

Explaining Homelessness

Jennifer R. Wolch, Michael Dear, and Andrea Akita

As the problem of homelessness intensifies in the United States, the search for solutions becomes increasingly urgent. This article presents an explanation of the origins of the current crisis of homelessness. It examines the preconditions of homelessness, as well as events that tend to perpetuate the deprivations of the homeless. We argue that planners need a comprehensive account of the problem to guide us in our choice of intervention strategies that will be appropriate at various stages in the cycle of homelessness.

As the number of homeless people in the United States continues to rise, various segments of government and voluntary agencies have intensified their search for ways to diminish the problem. Many policy options have come out of that search, but most have been stopgap, emergency measures to address local crises. Some cities and towns, for example, have converted old armories into temporary shelters, purchased mobile homes to shelter families, or opened urban campgrounds where the homeless can gather. In this article, we do not intend to evaluate those programmatic developments. Instead, we shall introduce into the debate a way to understand homelessness that planners and government agencies often have overlooked. Specifically, we envisage homelessness as the end state of a long and complex social and personal process. Homelessness is not a sudden event in the lives of most victims. It is more usually the culmination of a long process of economic hardship, isolation, and social dislocation—what we regard as the cycle of homelessness. It follows that planning policy aimed at addressing homelessness must also deal with the complexities involved in producing the situation. Each stage in the cycle requires different policy responses, and we must target our interventions appropriately for each stage.

In this article, we present a comprehensive “explanation” of homelessness. We begin by examining the dimensions of the problem through a simple demographic analysis that provides many clues regarding the origins and processes of the cycle. Next, we develop a three-stage model of the causes of homelessness in the United States, focusing on the structural conditions that have led to increased homelessness, and some of personal events that make people homeless. The three stages of the model provide a comprehensive account of the factors that generate homelessness.

Our analysis does not stop at that point. More and

more, researchers report that life on the streets aggravates the condition of homelessness. In effect, the experience of being homeless seems to diminish people’s capacities to escape from that condition. Hence, we develop the notion of “chronic homelessness” as a final stage, to convey how (for some people) the experience of homelessness becomes a downward spiral of despair and deprivation from which escape is difficult or even impossible.

Our fundamental point throughout this argument is that planners need to be aware of the complex and extended nature of the process of homelessness. Our

*Wolch is associate professor of urban and regional planning and geography at the University of Southern California. She teaches social policy and political economy and pursues research on homelessness, human service delivery, and voluntarism. She received the doctorate from Princeton University, where she studied with Chester Rapkin. She is coauthor, with Dear, of *Landscapes of Despair: From Deinstitutionalization to Homelessness* (Princeton University Press, 1987), and coeditor of *The Power of Geography: How Territory Shapes Social Life* (Allen and Unwin, in press). Dear is professor of geography and urban and regional planning at the University of Southern California, where he teaches social theory, medical geography, and geopolitics and conducts research on community mental health care, postmodernism, planning theory, and the state. He is editor of *Society & Space*, and coauthor, with G. L. Clark, of *State Apparatus: Structures and Language of Legitimacy* (Allen and Unwin, 1984); *Not on Our Street*, with S. M. Taylor (Pion, 1982); and *Landscapes of Despair*, with Wolch. Akita received the master of planning and master of public administration degrees from the University of Southern California. She is a planner for the Single Room Occupancy Housing Corporation in Los Angeles. Akita recently coauthored, with Wolch, an analysis of the federal response to the homeless and its implications for cities in the United States, to be published in *Urban Geography*.*

examination makes it clear that piecemeal intervention can alleviate emergency shelter crises but such action will not resolve the long-term problem of finding permanent shelter for the homeless and returning them to the mainstream of society wherever possible,

