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The Age Structure of Contemporary Homelessness: Risk Period or Cohort Effect?

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Running head: AGE STRUCTURE OF HOMELESSNESS

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Abstract

This paper assesses the age composition of the sheltered homeless population and how the age of this population – both single adults and adults in families – have changed over the past two decades. Data for this study came from administrative records on shelter use in New York City and from the nationwide shelter and general population enumerations in each of the last two decennial census enumerations. Results are presented in a series of figures to illustrate 1) the changes in the age distributions of the homeless population over time; and 2) the age distribution of homeless populations compared to other populations. In the late 1980s, homeless single adults and adults in families were relatively young, with the median age for both being in the late-twenties. Subsequently, however, these household types appear to have diverged, as the birth cohort from which the young single adults had come (born 1954-1965) has continued to be overrepresented in the shelter population, whereas homelessness among adults in families has remained linked to households in the early parenting years (ages 18-23). While the families and the single adults may have experienced some common precipitating factors that led to the emergence of homelessness in the 1980s, the young mothers appear to age out of their risk for homelessness while homelessness among this birth cohort of single adults sustains. Hypotheses are discussed regarding the social and economic factors that may be associated with disproportionate housing instability and homelessness among adults from the latter half of the baby boom cohort. Implications for public policy are considered, including the premature risk of disability, frailty and mortality associated with this cohort.

The Age Structure of Contemporary Homelessness: Risk Period or Cohort Effect?

Dennis P. Culhane, Steven Metraux & Jay Bainbridge

Introduction

Research on contemporary homelessness has identified two household types at greatest risk for the condition: single parent families with children and single adults. Both populations were evident when contemporary homelessness emerged as a significant new social problem by the mid-1980s and since then this problem has persisted, along differing trajectories, among both populations. Despite approaching three full decades of contemporary homelessness, little research has examined this population over time – how this population has changed or what trends may be identified. Recent evidence has suggested that the single adult population, like the overall US population, is aging (Hahn et al., 2006). This paper explores this further – assessing the age composition of the homeless population to better understand the profile of risk, and to illuminate some of the possible causes of homelessness. Results will also be considered for their implications for policy and program planning.

Literature Review

Homelessness emerged in a newly visible and institutionalized form in the mid 1980s, as sightings of “street people” became more commonplace, and shelters and “welfare hotels” overflowed. The growth in homelessness was accompanied by a substantial expansion in emergency housing capacity, with residential programs for homeless families and single adults almost tripling between 1984 and 1988, and again more than doubling between 1988 and 1996 (Burt et al., 1999; HUD Office of Policy Development and Research, 1984, 1989). According to the US Department of Housing and Urban Development’s *Annual Homeless Assessment Report*, there were about

660,000 Americans enumerated as homeless on a given day in January 2008, including 42 percent who were “unsheltered” or living on the streets, in parks, encampments or other places not intended for habitation. Over the entire course of 2008, 1.6 million people stayed in a shelter or transitional housing program for the homeless.

Approximately 14 percent of the sheltered homeless households in 2008 were comprised of families with children (accounting for one-third of all *persons* who were homeless), and 86 percent of households were single adults. The unsheltered homeless are predominantly single adult households (75%). Three-fifths of homeless households who used shelters stayed for less than a month, suggesting that most homelessness represents a short-term crisis that is resolved relatively quickly. However, research has also identified a substantial population which is persistently or “chronically” homeless, consisting of approximately 124,000 single adults nationally in 2008 (US HUD 2009).

This contemporary version of homelessness is distinctly different from the earlier “skid row” homelessness that was documented by sociologists in the 1950s and 1960s (Hoch & Slayton; Hopper & Hamburg 1986). The “skid row” homeless population was defined primarily by their residence in transient housing, usually confined to a particular area of central cities. In contrast, the new homelessness has had no fixed spatial dimensions, and is defined by an outright lack of private accommodations. Put simply, the contemporary homeless have faced much more dispersed and starker sleeping conditions, relying on public spaces, makeshift arrangements, and open barracks-style shelters, or, in the case of families in some cities, lodging in welfare hotels. Given the striking contrast in physical and social conditions, researchers observed early on that the new homeless remained “homeless” for far shorter periods than their skid row

counterparts. For example, whereas a study of Philadelphia's skid row homeless in 1962 found that half of the population had been "residents" of the area for more than 5 years (Blumberg et al., 1960), an early cross-sectional study of the "new homeless" in Philadelphia in 1988 reported that half of the population had been homeless for less than six months (Ryan et al., 1989).

Accompanying this change in definition and circumstances, the people who experienced homelessness were also found to be quite distinct. Researchers of skid row found that the population consisted almost exclusively of older, single white male households, with three-quarters of the men over the age of 45. By 1989, the Philadelphia survey found a near inversion, with 88 percent being black, and more than 75 percent as under the age of 45, including 18 percent who were children (under age 18). Even the single male households, taken separately, were substantially younger than the skid row population. The young age of the new homeless population was particularly noteworthy, as it was in striking contrast not only to the image of the skid row homeless, but to the visible profile of the "bag ladies" and the "street people" that the public so readily identified with the *new* problem as well.

