelter services, but rather to add information and round out the data gathered in the provider and client surveys. The interviews were conducted over several months in the winter of 2001.

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