Table 1. Homeless people in selected American cities

City, by region	Population ^a (1980)	Number of homeless ^b (1984)	Rate per 1,000 population ^c (Low → high)
Northeast			
Baltimore	786,775	8,000–15,000	10.17–19.07
Boston	562,994	2,000–8,000	3.55–14.21
Brockton	95,172	250	2.63
Buffalo	357,870	500	1.40
Cleveland	573,822	400–1,000	0.70–1.74
Elizabeth	106,201	300	2.82
New York	7,071,639	36,000–50,000	5.09–7.07
Philadelphia	1,688,210	8,000	4.74
Pittsburgh	423,938	1,500	3.54
Rochester	241,741	400–500	1.65–2.07
Springfield	152,319	570–780	3.74–5.12
Syracuse	170,105	450	2.65
Washington	638,333	5,000–10,000	7.83–15.67
Worcester	161,799	2,500	15.45
Southeast			
Atlanta	425,022	1,500–3,000	3.53–8.23
Birmingham	284,413	291	1.02
Jacksonville	540,920	150–300	0.28–0.55
Miami	346,865	4,000	11.53
New Orleans	557,515	700	1.26
Norfolk	266,979	100–300	0.37–1.12
Orlando	128,291	400	3.12
Richmond	219,214	2,000–4,000	9.12–18.25
Midwest			
Chicago	3,005,072	12,000–25,000	3.99–8.32
Denver	492,365	1,500–5,000	3.05–10.16
Detroit	1,203,339	2,000–8,000	1.66–6.65
Minneapolis	370,951	900	2.43
Salt Lake City	163,033	600–1,000	3.68–6.13
Tulsa	360,919	1,300	3.60
Northwest			
Portland	366,383	1,000–2,000	2.73–5.46
Seattle	493,846	500–5,000	1.01–10.12
Southwest			
Fresno	218,202	600	2.75
Los Angeles	2,966,850	22,000–30,000	7.42–10.11
Phoenix	789,850	500–6,200	0.63–7.85
San Francisco	678,974	4,500–10,000	6.63–14.73
San Jose	629,442	1,000	1.59
Tucson	330,537	3,000	9.08

a. Source: U.S. Department of Commerce, Bureau of the Census 1980.

b. Source: U.S. Department of Housing and Urban Development 1984, Table 1.

c. The choice of population base has significant impact on the calculation of the rate of homelessness. This table uses city population to compute the rate. However, different rates result from county or SMSA statistics. For example, for both county and SMSA in Los Angeles, the homeless rate drops to 2.94–4.01 (compared with 7.42–10.11 in the table). In New York, the SMSA-based rate of homelessness is 3.95–5.48; for the county base, 25.21–35.01. For this sample of cities, there can be no consistent rationale for city, county, or SMSA figures. That, plus the inherent unreliability in the homelessness figures, led us to make the arbitrary choice of city-based estimates.

which we regard as the ultimate goal of intervention. Equally obvious is that while long-term intervention strategies are vital, they do not address the problems of survival for those presently without shelter and support. We conclude that both long- and short-term measures are necessary, but that all the solutions should be based on an integrated, comprehensive understanding of the homelessness problem. Only such a comprehensive approach will allow planners to develop workable strategies with any chance for success.

The dimensions of homelessness

Robertson, Ropers, and Boyer (1984) defined "homelessness" simply as the absence of a stable residence, of a place where one can sleep and receive mail. Researchers in the field widely accept that definition and have used it in various efforts to count the homeless. It has numerous problems, however. For example, under that definition an individual living in a single-room occupancy (SRO) housing unit or with a friend or relative has a "home." In reality, however, there are degrees of homelessness, which span a continuum ranging from lack of permanent shelter to inadequate housing conditions and living arrangements (Watson and Austerberry 1986). Another definition of homelessness incorporates a dimension of disaffiliation and social isolation as well as the simple lack of shelter (Bassuk 1984). But such relative definitions, while conceptually attractive, are difficult to operationalize.

The fact that the homeless population is notoriously fugitive compounds the problems of defining homelessness. Different definitional and enumeration strategies have produced widely varied estimates of the numbers of homeless in the United States (Table 1). A 1984 survey that the Department of Housing and Urban Development conducted, based on shelter population and service provider information, suggested a figure between 250,000 and 350,000. On any given night, the demand for bedspaces exceeded supply by 140,000 (U.S. Department of Housing and Urban Development 1984). Human services professionals have severely criticized those figures. For instance, the National Coalition for the Homeless estimated that there were 2.5 million homeless in 1985, up half a million since 1982 (Ito 1988). Regardless of which baseline they accept, almost all analysts agree that there has been a steady increase in the numbers of homeless since those surveys. The U.S. Conference of Mayors (1986a; 1986b) cites an average annual increase of 20 percent in the number of people seeking emergency shelter.

In addition to a rise in numbers, the composition of the homeless population is changing (Bingham, Green, and White 1987). The typical image of the

homeless person as a middle-aged, male alcoholic is giving way to a much more varied picture. Now the homeless include many young people, families, children, recently unemployed, the deinstitutionalized (particularly the mentally disabled), and substance abusers (U.S. Department of Housing and Urban Development 1984; U.S. Congress 1986). The young homeless are often runaways, but the population also consists of a significant proportion of schizophrenic and other mentally disabled people who would have been institutionalized in a previous era (Bachrach 1984; Lamb 1984). Homeless families tend to be single women with their children, but two-parent families are increasingly common (Jones 1987). The unemployed span most age, gender, and racial/ethnic dimensions; many are veterans. The special problems of homeless women have attracted much recent attention (e.g., Birch 1985; Watson and Austerberry 1986).