The relative youth of the new homeless population led researchers to conclude that the baby boom had in some way contributed to the emergence of the problem in the 1980s, although the causal mechanisms were not clear. Some researchers argued that because of the growth in the young adult population associated with the baby boom, there was a corresponding increase in the proportion of people exposed to acute housing problems, including homelessness (Bingham et al., 1987; Wright, 1989; Robertson et al., 1992; Timmer et al, 1994; Wagner, 1993). In effect, more people in the cohort simply

meant more people at risk of marginal housing outcomes like homelessness. Others argued that the homelessness problem was a result of *both* the larger number of exposed persons associated with the baby boom, *and* a new set of challenging social and economic circumstances that coincided with the boomers' coming of age, such as deindustrialization, deinstitutionalization, suburbanization, a growing illicit drug economy, and reduced social welfare protections (Wright, 1998; Rossi, 1987; Rosenthal, 1994; O'Flaherty, 1996; Jencks, 1994; Baum & Burnes, 1992).

Unfortunately, a number of factors made it difficult to assess whether baby boomers as a group were at equal or greater risk of homelessness. The changing definition of homelessness and the absence of a comparable type of condition in the immediate years and decades preceding the 1980s meant that the rate of homelessness among young adult baby boomers could not be readily compared to preceding cohorts in their age period. Whether young adult boomers also faced an added risk and susceptibility associated with changing social and economic circumstances could only be argued on the basis of the coincidence of larger social and economic trends. Establishing an empirical linkage was not possible because detailed, longitudinal data were not available to look at age-specific effects over a multi-year period.

Complicating interpretations further, the institutional forms that arose to accompany (and define) the contemporary homelessness problem, namely the emergency and transitional shelter system, may well have created a pull on marginally housed individuals and families who might have otherwise adapted to their difficult housing circumstances. Indeed, policies that provided preferential access to subsidized housing to homeless households may have incentivized requests for shelter. The shelter system

likewise established a destination where clients could be sent by a beleaguered social welfare system that was overwhelmed with individuals and families with significant unmet housing needs. The existence of mass sheltering may have even institutionalized a new developmental pathway for young families emancipating from parents and family, and a new way station for people exiting correctional and behavioral health treatment programs.

The present study was intended to examine changes in the age structure of the population which has experienced homelessness over a 20 year period. If patterns or trends could be identified that indicate homelessness to have been primarily a birth cohort phenomenon, then this would underscore the role and relative importance of the baby boom and its impact on homelessness, as well as the plausibility of related interpretations of these effects. Two criteria would need to be present in order to support the existence of a cohort effect. First, the age distribution in the homeless population would need to get progressively older with time, showing evidence of a cohort moving through the system. Second, any aging of the homelessness population would need to be distinct from the more general age distribution of the US population, which has been aging as well. Finally, as single adult and family households are distinct from each other in many respects, they are examined separately here. The results promise to offer insights into the dynamics of homelessness, and stand to inform public policy discussions on the direction of initiatives to address homelessness, and opportunities for reform.

Data and Methods

Data for this study came from administrative records on shelter use in New York City and from the nationwide shelter and general population enumerations in each of the

last two decennial census enumerations. Upwards of 85% of New York City shelter beds are funded or operated by the municipal Department of Homeless Services (DHS) and one byproduct of the centralized nature of this system is the comprehensive records that DHS has been able to maintain on persons and families staying in this shelter system since 1987. This offers a rich database from which to explore trends, dynamics and determinants of public shelter use (Culhane, Metraux & Wachter 1997; Culhane et al., 1994). Although many cities have more recently followed its lead, no other jurisdiction has amassed such a comprehensive and continuous homeless services database dating back that far. This database allows for the creation of annual incidence and prevalence cohorts, grouped by age, sex, and whether persons entered shelter as a single adult or as part of a family.

As part of their decennial censuses in 1990 and 2000, the US Census Bureau conducted “S-Night” – an enumeration of homeless persons staying in shelters and in “street” locations on a single evening. The Bureau repeatedly emphasized that S-Night enumerations are not meant as comprehensive counts of the entire homeless population, as the 1990 count quickly became controversial for the methodology used to count persons homeless on the street and for its apparently low counts in numerous jurisdictions. Despite the problems with the street enumeration, the 1990 S-Night *shelter* count was considered to have provided an accurate count of the sheltered population (GAO 1991) and when the Bureau implemented another homeless count as part of its 2000 enumeration, it employed largely the same methods for enumerating the sheltered population while changing its enumeration strategies for the street population (US Census 2001). This study uses the data from the shelter portion of the nationwide 1990 and 2000

S-Night enumerations (i.e., not the street enumeration) for males only, broken down by age, in special tabulations provided by the US Census Bureau (US Census, 2001) as well as comparable age-stratified counts for the overall US population from the two decennial enumerations.

Sheltered males here is a proxy for single adults, as the Census shelter enumeration did not distinguish between the family or single adult household status of the persons counted. Given that the preponderance of homeless families are headed by young single females, the data on total females would be heavily representative of heads of families and would obscure the pattern observed for single females. Correspondingly, because the adult male population is known to be very heavily comprised of single adult households, the male data better reflect the age distribution of the single adults (Rog & Buckner 2008; Burt et al., 1999).

