

The Organization and Utilization of the Shelter System in Philadelphia: Estimating Length of Stay and Turnover

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ABSTRACT. This paper describes the structure of the shelter system in the City of Philadelphia and the patterns by which homeless people utilize that system. The shelter system is found to be segregated by age, gender, family and disability status, with the young single men and families concentrated in the largest facilities (capacity more than 100). A majority of the city's shelters are run on a for-profit basis, many of which are small "board and care" facilities, although the plurality of shelter beds are in large, not-for profit shelters. Data are reported which reveal an annual rate of turnover in the shelter system of approximately 6 persons per bed, with an annual "average length of stay" of 60 days per client. However, repeat users are likely to account for as much as one third of the shelter population at any given time. Considered together, these findings suggest that, for many people, the shelters serve primarily as a short-term supplement to a restricted range of housing opportunities in the community. The research and policy implications of this pattern of utilization are discussed.

Despite being a major initiative of urban welfare policy for the last decade, the homeless shelter has been an understudied phenomenon. That this system of care is characterized by its own ideologies, patterns of utilization and systems of management, has not been the subject of much investigation (Hopper, 1990a; Gounis &

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Susser, 1990). The possibility has likewise not been fully considered that, as a "system," the shelters might hold the potential for research that could better inform the nature of the homeless problem (U.S. General Accounting Office, 1988). Nevertheless, several factors have contributed to an increase in interest in the shelters, and have pointed to the need for their more systematic evaluation as a form of care and housing for the impoverished.

First, the growth and formalization of a shelter "system" is itself a phenomenon worthy of study. What appeared in the early 1980's as a temporary response to the casualties of the recession and "Reaganomics," has grown into a national network of provider organizations. Indeed, shelters have been described as the fastest growing, *de facto* low-income housing program in the United States (Dattalo, 1991). Consider, for example, that the shelter system in Philadelphia grew from 250 beds in 1982 to more than 5,400 beds by 1988 (City of Philadelphia, 1990). Similarly, in Boston, the shelter system grew from 487 beds in 1980 to 2,567 beds by 1988 (City of Boston, 1988). In some instances, shelter providers have organized politically to advocate for greater funding from local and state governments and for an expansion in shelter services, such as in Philadelphia with the "United Providers for a Better Shelter System," and in Massachusetts with the "Massachusetts Shelter Provider Association." The existence of such groups and the accompanying growth in shelter capacity has raised concerns that the shelter system is developing into a human services "industry," and that a group of professionals now has an institutionalized interest in the perpetuation of homelessness (Funciello, 1988). Related to this concern is the growth in public expenditures on shelters and other homeless programs, which in Philadelphia grew from under \$2 million in 1982 to more than \$30 million by 1988, or an average annual cost of nearly \$4,000 per shelter bed.

A second reason for needed attention to the shelter system is that some homeless people have been vocal about their opposition to shelter policies and about living conditions in the shelters (Funciello, 1988). In the late 1980's, the National Union of the Homeless and their locals in cities throughout the United States waged several campaigns to raise public awareness of the abuses in the shelter system and of the need for affordable housing to replace the shelters

(United Press International, 1988). The emergence of "tent cities" and squatters groups has furthermore demonstrated that shelter living is often not the preference of homeless persons, and, indeed, can be a source of organized resistance (Bishop, 1989; Basu, Mooney & Peyser, 1989). Anecdotal accounts of "street people" who prefer to live on the streets rather than stay in the shelters also suggest that shelters are not always perceived as adequate programmatic solutions by many of the homeless.

Third, as an organized system of care, shelters can serve as a locus for the collection of uniform data on shelter clients, thus potentially shedding light on several unresolved issues in the scientific literature. For example, most prior research on homelessness has offered a limited understanding of the *dynamic* nature of the homeless problem, by being based on surveys of homeless people at a single point in time, usually in select shelter and street locations (see Rossi, 1989 for a review). Unfortunately, such prevalence rates can serve as *underestimates* of how many people are homeless over time when not taking account of the incidence rate, and can serve as *overestimates* of the proportion of persons with long periods of homelessness when failing to account for the turnover rate (Sosin, Piliavin & Westerfelt, 1990). This limitation has led to some disagreement as to whether homelessness is a relatively permanent state (Rossi et al., 1986) or a short-term crisis (U.S. Department of Housing & Urban Development, 1984), and as to whether homelessness affects thousands or millions of Americans (Rossi, 1989).

As to the permanence of homelessness, Sosin, Piliavin and Westerfelt (1990) have found in their longitudinal study that "homelessness" is more accurately described as a state of "residential instability," with periods of shelter usage typically interspersed with stays in a range of unstable residential settings. The authors also found that neither prior episodes of homelessness nor a long current episode reduce one's chances of making a stable exit from homelessness. While preliminary, such findings suggest that further research is needed to determine the functions served by shelters in the residential contexts of homeless persons. Thus, recognition of the shelters as *mediating institutions* can offer an important source of information on the dynamic movement of the "residentially unstable" population.