Homelessness occurs in both urban and rural areas and in cities of all sizes. In most regions those made homeless through economic circumstances constitute fully one-half of the population in need of shelter. Another one-quarter of the population are former psychiatric patients (although that percentage may be as high as one-half in certain towns and cities). The remaining one-quarter have suffered setbacks in personal circumstances, including natural disasters and family crises (Robertson, Ropers, and Boyer 1985). There are also significant regional variations in the composition of the homeless population; for example, a significant proportion of the homeless in the south-west are native Americans.

The path to homelessness

Figure 1 shows the three stages or elements we propose for the process of homelessness in the United States. First, a set of structural (or contextual) factors operates on the national and state levels over the long term. Those factors relate especially to underlying changes in the economy and in the patterns of welfare provision. One important effect of the changes has been to increase the demand for temporary shelter. Second, our model identifies a number of components on the supply side that contribute to the increase in homelessness. Those components have combined to drastically reduce the amount of affordable accommodation available to people in marginal economic circumstances. Third, our model focuses on the individual to account for particular adverse events that propel people into homelessness.

The structural context of homelessness

Since the 1960s, two major national trends have contributed to an increase in the population of "potentially homeless," whom we define as those living in marginal economic and housing circumstances. The

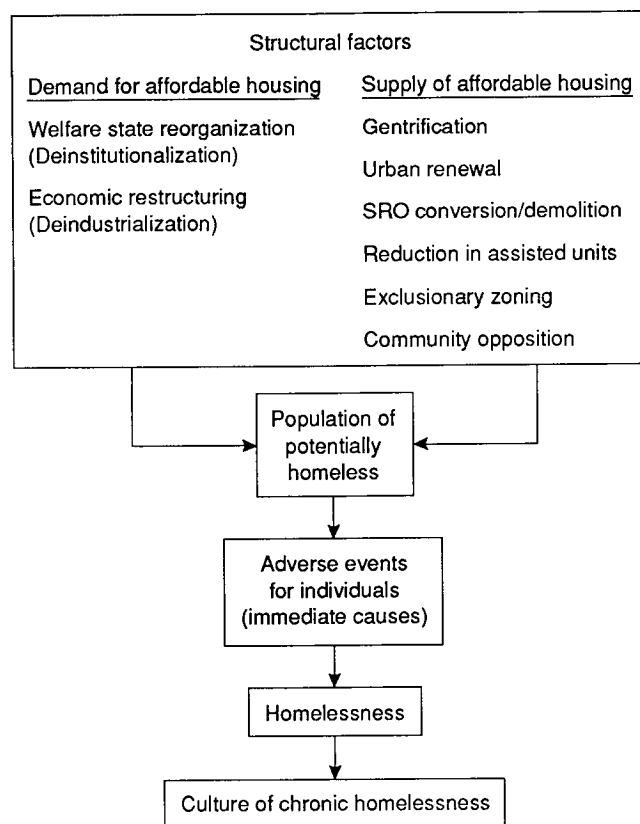


Figure 1. The path to homelessness.

trends are the reduction in public expenditures on welfare and other service-related programs and, with it, the development of the deinstitutionalization movement; and the trend toward deindustrialization and its concomitant unemployment and poverty, which are associated with deep-seated changes in the structure of the economy.

Deinstitutionalization in the United States received a federal seal of approval in 1963 with passage of the Community Mental Health Centers Act. That legislation cleared the way for moving psychiatric patients out of mental hospitals and—according to the plan—into community-based treatment and service settings. Other deinstitutionalized groups included the mentally retarded, the physically disabled, the dependent elderly, and probationers and parolees (Dear and Wolch 1987; Lerman 1982). Unfortunately, the government subsequently allocated a woefully inadequate amount for community-based programs. As a consequence, the deinstitutionalized were no longer a priority. They tended to drift toward inner-city neighborhoods where cheap rental accommodation and most of the health and welfare services available to them existed (Wolpert, Dear, and Crawford 1975; Dear 1977; Wolch 1980). The dearth of adequate community-based shelter and service facilities even in inner-cities has caused the deinstitutionalized to become a major component of today's homeless population (Lamb 1984).

Recent reductions in social expenditures have exacerbated the plight of those vulnerable, welfare-dependent populations (Dear and Wolch 1987; Wolch and Akita 1988). Significant shifts in welfare state budgets began in the 1970s, and accelerated under the Reagan administration. Many federal programs fell to state and local governments; and the private and voluntary, and nonprofit sectors had to replace other federal efforts, a trend we call "privatization." The reorganization of federal spending has pushed millions of people who depend upon social services and welfare checks to the brink of poverty or further beneath the poverty threshold, and has caused many to become homeless.