These data are broken down by age, year in shelter, and (in New York City) shelter type and then compared using a variety of descriptive means to identify trends in age composition for adults who are homeless. Data are presented for both New York City and the United States, using DHS and Census data, respectively, in order to have two independent means to gauge any trends that are found. For New York City, enough data exists to present results in an annual time series from 1988 to 2005, while the census data provides two points in time, 1990 and 2000, for comparison.

Results

Figures 1 through 3 look at shelter populations in NYC. Figure 1 shows an age distribution for all persons who spent time in a NYC shelter in 2005. This distribution shows a trimodal distribution with the component distributions representing young

children (0-8), young adults (18-26), and middle aged adults (36-44). These first two groups, both inversely distributed (and particularly steeply among children), correspond to persons in family households, consisting mostly of single parents with pre-school aged children, which constitute most of those persons residing in the family shelters. The third grouping reflects the most common age range for the persons, mostly male, in the single adult shelters.

Looking at descriptive measures of males staying in NYC single adult shelters (i.e., prevalence populations) for 1988, 1995, 2000 and 2005 suggests that shelter use among this population is largely a cohort-related phenomenon. This is clearly represented in Figure 2, which shows the age distributions in each of the four years. With each year examined, the ages most represented in the prevalence populations get older. The most frequent ages occurring in each of the distributions were:

- in 1988, ages 25 through 33 (born 1955-63);
- in 1995, ages 31 through 39 (born 1956-64);
- in 2000, ages 34 through 42 (born 1958-66); and
- in 2005, ages 37 through 45 (born 1957-65).

Figure 4 shows the comparable distributions from the decennial censuses for all sheltered males in the US in 1990 and 2000. Again, the population has shifted rightward, as the population aged from 1990 to 2000, with the peak age groups consistently associated with the cohort born between the mid 1950s and the mid 1960s. An increasing proportion of homelessness among persons under 25 is noteworthy in the 2000 Census data, as was also observed to increase in the latter years of the New York City data.

Figure 5 compares the sheltered homeless male population to the US male population as a whole in 2000 to assess the level of excess risk for homelessness by age group. The data show a lower than expected prevalence of homelessness for the population 18-27, and comparable prevalence for persons 28-30 and 52-61. Males aged 31-51 (born 1948-1969) have higher than expected prevalence of shelter use, with particularly high rates among the group aged 34-48 (born 1952-1966). Persons aged 60 and over have lower than expected prevalence of shelter use, with rates particularly lower than expected shelter use in the 65 and over group.

Figure 6 provides the relative risk ratios for the sheltered male populations compared to the US male populations as a whole in 1990 and 2000. The results corroborate an elevated risk for homelessness in 1990 that peaks in the 34-36 year old age group (born 1954-1956), and which is higher than expected on a sustained basis for the group aged 25-45 (born 1945-1965). By 2000, a higher and sustained risk for shelter use occurs among those aged 31-51 (born 1949-1969), and peaks at 1.6 the relative risk for persons aged 37-42 (born 1958-1963).

To examine whether the aging of the single adult homeless reflects the aging of a particular group of persons, or the aging of a cohort from which the single homeless are drawn, records from various years were matched by name, birth date and social security number to identify the proportion of persons common in multiple years of data. The results show that relatively few of the persons in subsequent years (and a declining proportion) represent persons from the reference year. At most, 31% were retained from 1988-1990, and approximately 15% are retained in the various five year intervals from the reference entry year. Hence, it would appear that the aging cohort is drawn from the

community of persons in that cohort, and does not reflect the aging of a specific group of individuals who are persistently in shelter.

Finally, Figure 3 focuses on families, showing the age distribution for heads of families who stayed in a NYC family shelter in 1988, 1995, 2000 and 2005. The age distributions are consistent with Figure 1, showing a highly positively skewed distribution. The modal age throughout the various observation periods remains persons 21-23 years of age. In 1988, those households were born between 1965 and 1967, and by 2005, were born between 1982 and 1984. While the age distributions have tended to straighten or become more linear over time, there is no indication of any progressive aging of the family household heads. While children are not included in this age distribution, the predominant sheltered family in all years consists of young parents with preschool age children.

Discussion

The results indicate that indeed the baby boom cohort, particularly the latter half of that cohort, have had an elevated and sustained risk for homelessness over the last twenty years. The results also indicate that poor single parent (most female headed) families have faced an increased risk of homelessness when the mothers and children are relatively young, with the peak period of risk for the mothers being between 21 and 24 years of age, a time when they are parenting infants and toddlers. Both phenomena emerged in the mid-1980s, and might well have initially been driven by similar social and economic factors, affecting as they did groups of relatively similar median age (although the underlying distributions were different). However, after this initial and coincident “burst” of public destitution, these household types appear to have diverged, as the cohort

from which the young single adults come has had a sustained risk as they have aged, whereas the problem among the parents remained linked to households in the early parenting years.

Further research is needed to understand the specific social and economic factors that may have been associated with disproportionate housing instability and homelessness among the young adults from the late baby boom cohort. Certainly, many possible explanations could be offered. From a macroeconomic perspective, one possibility is that the later boomers faced tighter housing and labor market conditions as they came of age in the late 1970s and early 1980s, partly because of the entry and crowding into those markets of the preceding half of the boomer cohort. Depressed wages for unskilled workers, higher rates of youth and young adult unemployment, and rising rental housing costs, all of which occurred in this period, would have raised the risk for housing and labor market problems for the most disadvantaged members of this cohort. Back to back recessions in the late 1970s and early 1980s likely exacerbated the problem, possibly creating a segment of this cohort that did not get attached to the formal labor market.

