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Causes of shelter entry among single-adult and family NYC shelters: A literature review

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In late July 2022, the increase of undocumented migrants into the New York City Department of Homeless Services (DHS) shelter system over the previous three-month period compelled Mayor Adams to seek federal assistance from the Biden administration to ease the bottleneck in the city's housing placement system (Mays, 2022). The rise of this population in the shelter system, the Administration held, undermined the city's effort to provide housing to shelter clients under the 'right to shelter' mandate (ibid). The shelter population had increased by 7% from May 1 (47,408 residents) to July 24 (50,966 residents) and occurred, almost exclusively, in family shelters. The share of *children* and *adults with children* increased by 11.5% and 16.5 %, respectively -- the share of *single adults* increased by 0.61%[1]. It is important to note that the rate of housing placements in *family with children* shelters had declined by 9% between March 2021 and March 2022, and by 23% between fiscal years 2021 and 2022(to March'22)[2]. However, the number of migrants entering the shelter system is rapidly increasing. By mid-August, the Administration estimated that more than 6,000 had entered shelters throughout the summer months (Dorn, 2022). This poses a challenge to the government in delivering services that address both the needs of this new population *and* the *identified,* multiple needs of the overall shelter population. Examining the contribution of migrants to the rising shelter population is beyond the scope of this paper. We, instead, note that this recent phenomenon warrants an examination of the historical, structural, and individual causes of homelessness in New York City that inform the demographic characteristics of current shelter residents and the corresponding nature and scale of services required to address their plight.

This paper therefore examine the causes of homelessness in New York City by reviewing the academic literature on (i) structural and individual factors associated with homelessness, in urban America and New York City, and (ii) pathways into the city's shelter system among single adults and families, respectively.

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[1] Authors' analysis of Department of Homeless Service (DHS) provided to City Limits:
https://citylimits.org/2022/01/10/tracking-the-number-of-people-in-nyc-homeless-shelters-in-2022/
[2] Authors' analysis of DHS' open-access data: https://www1.nyc.gov/site/dhs/about/stats-and-reports.page

Causes of Homelessness

Scholars attribute the rise of homelessness in the 1980s in major American cities, like New York, to the decline of available, affordable housing models, such as single-room occupancy units (SROs) (Avramov, 2001; Collin, 1992; Hoch & Slayton, 1989; Neale, 1997; Rukumana, 2020) *and* decreased government funding of mental health institutions (Dear & Wolch, 2014; Rukmana, 2010, 2011; Wolch et al., 1988). These forces, together, constrained housing and rehabilitation options for poor families and mentally ill people to the diminishing stocks of low-rent apartments -- in urban America's increasingly economically abandoned inner cities -- emergency shelters and streets (ibid.)

In this context, homelessness in a particular city was attributed to 'intercity' socio-economic inequalities that afflicted that city's poorest inhabitants . The period before homelessness for such vulnerable people comprised multiple but challenging and unappealing options, including living with – being 'doubled up' with –friends or family members. Such people could not earn enough income to afford housing, then, often, lost their few social resources (i.e., housing with families and friends), resulting in homelessness (O'Flaherty, 2006). People with extremely low incomes and a scarcity of resources often had to choose between poor quality housing or dedicating an increased amount of their budget on other basic needs while sacrificing housing altogether (Quigley, Raphael & Smolensky, 2001). In this context, homelessness represented the opportunity cost[3] to the potential but limited gains of other alternatives.

This frame attributed causes of homelessness to structural factors, which differed from earlier theories that had ascribed this condition of poverty to 'individual' or 'lifestyle' choices (Grunberg, 1998:242), primarily among society's 'disaffiliated' 'skid-row aficionado[s]' (Bahr,1973:13; Varcolis,1990), who comprised a 'transient labor force of men who were single or had left families behind to find work' (Shapiro, 1971; Wallace, 1965; Haley, 1989:6).