The victims of deindustrialization have joined the deinstitutionalized in the streets and on the sidewalks. "Deindustrialization" refers to the declining fortunes of the manufacturing sector in general and particularly to large-scale plant closures in the traditional centers of production in the "snowbelt" cities of the northeast (Bluestone and Harrison 1982). The process has accelerated through the 1980s as a result of economic recession; fluctuations in the value of the dollar; and the decline of union membership and influence, which has cost jobs on the line. Those factors raised unemployment levels and created the highest rate of official poverty since the early 1960s. By 1982, 15 percent (34.4 million) of the nation's population was living below the poverty line, an increase of 40 percent since 1978 (Danziger and Feaster 1985).

The recent economic recovery has not fundamentally changed prospects for the poor. While expansion in service sector employment has somewhat offset the decline in the manufacturing sector, many of the new jobs being created are low wage, low skilled, and part time. The economic security those jobs offer is tenuous and such trends have seriously hurt many workers and their families.

The diminishing supply of affordable housing

Across America, there has been a substantial decline in the number of housing units that low income people and those in need of shelter assistance can afford (City of Chicago 1985; Baxter and Hopper 1982). Those losses have resulted primarily from downtown urban renewal, gentrification, and abandonment, and from suburban land use controls. The elimination and reduction of federal low income housing programs has also dramatically curtailed the supply of affordable shelter. Construction of low income and assisted housing has essentially stopped (*Newsweek* 1984). Currently, the net change in the publicly assisted housing stock is negative; more units are being demolished or released from subsidy requirements than are being constructed (Herbers 1987).

Competition for the remaining housing units has intensified, forcing costs up in both the owner-occupied

and rental sectors of the housing market, to the point that many planners consider it a crisis situation. Brown and Apgar (1988) highlight the dimensions of that crisis. Two million households that could afford to buy a home in 1980 cannot do so today. Rents have risen at a rate 14 percent higher than prices generally. The result of rising rents and (for many) declining incomes is a dramatic increase in the amount of income people pay for rent. It is now typical for households to spend 30 to 50 percent of income on rent; the proportion reaches almost 60 percent for single-parent households. Only 28 percent of poor renter households live in public housing or receive federal housing subsidies, leaving 5.4 million poor households competing for the stock of private sector rental housing (Brown and Apgar 1988).

The amount of housing available in the private sector rental stock is also diminishing rapidly. As more and more landlords abandon apartment buildings and houses rather than repair them, the housing supply for the poor has declined at an accelerating pace in some cities (Sternlieb et al. 1980; Dowall 1985; Wolch and Gabriel 1985; Palmer and Sawhill 1984; Wolpert and Seley 1986). The growth of service-sector employment in central business districts has attracted white-collar professionals, many of whom prefer to live in accessible central city neighborhoods (Soja, Morales, and Wolfe 1983), where they compete with poor, indigenous residents for private market housing (Lipton 1977; Noyelle 1983). The result is frequently gentrification of inner-city housing which traditionally has been the major source of low income housing. At the same time, downtown service sector expansion has created jobs for many low-waged ancillary workers, increasing the demand for low cost shelter readily accessible to the downtown (Sassen-Koob 1984).

In response to the pressures of gentrification and urban renewal, developers have demolished thousands of single-room occupancy (SRO) units or converted them to condominiums. In Chicago, for example, 300 SRO units were lost to gentrification in 1981-1982, and a total of 18,000 units have been demolished or converted since 1973 (Fustero 1984; City of Chicago 1985: 23). In New York City, city-sponsored legislation encouraged the demolition of SROs and their replacement by luxury condominiums; more than 31,000 units were lost between 1975 and 1981. Chester Hartman has estimated the number of New York City SROs dropped from 170,000 in 1971 to 14,000 by the mid-1980s (quoted in Holden 1986).

The concentration of the homeless in downtown areas has been accelerated by exclusionary zoning practices and community opposition to local siting of shelters and services for the homeless (Dear and Taylor 1982; Wolch and Gabriel 1985). Many suburban jurisdictions have used zoning to limit the number and types of community-based service facilities and

to restrict the development of subsidized housing projects. One of the most common zoning approaches is to require a conditional use permit for service facility siting; neighborhood opposition to the service or its clients is mobilized and results in the denial of the use permit (Dear and Wolch 1987).