Marginal employment in the informal and casual labor market may have also exacerbated their risk, particularly through declining participation in “covered” employment, whereby eligibility for unemployment insurance is attained (the proportion of unemployed workers in covered employment dropped by 50% from the mid 1970s to the mid 1980s). Participation in the illicit drug trade, particularly of crack cocaine, and the attendant risks for criminal justice system involvement and addiction may also have increased the problems of this cohort, resulting in treatment and incarceration episodes that removed them from the labor market and from their families, as well as exposing

them to violence and other attendant health and social problems. Long-term unemployment and incarceration histories may also have reduced the rates at which this cohort formed new families, through declining “marriageability” (Wilson, 1987), increasing the precariousness and tenuousness of their domestic arrangements, and their dependence on parents and extended families for housing. These conditions could have laid the underlying susceptibility that would later be linked to sustained risk for housing instability over the ensuing decades.

Compounding these risks, social welfare expenditures were under pressure throughout the 1980s and 1990s, as anti-welfare sentiments and restrictions on eligibility and benefit growth became politically popular. The safety net began to be stretched thinner in the 1980s, partly because baby boomer-related demand for services among poor and dependent young adults was increasing dramatically. Consider the example of mental health, in which the number of people with schizophrenia grew by 75% from 1975 to 1985, due to the latter half of the baby boomer cohort passing through the primary risk period (age 18-27) (Kramer). Other social welfare programs targeting young adult poverty and dependency, including welfare, child welfare and corrections programs, all faced similar increases in demand, as the newly dubbed “urban crisis” unfolded (Sugrue 1996). Eventually, the correctional system expanded to meet the demand because of a growing appetite for incarceration among state legislatures; the remainder of the safety net remained tattered and torn. Of course, this set of explanations is as yet hypothetical and needs investigation in future research.

The circumstances of homeless families were remarkably different. The young parents (mostly mothers) who became homeless in record numbers during the 1980s went

on to be somewhat upwardly mobile, as indicated by reduced rates of homelessness as they aged. One possibility is that parents' labor market opportunities increase as their children reach school-age, and as child care responsibilities are assumed by schools. Expanding low and semi-skilled labor market opportunities may also have favored women over men in this period. This would be consistent with other research which shows that young women, including African American women, have faced improved job prospects in the new service economy, relative to their male counterparts.

In contrast, the persistence of homelessness among households of young women with young children could be explained by the continued disadvantage experienced by young, especially single parent families who cannot afford market rents and daycare on minimum wage incomes or public assistance benefits, both of which declined in cash value by nearly half their value from 1975 to 1990. The persistence of young mothers in the homeless system may also be partly attributed to the institutionalization of this new subsidized temporary housing system that targets them, despite it being inefficient and in many cases ill-suited for children. Priority for public housing placements for homeless families may have also incentivized shelter requests; although the mandated federal preference for public housing opportunities for homeless families was repealed in federal law in 1997 and left as a local option.

The study results also suggest some important implications for public policy. First, the aging of the single adult homeless population raises serious questions about the near future of the currently homeless and the cohort from which they come. With an average age now near 52, and with a life expectancy in the early 60s, this population is approaching old age prematurely, with related morbidity, disability and medical frailty.

This cohort's demand for acute and long-term health care will soon be a potentially major issue for communities and homeless programs. Without adequate housing supports, this group could stay in hospitals for extended periods, and require nursing care at significant public expense. The need for alternative housing programs would seem to warrant some sense of urgency. While political support for permanent supportive housing for single homeless adults grew since the recent Bush administration's initiatives in this area, supply is still far below what is needed to address the circumstances of the chronically homeless, let alone the hidden members of this cohort who are casually attached to unstable housing arrangements and who experience temporary bouts of homelessness. In any case, the implication of these data, along with the life expectancy research, is that the problem of single adult homelessness that emerged in the 1980s is soon to be a part of history, as the population ages and dies, but not before they have a profound impact on the social welfare system yet one more time.

At the other end of the developmental spectrum, there is some indication that a young single adult cohort may be growing among the homeless population. While as yet their rates of homelessness are below the population average, their numbers bear watching, as many in this cohort face increased labor market problems associated with the current, deep recession. Without adequate attention to their labor market needs and other social welfare concerns, another cohort of young adults with sustained risk for homelessness may be emergent.

Among families, the results suggest a continuing need to address the housing affordability problems that are particularly acute for young families with preschool children. Programs should pay special attention to the developmental stage of these

families, in which the mothers may have little labor market experience and need parenting supports, and in which the children are presumably in need of engagement in early care and education programs. High rates of subsequent foster care placement and underenrollment of homeless children in early care and learning programs suggest the need for such supports (Perlman & Fantuzzo, 2010). While the families do not appear to have sustained risks for homelessness, their use of homelessness assistance to transition out of their parental households and/or into independent living suggests that TANF and family support programs need to do more to improve these families' pathways to independence. The shelter system has in some ways filled this gap, but at significant cost to society and to the families and children. Policymakers should consider more systematic, normalized, and community-based interventions that target this development pathway for poor mothers with young children.