In the mid-1990s, seminal research established a correlation between spatially concentrated socio-economic inequalities in New York City neighborhoods and demographic characteristics of homeless people in the city. Its authors found that 61% of 71,0354, families that had resided in New York City shelters between 1987 and 1994 came from three of the city's most impoverished areas (Culhane et al., 1996). Shares of (1) Black residents (2) female headed households with minor children (*demographic* characteristics); (3) households below the poverty line, (4) people not in the labor force, (5) households below the median income level (*economic* characteristics); and (6) households with high rent to income ratios (*housing* and *neighborhood* characteristics) all strongly predicted shelter entries (ibid).

Discriminatory social, economic and law enforcement policies created conditions in which unaffordable and inadequate housing, high unemployment, and increased powers of police to make arrests for non-violent, drug-related crimes – resulting in high incarceration rates – were concentrated in New York City Black and Latino neighborhoods (Alexander, 2010; Dunlap & Johnson, 1992; Taylor, 2019). In the 1950s and 1960s, Black Americans forged the 'urban core

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[3] Where opportunity cost is defined as 'those costs associated with foregoing the next most attractive course of action' (Friedman and Hetcher, 1988: 202)

communities' of northern industrial cities, like New York, after fleeing segregation in the South to build new lives but were denied affordable mortgages and amortization benefits that were guaranteed by the 1934 National Housing Act (Taylor, 2019:31). The stock of low-cost housing in these locations deteriorated between the 1960s and 1990s, particularly amid booming urban real estate values in the 1980s (Dunlap & Johnson, 1992). In the 1970s, the populations of America's 'poverty census tracts' doubled, and were concentrated in New York, Chicago, Philadelphia, and Detroit (ibid). Nationally, however, 15% and 55% of the total 'severely distressed' Black and Latino populations, respectively, lived in New York (Dolbeare 1983; Dunlap & Johnson, 1992:2; Harman 1983; Harman, Keating & Le Hates 1982; Tucker 1989). By 1985, 42% of Black and Latinos in New York City spent at least 70% of their income on rent (ibid).

Unemployment among young men in inner-city New York rapidly increased[4] between the 1960s and 1980s as manufacturing jobs were replaced[5] by minimum-wage service gigs (Dunlap & Johnson, 1992). Illicit heroin and crack cocaine trades entered these areas *as* public funding for inpatient treatment decreased and convictions for drug offenses and incarceration rates increased (Alexander, 2010; Benoit, 2000; Dunlap & Johnson, 1992; Windsor et al, 2012). High 'mandatory minimum' prison sentences were applied to non-violent drug offenses under the 1973 New York Rockefeller Drug Laws, including a 15-year-to-life sentence for either selling or possessing 57 grams of opioids, cocaine, and marijuana (Windsor et al., 2012). National drug offenses tripled between 1985 and 2010 and drug-related Latino and Black incarceration rates increased 22 and 25 times, respectively, between 1983 and 2000 (Alexander, 2010).

The convergence of these socio-economic factors throughout the latter 20th century contributed to the destruction of Black and Latino family systems and homelessness in New York City (Dunlap & Johnson, 1992; Windsor et al., 2012). In the 2000s, 'cumulative effects' of these 'macro & micro' socio-economic forces were identified as being concentrated in the life experiences of homeless people, particularly in New York (Padgett, 2006, 2012; Allgood & Warren, 2003; Early, 2005; Lee, Tyler & Wright, 2010). A life-history based study on 'long-term exposure' to adversity among 38, mostly African American, homeless New Yorkers identified these 'cumulative effects' as 'the interplay between trauma and loss' *and* 'serious mental illness[es]' and substance abuse' (Padgett, 2012). Childhood 'social loss', such as the incarceration and/or violent deaths of parents during childhood, and 'chronic stress of poverty', associated with early but persistent struggles to survive without basic amenities like food and proper housing, were associated with poor mental health outcomes commonly identified with homelessness(ibid).

Currently, New York City policymakers acknowledge that housing unaffordability is (a) disproportionately concentrated in Black and Latino neighborhoods, as indicated by higher rates of rent burden and housing inadequacy in these communities compared to others; and (b) associated with characteristics of the city's homelessness , as evidenced by the overrepresentation of Black and Latino individuals in the DHS shelter population (Colburn & Alder, 2022; Katz, 2022; Office of Comptroller, 2021; (Early, 2005; Lee, Tyler & Wright, 2010).