Events that precipitate homelessness

Increased demand for and diminished supply of shelter together can underlie much of the homelessness in the nation. But those problems do not explain the actual adverse events that may cause a person to become homeless. Many people experience adverse events in the housing market (eviction is one of them). For most people those occurrences represent only a temporary setback. However, for those who already live in marginal economic and housing conditions a single adverse event can be a sufficient catalyst for the fall into homelessness (McChesney 1986; Sullivan and Damrosch 1987; Farr, Koegel, and Burnam 1986; Baxter and Hopper 1982). The five most common immediate causes of homelessness that individuals report are eviction, discharge from an institution, loss of a job, personal crisis (including divorce or domestic violence), and removal of monetary or nonmonetary welfare support.

The culture of chronicity

Many homeless people are caught in a vicious cycle of deteriorating circumstances—a downward spiral that affects their mental, social, and physical well-being. Unable to help themselves, refused aid, or given inappropriate assistance, their difficulties accumulate: families break up; health and appearance decline; and victimization (robbery, mugging) increases. Such circumstances threaten to create a new class, the “chronically” homeless, people for whom the experience of homelessness itself creates a new set of social and personal crises that tend to perpetuate the problem. Such individuals inhabit what we term a “culture of chronicity.”

What causes a person, once homeless, to remain so? The answer to that question lies in the pathology of everyday life on the streets. Evidence suggests that five factors determine whether or not an individual will escape homelessness (see, for example, Hope and Young 1986): experiences in temporary shelter, financial status, availability of assistance, personal status (including health), and street experience.

Living conditions in temporary and emergency shelters are often so bad that many homeless prefer to avoid them (Baxter and Hopper 1982; *New York Times* March 5, 1988). Some shelters are centers of crime, including substance abuse and personal violence. Even at best, merely having to be in one can seriously

depress the morale of the newly homeless (Coleman 1986).

The management and operation of shelters can also affect the lives of the homeless. Some shelters systematically exclude certain groups through eligibility requirements (for instance, refusing admission to women or the mentally disabled). Others have obtrusive routines, including long and detailed intake procedures, or degrading and humiliating residence rules such as mandatory gynecological examinations for women (Redburn and Buss 1986).

With or without shelter, the homeless lead precarious daily lives. The financial resources most public programs offer are so low that the recipients can barely survive. For example, in 1987 general relief payments in Los Angeles County were approximately \$250 per month. That allowed for three weeks' SRO accommodation, with nothing left for the fourth week's shelter or for food (Dear and Wolch 1987). The homeless typically supplement their incomes by casual day labor, begging, and prostitution (City of Chicago 1985: 33–55; Farr, Koegel, and Burnam 1986), but nonetheless do not earn enough to rent permanent shelter.

The homeless depend not only on income and financial assistance, but also on other forms of support such as food programs, job search services, and clothing provision. However, access to those services is limited and frequently involves long waiting lists and intrusive procedures. For example, Los Angeles County's “60-day rule” allows welfare officers to suspend benefits for two months for some real or perceived breach of agency rules (Dear and Wolch 1987). Those transgressions can include arriving late for an interview or failing to have a required number of job interviews in a month. Suspended claimants receive no welfare payments. For those who avoid suspension, the day is often spent standing in lines or moving between agencies in search of benefits (Rousseau 1981).

An individual's personal strength, both emotional and physical, is an important determinant of how well he or she will stand up to the rigors of life on the street. It is difficult to remain optimistic and healthy when cleanliness is an impossible goal, sleep a luxury, nutritious food scarce, and health care nonexistent. To sleep in the open in wintertime can cause death through hypothermia; in the summer, such exposure can cause sunburn or sunstroke. To stay in public shelters overnight often leaves lice infestations and empty pockets (Baxter and Hopper 1982).

Life on the street tends to exacerbate the experience of homelessness (Erickson and Wilhelm 1986; Hope and Young 1986). Although in certain respects the homeless reap some benefits from gathering in the inner city, including access to services and social support from other homeless people, they also have to contend with life in degraded physical environments.



Figure 2. Towne Avenue, Downtown Los Angeles.

In the summer of 1987, downtown Los Angeles had a number of sidewalk encampments. This is "Love Camp," and it contained tents and cooking facilities belonging to homeless people, and even portable toilets (which the city supplied). In early fall, police removed all the encampments.

Muggings are common, as is harassment by police and by other street people. Many homeless report that their daytime activity is "moving or walking," largely for self-protection (City of Chicago 1985).

In sum, the condition of homelessness appears to have a cumulative effect on its victims. Once on the street, physical and mental health problems rapidly surface, even among those with no previous history of such problems. As time passes, the dividing line between those with a history of mental disability and those with street-induced emotional problems becomes increasingly fuzzy (Koegel and Burnam, in press). Many people find that the descent into "chronic" homelessness can be sickeningly quick. In a bizarre concession to the speed with which lives can unravel, one shelter in Long Beach, California, refused beds to people who had been homeless for over two weeks, on the grounds that they were already beyond rehabilitation (Dear and Wolch 1987).