This study is limited in that it is descriptive, and did not investigate systematically the causes or consequences of the age structure of contemporary homelessness. While the discussion here offers some suggestions as to both the sources of homelessness and the need for policy responses, these are suggestive and are not based on an empirical test of these associations. Future research should attempt to identify data which might better illuminate the excess risk for homelessness among the latter half of the baby boom population identified here, as well as among young mothers with children, and should explore what potential societal interventions may be necessary to deal with the immediate needs of these households, as well as which might prevent homelessness among other cohorts in the future.

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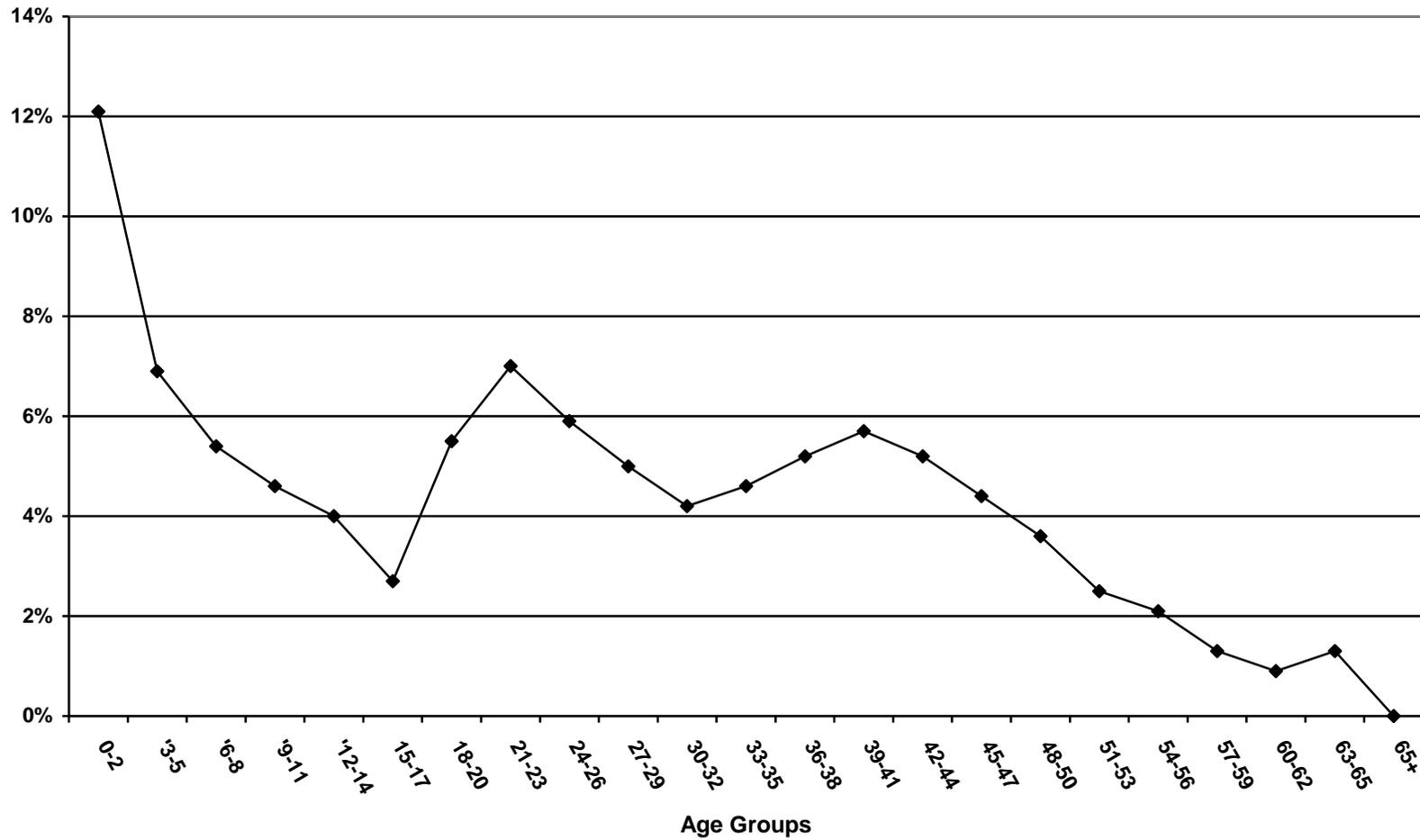
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Table 1 – Male Prevalence Populations in Single Adult Shelters for Four Different Years and Percent Retention in Subsequent Years

	1988	1990	1995	2000
1988	42,256			
1990	31.1%	34,732		
1995	9.8%	13.6%	23,965	
2000	6.1%	7.8%	15.1%	24,745
2005	4.5%	5.6%	9.9%	16.4%

Figure 1 - New York City Sheltered Homeless Population in 2005: Age Distribution



Age distribution reflects 2005 prevalence population (29,326 single adults and 57,374 persons in 19,048 families)

Figure 2 - Age Distribution for Four Male Prevalence Cohorts in NYC Single Adult Shelters