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[4] The unemployment rate of inner-city New York males between the ages of 16 and 24 increased from 19% to 44% between 1968 and 1980 (Dunlap & Johnson, 1992).
[5] New York City lost 100,000 manufacturing jobs between the late 1960s and late 1970s (ibid)

Nationally, higher rates of homelessness occur in cities with lower poverty and mental illness rates but higher rents and low rental-vacancy rates -- at 0.9%, New York City has the highest rate of homelessness in the U.S. (Colburn & Aldern, 2022).   Nearly one-third (32%) of renter households in New York spend more than half of their monthly income on housing (Katz, 2022:18). Latino and Black households comprise 29 and 22 percent of the city's population but 37 and 27 percent of the city's low-income renter households (Office of Comptroller, 2021), 11 percent each of homeowners (Katz, 2022), and 40.6 percent and 53 percent of all family shelter residents (Department of Homeless Services, 2022). In this context, research has established that rates of homelessness increase when such conditions of high rents, reduced supply and/or access to housing subsidies, and poor economic indicators *converge* in specific locations (including, within cities) over long durations (O'Flaherty, 2004).

Single Adults in the NYC Shelter System

From 2015 to 2018, an average of approximately 20,000 single adults each year became homeless and entered the DHS system. About 6,000 of these individuals (30 percent) entered shelters from institutional settings, nearly two-thirds of whom came from state prison, and nearly one-fifth from a non-hospital facility, such as a nursing home (Routhier 2020).

This 'institutional circuit' of homelessness, identified by Hopper et al (1997) in the 1990s, continues to define a strong contingent of the present day single-adult homeless population in New York City.   In a cohort of mentally ill diagnosed homeless persons in Westchester County, New York, Hopper's team found that participants had spent almost half of the 5 years before the study either (i) in hospitals, prisons, or psychiatric facilities (institutional settings) or (ii) being homeless (Hopper et al 1997).

Metraux & Culhane (2006) isolated distinct shelter stay patterns associated with jail and prison histories. In their study of 7,022 residents of New York City single adult shelters, 17% and 7.1% had been incarcerated in state jails and city prisons, respectively, within the previous two years. Jail histories were associated with a higher number of previous shelter stays. Prison histories were associated with shorter shelter stays. Both incarceration histories increased the probability of returning to shelter within one year of leaving a shelter. However, former prison users experienced a 'a shorter "gap" between incarceration exit and shelter entry' than former jail users. In this context, prison use predicted a 'transitional' use of shelters. Jail use predicted a 'more prolonged pattern of residential instability' (Metraux & Culhane 2006:10-11). These patterns illustrated how the 'institutional circuit' 'acts as a surrogate for stable housing' among a disproportionate share of New York City's Black and Hispanic shelter population (ibid).

Culhane and his colleagues later identified a 'broader pattern of residential instability' among New York City shelter clients, marked by 'shelter use and stays at multiple institutions' (Metraux, Byrne and Culhane 2010: 30). In an initial study among 4,679 people on their use of services before being placed in NYC supportive housing units, the authors found that, aggregately, the group spent 37% of the 2-year period (as a percentage of days) before their placement in public facilities within one of the following systems: NYC shelters (18.8% of days), NY State Office of Mental Health Hospital (7.8%), Medicaid Reimbursed Hospital (4.8%), NYC Municipal Hospitals (2.3%), NY

City Jail (1.4%), and NY State Prison (1.3%). Additionally, 26% of the group had an inpatient stay in a state psychiatric hospital and 54% had an inpatient stay in a city run hospital (Culhane, Metraux and Hadley, 2002; Metraux, Byrne and Culhane, 2010:29). In this context, shelter represented one institution among a continuum of institutions utilized by single adult New Yorkers that experienced chronic housing instability.

In a study among 9,247 Department of Homeless Services (DHS) client records on how people enter shelter from these other institutions, the authors found 28% entered shelter for the first time within 90 days of an institutional discharge from the above-mentioned systems (Metraux, Byrne and Culhane 2010). In this context, hospitals accounted for 18% of discharges (in which Medicaid was a majority) compared to 11% from prisons. Among transitional, episodic, and chronically homeless shelter clients, rates of discharge from correctional facilities were higher among the transitional group (11%), including high discharge rates from State prison (NYS DOCS). The authors concluded that while institutional discharges commonly preceded immediate shelter entry, its role in predicting the duration of shelter stays was less clear. Yet, formerly incarcerated shelter clients were more likely than others to move out of shelter quickly and durably. Former Medicaid patients were more likely to experience chronic or episodic homelessness in shelters (Metraux, Byrne and Culhane 2010:33,35).