Public policy and homelessness

The problem of homelessness is unlikely to diminish, at least in the immediate future. The difficulties and adjustments of economic restructuring and of welfare state reorganization continue relatively unabated. In this section we examine some of the difficulties facing planners who wish to address the issue of homelessness.

Economic recovery and expansion may provide employment opportunities that could make it possible for some of the unemployed homeless to support themselves. However, industrial restructuring has led to the disappearance of many job categories that those people might have filled in the past (Roderick 1985). Increasingly, new jobs, primarily in the service sector, tend to be either high skill/high wage positions or low skill/low wage posts. The result seems to be a growing inequality in income distribution (Storper and Scott, in press). Many of the homeless lack skills and training for high wage jobs, and job training oppor-

tunities are scarce. A large proportion of the remaining, low wage, part time, casual jobs do not provide benefits such as health insurance or sick leave. Between 1979 and 1984, 44 percent of the net new jobs created only paid poverty level wages (Bluestone and Harrison 1987). Even full time work at the current minimum wage may not remove people from poverty status. Finally, we cannot forget that many of the homeless remain outside the labor market—either permanently (e.g., the chronic psychiatric patient) or temporarily (e.g., the single parent committed to child care).

Changes in the economic climate are likely to have only limited impact on homelessness. What future lies in the reorganized welfare state? Between 1982 and 1985, the Reagan administration cut federal programs targeted to the poor by \$57 billion (adjusted for inflation; Wolch and Akita, in press). Housing in particular has fallen relative to other federal spending priorities; federal authorizations for housing were 7 percent of the total federal budget in 1978, but now they amount only to 0.7 percent (Dear 1988). Table 2 shows the extent of cuts in housing, job training, food and nutrition, social services, and income maintenance. The federal government assisted an estimated one million fewer households in 1985 than in the pre-Reagan era due to cuts in subsidized housing; 300,000 more families were living in substandard housing; hundreds of thousands have been removed from job training programs, medical insurance plans, and disability rolls; and many others have lost AFDC, food-stamps, and food nutrition benefits (Wolch and Akita, in press).

The Reagan administration has provided only extremely limited programs to the homeless. Until 1987, the administration's involvement was restricted to provision of emergency relief to meet immediate needs for food and shelter through the Federal Emergency Management Agency, the Department of Defense, the Department of Agriculture, and the Department of Housing and Urban Development; coordination of federal efforts through a federal task force on the

Table 2. Changes in federal domestic spending, 1980–1987*

	Constant 1980 dollars (in millions)			Percent change		Dollar change (in millions)	
	1980 Actual	1986 Actual	1986 Proposed	Actual	Proposed	Actual	Proposed
Subsidized housing	26.70	7.01	0.37	-74	-99	-19.69	-26.33
Public housing operating subsidies	0.75	0.86	0.78	14	47	0.11	0.03
Low rent public housing	—	0.67	1.34	—	—	0.67	1.34
Section 202	0.75	0.37	0.00	-50	-100	-0.38	0.75
Total assisted housing	28.20	8.92	2.50	-37	-65	-19.28	-25.70
CETA/JTPA (public service employment and training)	8.95	2.72	2.65	-70	-70	-6.23	-6.30
Work Incentive Program (WIN)	0.40	0.19	0.04	-53	-91	-0.21	-0.36
All employment and training ^a	10.35	3.92	3.69	-62	-64	-6.43	-6.66
Community Service Block Grants ^b	0.60	0.26	0.11	-56	-81	-0.34	-0.49
Title XX—Social Service Block Grant	2.70	1.98	2.01	-27	-25	-0.72	-0.69
Total community and social services	3.30	2.24	2.13	-41	-53	-1.06	-1.17
Food stamps	9.20	8.66	9.48	-6	3	-0.54	0.28
Child nutrition	4.00	2.84	2.57	-29	-36	-1.16	-1.43
Women, Infants and Children (WIC)	0.70	1.19	1.12	71	60	0.49	0.42
Total food/nutrition programs	13.90	12.69	13.17	18	14	-1.21	-0.73
Unemployment compensation	18.00	13.02	12.16	-28	-32	-4.98	-5.84
AFDC ^c	7.70	6.79	5.97	-12	-22	-0.91	-1.73
Supplemental Security Income	6.40	7.72	7.39	21	15	1.32	0.99
Low Income Energy Assistance	1.60	1.64	0.97	2	-39	0.04	-0.63
Medicare	32.10	52.35	50.11	63	56	20.25	18.01
Medicaid	14.05	18.66	17.69	33	26	4.61	3.64
Health services	3.95	2.87	3.36	-27	-15	-1.08	-0.59
Total health services	50.10	73.88	71.16	35	34	23.78	21.06

* Budget outlays are reported to reflect program levels, with the exception of housing programs, where budget authority figures are used. Percentage change totals represent averages for subcategories.