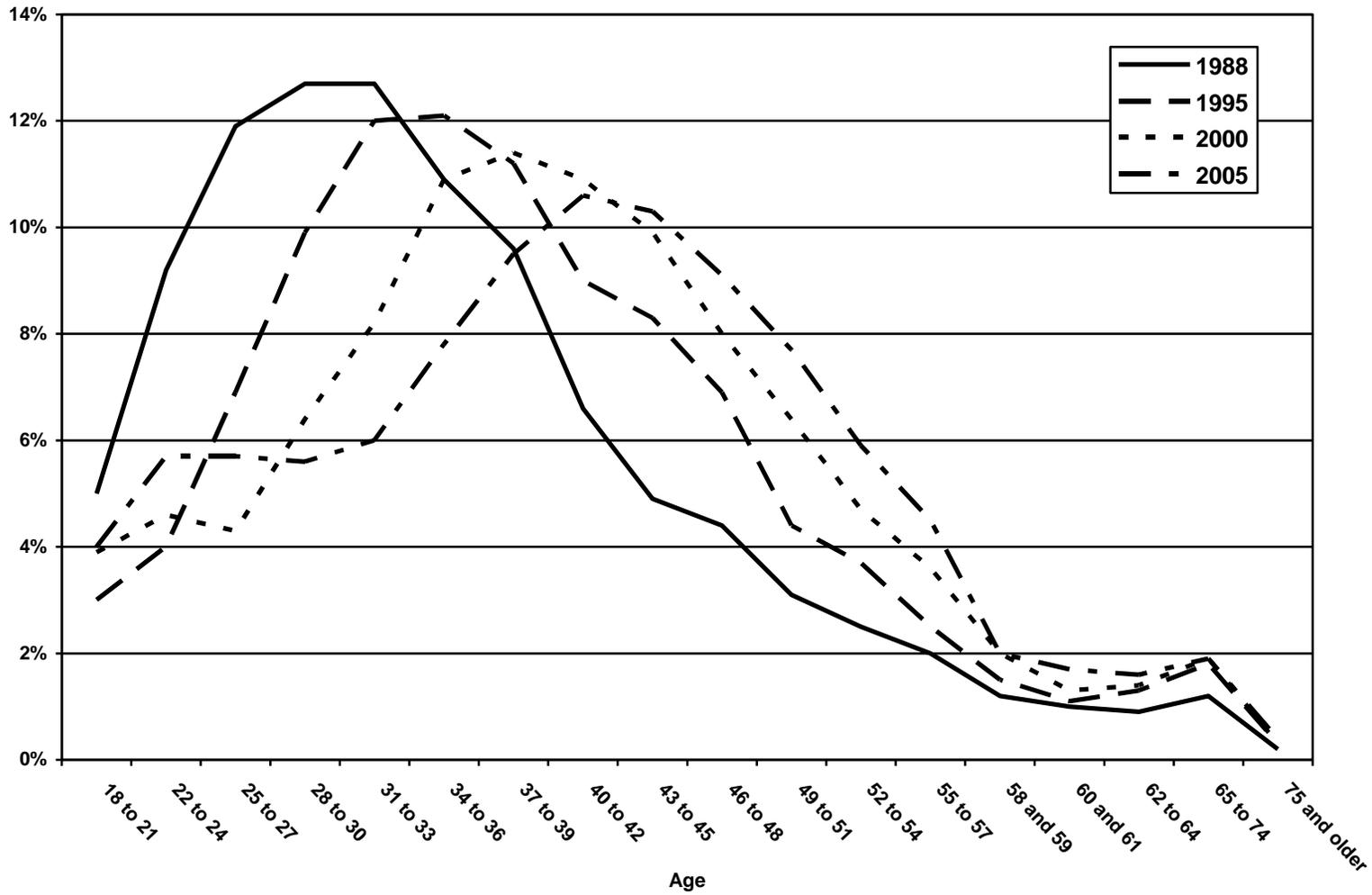


Figure 3 - Age Distribution for Four Prevalence Cohorts of Heads of Household in NYC Family Shelters