Families in the NYC Shelter System

One study that examined predictors for shelter recidivism (re-entry) and long term stays among 6093 New York City family clients[6] found that all reasons for shelter entry were housing related, and included discord, domestic violence, eviction, and overcrowding (Hong et al, 2018). Younger clients were less likely to be readmitted to shelter. People with health conditions and who exited the system during the winter were less likely to re-enter shelter. The largest cohort (53%) were episodically homeless. Eviction was the main reason for entering homelessness (38%) among this group, followed by discord (19%), domestic violence (14%) and overcrowding (11%). They tended to be older and employed clients. Among chronically homeless people (26%), eviction was also the major reason for homelessness (35%), but these clients were typically people in their thirties with more family members and least likely to hold US citizenship. Lastly, the transitionally homeless (21%), stayed in shelter for an average of only eight days. Discord drove most people in this cohort into homelessness (28%). These clients were the youngest of the cohorts, the least likely to have mental health issues and most likely to have experienced foster care (Hong et al, 2018).

These reasons for family homelessness were also identified two decades earlier in a study that examined exits from and re-entry to New York City family shelters among 24,640 administrative records from 1988 to 1993 (Wong, Culhane & Kuhn, 1997). This study identified the relationship between discharge and re-entry patterns. The probability of a family being readmitted to a shelter was high immediately after leaving shelter but declined rapidly during the first 6 months of discharge, with the rate of reentry recorded as the highest among families that were discharged to unknown arrangements (37%) and lowest among those in subsidized housing (7%). Families that

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[6] 15% of the sample were re-entrants into shelter (Hong et al, 2018)

exited shelters to unknown arrangements had shorter stays, families that were discharged to subsidized housing stayed in shelters longer (Wong, Culhane & Kuhn, 1997:451,459).

O'Flaherty and Wu described the rise of family shelter population from 1997-2003, and the subsequent fall, as an outcome of the city's slowed rate of moving families into subsidized housing, its continued rise after the recession, and subsequent rate of decline when the city stepped up placements into subsidized housing (O'Flaherty & Wu 2006:99,100).

Implications and Recommendations: entry causes in context of shelter use patterns

Homelessness in New York city is intimately associated with socio-economic inequalities that have disproportionately afflicted poor, majority Black and Latino neighborhoods in the city throughout the mid 20th to early 21st centuries. The causes of these inequalities include barriers to accessing affordable housing and increasing vulnerabilities to incarceration in such locations. The increased level of prison discharges for single men into the shelter system, and the concentration of such cases among this cohort, implies the need for concerted resources to facilitate the 'transition from institution[s] to communit[ies] (Metraux, Byrne and Culhane, 2010:35). This is particularly necessary among Black and Latino men who come from communities afflicted by the negative impacts of discriminatory socio-economic policies. Coordination by city and state officials is necessary to sufficiently address this problem. The obvious administrative change is to make housing vouchers available to men and women exiting from jail and prison.

The concentration of episodically homeless people with histories of eviction among family shelter clients is potentially the outcome of the increasingly limited options for affordable public housing in historically disenfranchised communities (Hong et al, 2018:14; NYU Furman Center, 2016). This indicates the need for concerted government efforts to facilitate access to the current stock of subsidized housing that exists (O'Flaherty and Wu 2006), particularly in Black and Latino communities whose high-rent burden and low home ownership rates are due, in part, to historical policies that restricted their access to affordable housing . In conclusion, there is a need to increase (i) eviction prevention measures for at-risk families and (ii) the provision and amounts of subsidized housing vouchers for currently homeless families while, also, (iii) expanding the stock of public housing for families. New York City's flagship homelessness prevention program, Homebase, has served approximately 25,000 households annually, but that is not enough to stem the flow of families into the DHS shelter system.

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