Source: Wolch and Akita, in press. Data derived from the U.S. Congress, House of Representatives Committee on the Budget, 1982–1987.

a. Includes JTPA, WIN, and other job and training programs.

b. The Reagan Administration proposed to eliminate these programs (no budget authority requested).

c. Figures for AFDC for 1980 were not available, therefore 1981 amounts (expressed in 1980 dollars) are used as a base.

homeless; and administrative reforms to make existing services more readily available to the homeless. Although estimates of the amount of assistance provided to the homeless through the means-tested income maintenance and service programs are difficult to obtain, in 1987 only \$250 million was *specifically* targeted for the homeless (Wolch and Akita, in press). In late 1987, Congress passed the McKinney Act, which authorized approximately \$442 million in 1987 and \$616 million for 1988, for a variety of homeless assistance programs; the actual appropriations, however, came to \$365 million for 1987, and \$356 for 1988 (*Safety Network* 1988a). Also a recently ratified housing bill authorized \$15 billion to augment housing and community development programs (*Safety Network* 1988b).

Those spending commitments are important, but they will not be sufficient to bridge the growing gap between the demand for and supply of affordable housing. The National Association of Housing and Redevelopment Officials (1987) estimates that the low income population will grow by more than five million and that nearly eight million additional low cost housing units will be needed by the year 2000. In

addition, the government will decontrol 1.9 million currently-subsidized units over the next two decades.

Other forces, beyond the purview of the federal government, influence the provision of welfare and social services to the homeless in communities. For instance, very few state or local governments have the financial resources—or political will—to address the problem comprehensively. Many urban governments have sought to shift responsibility to others, through law suits and lobbying efforts (Dear and Wolch 1987).

More and more homeless people are moving to older suburbs and outlying communities. Their visibility is mounting in tolerant liberal communities, racially-mixed suburbs, and lower income inner-ring localities, as well as in more conservative, affluent, single-family housing zones. That visibility, and the fiscal burdens associated with the homeless, have generated a backlash (Muir 1987). According to national and local advocacy groups, "1987 marked the beginning of a dangerous trend that places the aesthetic concerns of select groups of business and property owners above the life-or-death needs of the homeless" (*Safety Network* 1988c: 2). Even traditionally accepting neighborhoods



Figure 3. Fourth Street at the Los Angeles River, fall 1987.

Many of the homeless removed in the early fall street sweeps relocated to a temporary campground the city established. When the city closed the camp, many homeless migrated to Venice Beach. In early 1988, they were moved off the beach and have since returned to downtown sidewalk encampments and dispersed to various suburban districts on the west side of the metropolitan area.

are starting to squeeze out the homeless. Their efforts include "anti-bum" ordinances, increased enforcement of vagrancy laws, park-watering policies designed to make public parks soggy and uninviting, and exclusion of public and private service agencies viewed as magnets that attract more homeless persons (Winerip 1988; Ito 1988).

Another trend, potentially of vital importance, is the growth of a "new asylum movement," backed by many human services professionals who perceive the need to reestablish "comfortable, friendly asylums" for chronically ill homeless people (Bassuk 1984). Advocates of the movement come mainly from among psychiatric and penal workers. Their impetus seems to derive from a feeling of hopelessness in the face of the massive problems of the homeless population, as well as from a somewhat belated recognition that many chronically ill alcoholics, other substance abusers, and mentally disabled have already been institutionalized in prisons. For example, one-eighth of California's prison population is classified as "severely mentally ill" (Dear and Wolch 1987). If the new asylum movement continues to gain impetus, the threat facing many of the homeless will be *reinstitutionalization* (Wolch, Nelson, and Rubalcaba, in press).

What can planners do?

Planners can play an important role in the search for solutions to homelessness. But first we must recognize that we are dealing with a problem that has been over two decades in the making. Hence, "quick-fix" solutions are likely to have only a superficial impact (Redburn and Buss 1986). Homelessness is an extensive, complex process. We need very different kinds of intervention to deal with the diverse aspects of the problem: economic and welfare state restructuring; the supply of affordable housing and emergency shelter; the adverse events that create homelessness; and the culture of chronic homelessness. It is beyond

the scope of this article to address all aspects of public policy toward the homeless. Instead, in the final section, we emphasize those interventions that flow from our model, in which the planner's skills may have the most immediate impact. Specifically, our analysis of homelessness emphasizes the importance of local physical-spatial planning decisions to the development of adequate systems of shelter and services for the homeless and for service-dependent populations most likely to become homeless. We must design and develop such systems if homelessness is to be prevented, and if those now homeless are to regain their housing and their roles in communities and workplaces.