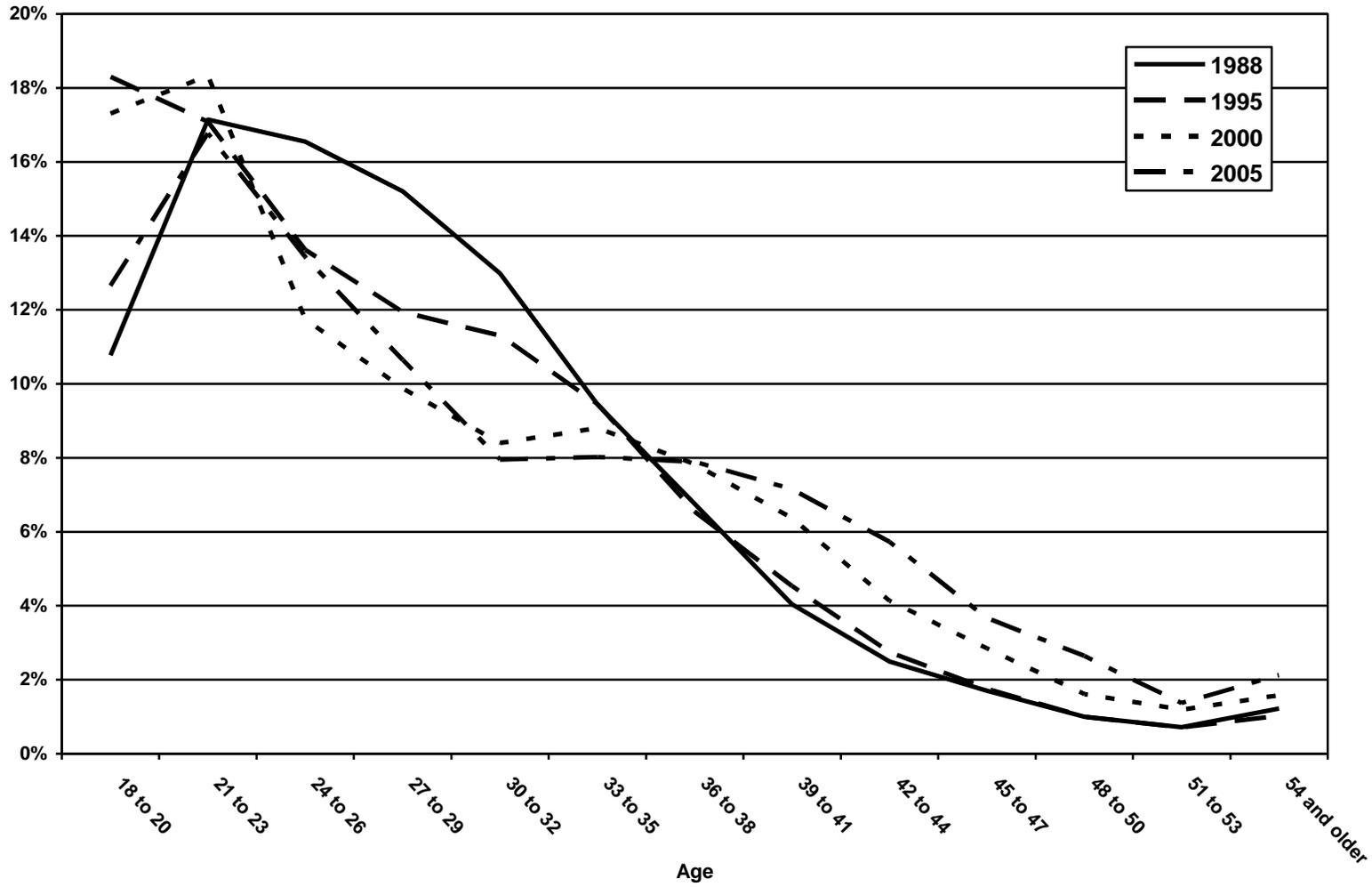


Figure 4 - Age Distribution for Male Shelter Users in US - 1990 and 2000 (US Census)