Emergency shelter. The most urgent problem is to provide a range of emergency shelter in all communities that have significant homelessness. Immediately available shelter is critical to prevent the descent into chronic homelessness. Planners can assist in developing estimates of the need for shelter in their communities, as well as in identifying sites suitable for new construction or conversion to shelters; they also can help providers obtain zoning approvals. In Los Angeles, city planners have become involved in such provider assistance, most recently by helping site a service facility for the homeless mentally disabled, which the Los Angeles Men's Place (LAMP) administers in an industrial-zoned area east of the central business district.

Fair-share planning. Planners need to devise "fair-share" solutions to the problem of distributing the burden of caring for the homeless. Too often shelters and services remain geographically concentrated in downtown or inner-city areas. The community backlash is partly related to the feeling that communities either are or will become "saturated" with the homeless and with service facilities designated to assist them. As we have discussed, inner-city communities have

increasingly rejected services from their midst and have planned no alternative service sites as replacements; the result is a net loss of service capacity. Hence, many cities are wrestling to devise appropriate methods of planning for a more equitable distribution of shelter and services. Planners have been at the forefront in developing fair-share approaches to metropolitan housing, tax/revenue, and environment problems: we can offer valuable experience to policy makers. One example of a limited fair-share policy comes from Portland, Oregon, which has developed a fair-share plan to divert new residential service facilities from neighborhoods defined as saturated to other parts of the city. That scheme allows communities to choose between more numerous but lower impact facilities and clients or smaller numbers of higher impact installations (Dear and Wolch 1987).

Community education. Gaining community acceptance of controversial but essential facilities depends upon educating and informing neighbors of the likely impacts of such facilities. Failure to educate and involve the neighborhood in the siting process can result in refusal to allow needed facilities to be developed. Planners can help provide such information and can help devise appropriate siting strategies for targeted communities (cf., Jaffe and Smith 1986). For example, the Robert Wood Johnson Foundation program for the homeless mentally disabled has successfully incorporated community education into their siting strategy. In Ontario, Canada, planners worked with mental health providers to design and implement a community education campaign to increase acceptance of facilities for the mentally disabled. Evaluation of that program indicates that such efforts can heighten tolerance and stimulate more accepting attitudes among community residents.

Integration of physical and social planning. The problems arising from deinstitutionalization policies, so closely linked to the homeless crisis, resulted, in part, from the lack of coordination between social service policy makers and the local planners responsible for urban land use. Health service professionals commonly identify three types of shelter the homeless may need (Kaufman 1986): emergency shelter, transitional living arrangements, and permanent housing. The challenge facing planners is to assist the helping professions place their health and welfare programs in physical structures with accessible locations. Doing so involves finding sites close to established centers of need, facilitating appropriate building conversions or construction, and making post-occupancy evaluations. In California initiatives are underway to begin integrating physical and social planning; the state has proposed legislation to provide local jurisdictions with

community-based service facility data and encourage the use of that information in planning and zoning.

Physical-spatial design of service resources. Providing shelter alone is not typically sufficient to bring homeless people back into the mainstream of society. Since the experience of being in a shelter itself can lead to chronic homelessness if the shelter is not adequately organized, designed, and accessible to essential services, the planner's understanding of how land uses and people interact can be important in helping the community to design shelter/services systems. We use the term "service hubs" to describe collections of housing, service, and social opportunities that are close enough together that they can serve the poor and homeless in a coordinated way (Dear and Wolch 1987). The service hub is, in effect, a social support network vital to help the homeless recover. Once again, the task facing the planner is to design a built environment that promotes the development of social interaction and support. The Single Room Occupancy Housing Corporation of Los Angeles has embraced this approach. The corporation's program of SRO hotel renovation, neighborhood park improvement, and service provision is designed to make a small portion of Los Angeles' Skid Row an "island of sanity" for low income elderly and dependent SRO residents. In Ontario, Canada, the Canadian Mental Health Association has also adopted the service hub approach as part of their national policy priorities, and some Ontario cities have incorporated service hubs in their formal process of land use planning (Dear and Wolch 1987).

Conclusion

In this article we focused on the complexities of the homelessness problem. To break the cycle of homelessness, planners need to design interventions with an awareness of exactly where in the cycle those interventions are likely to be most effective.

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