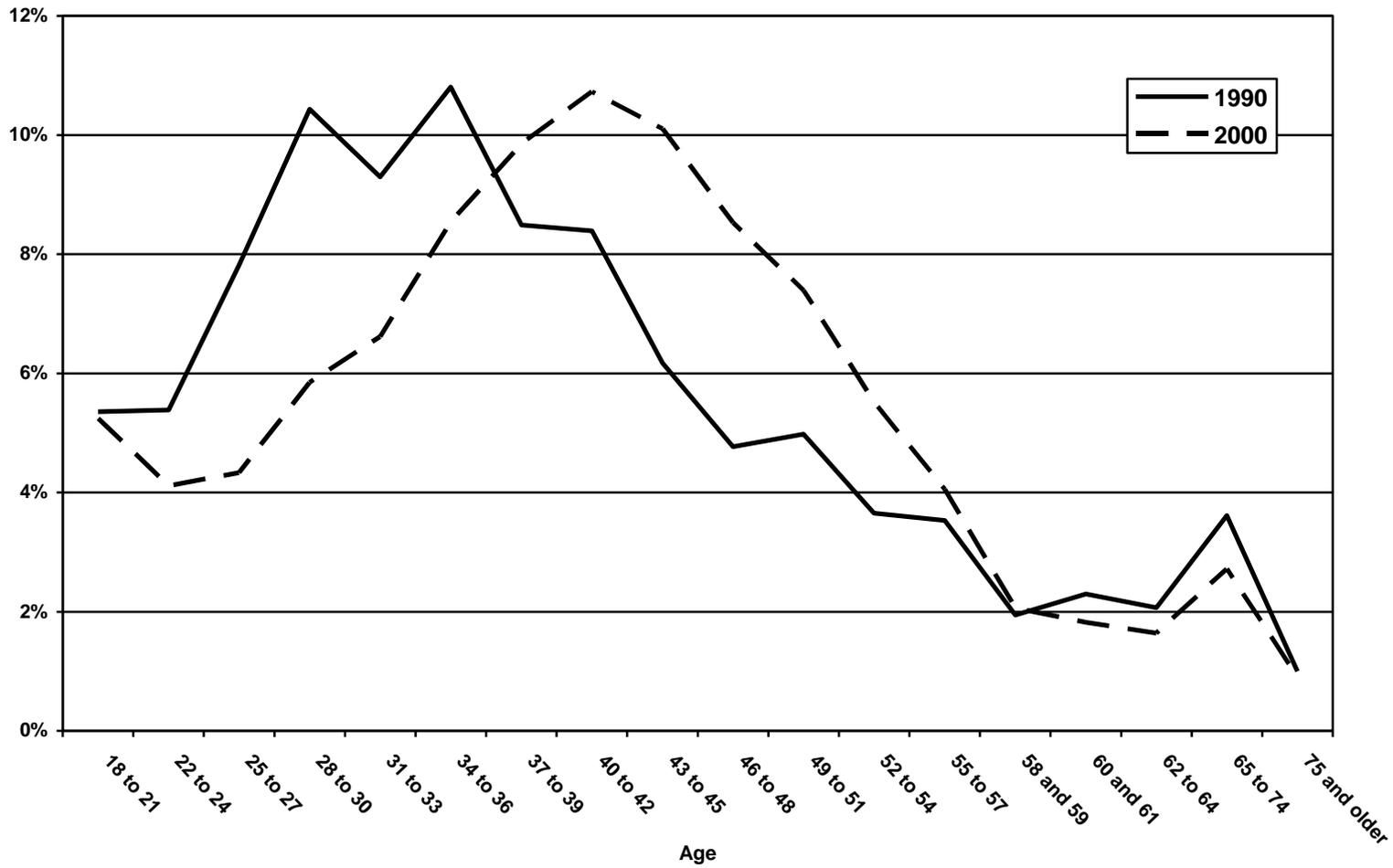


Figure 5 - Age Distribution for Males in 1990 - Overall and Sheltered Populations (US Census)

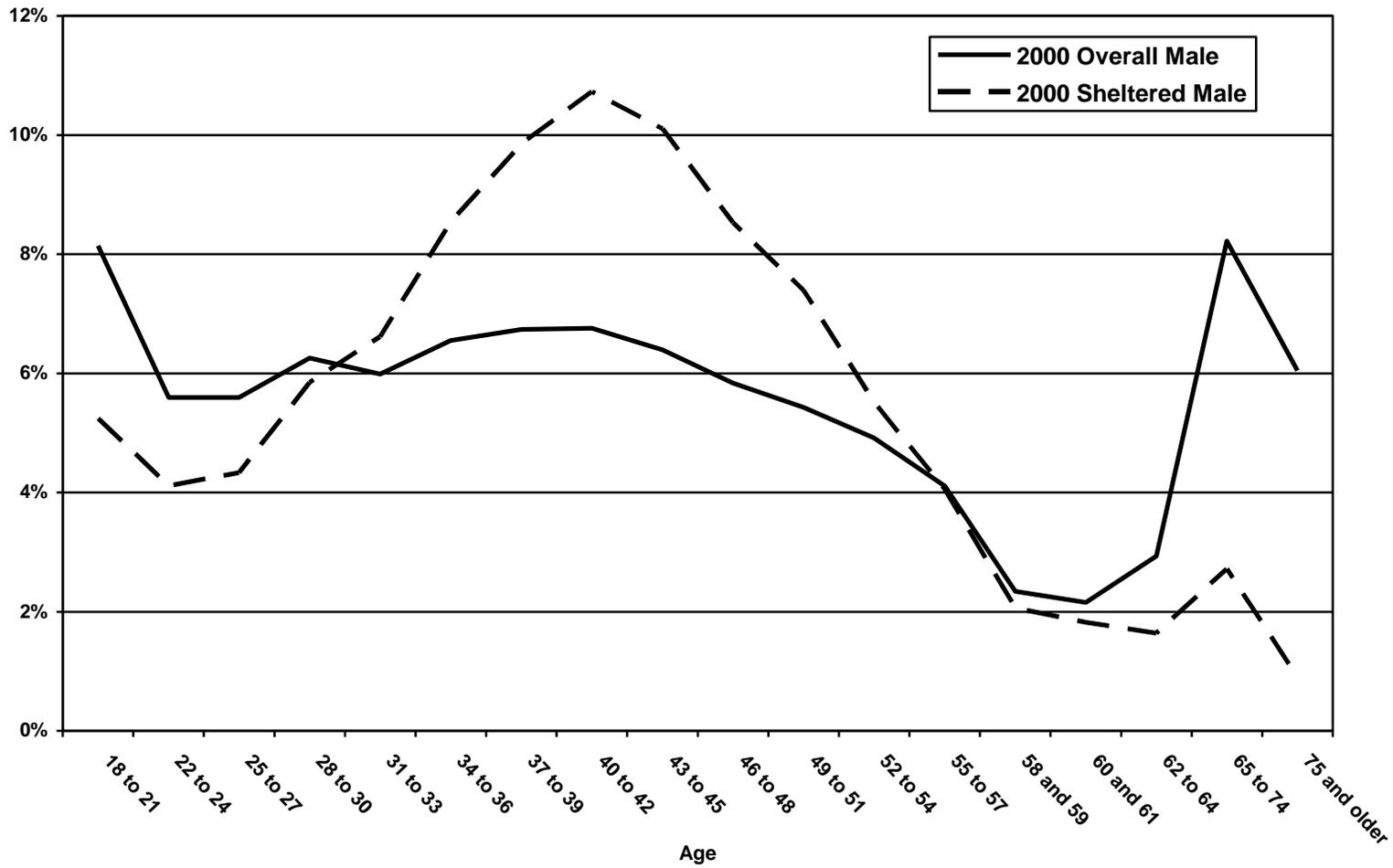


Figure 6 - Relative Risk by Age Male Shelter Users in US - 1990 and 2000 (US Census)