As for the number of homeless in the United States, estimates have ranged from 250,000 to 2 million, with the former proposed by the U.S. Department of Housing and Urban Development (1984) and the latter regularly cited by the National Coalition for the Homeless. The more systematically derived estimates have agreed that between 300,000 and 500,000 people were homeless on any given night between 1988 and 1990 (Burt & Cohen, 1989a; Burt & Cohen, 1989b; U.S. Department of Commerce, 1991), with homelessness defined as residence in a shelter or in a public place not designated for residential purposes. Again, research in this area has focused on the size of the homeless population at one point in time. Such figures need to be qualified, therefore, with measures of turnover or the annual prevalence to estimate accurately the extent of risk for homelessness in the population over time. By collecting uniform data on shelter admissions, shelter systems can offer a potential opportunity for estimating the annual size of the homeless population, and the annual rate of turnover.

Finally, interest in the study of the shelter system has grown as researchers have questioned whether the shelters play a role in ending, promoting or reproducing residential instability. For example, two recent ethnographic studies in New York City (Gounis & Susser, 1990; Grunberg & Eagle, 1991) have reported on the process of "shelterization," by which homeless people accommodate to the shelter environment. Both of these reports argue that shelters fail at their purported mission to move people into self-sufficiency by breeding an environment of intimidation, conflict, victimization, and helplessness. Both studies conclude that the shelter system conditions and reproduces the marginal status of homeless people through a complex socialization process in what one report called a "predatory environment" (Gounis & Susser, 1990; p. 252). However, Hopper (1990b) warns that there is no evidence that homeless people are permanently entrapped by their induction to shelter life, a caution supported by the preliminary findings of Sosin, Piliavin and Westerfelt (1990).

Mindful of these sources of interest in the emergency shelter system, this paper reports on the status of the shelter system in Philadelphia. First, this paper investigates the organization of the shelter system as of July, 1988, using official records which describe

the size and distribution of shelter facilities. Secondly, estimates of the user population and their patterns of utilization are discussed. Finally, data from the City of Philadelphia's client information system are used to derive an approximate average length of stay and rate of turnover in the city's shelter system.¹

SHELTER CAPACITY

The shelter system in the City of Philadelphia is especially amenable to study and analysis because of several unique features which define it. First, with the exception of a small number of shelter beds (approximately 400), the City's 5,100 bed system in 1988 was entirely contracted or "bid out" by the City. Therefore, it is a "single payor" system, with the city paying a set price for each bed occupied per night, which in 1988 averaged \$10.50. This centralized authority makes study considerably easier than in systems where charity care or a less organized form of contracting predominates. Secondly, because of this single-payor system, the City handles all shelter assignments at a central in-take center, and therefore is involved in the day to day management of the bed supply. This system enables the City to collect uniform data on the service users and service providers, a capability that is only recently being developed to its potential. The four hundred beds which are not in this system tend to be small, not-for-profit shelters, that might operate only part of the year, or as a special service mission of a church, political group or other voluntary organization. Unfortunately, there is no data available on the persons who use these services.

The City of Philadelphia formally contracted for a total of 5,102 beds at 162 shelter sites in July 1988 (see Table 1). Most of these facilities were managed on a for-profit basis (62%), with a substantial minority being not-for-profit providers. Approximately half, or 2,508 of the shelter beds, were within what could be classified as "congregate shelters." These 27 facilities have an average capacity of 94 beds each, where all of the individuals typically sleep in one or two large rooms, lined with rows of cots. While the majority of shelter placements are in congregate shelters of this type, most of the contracted facilities are not, strictly speaking, within this category of service provision.

Table 1 The shelter system by shelter type, capacity, number of sites, and size

The Shelter System	Capacity	% Distr.	# of Sites	Ave. Size
Privately funded shelters*	300-500	x	x	x
Publically funded shelters	5,102		162	32
Shelters	2,508	0.49	27	94
Boarding Homes	2,458	0.48	132	19
Hotels	136	0.03	3	45

* Based on estimates of advocates and the City. Subject to change. Unregulated by public.

There were 132 facilities more appropriately called "boarding homes" or "personal care" facilities which the City used for temporary shelter in 1988. These facilities are typically much smaller than the shelters, averaging a capacity of 19 beds each, and, in addition to the homeless, serve the poor elderly and disabled population. In 1988, at least 40 of these "board and care" facilities had occupancy for only one or two homeless persons, though the range extends to 349 beds in one case. Most of these homes are private, for-profit businesses, operated in some instances by owner-occupiers, who provide a kind of "adult foster care" to homeless people.

Unlike many other cities, Philadelphia does not rely heavily on hotels to shelter the homeless, though there are a few. Three hotels were so contracted by the city in July, 1988, for use by either families or married couples. The hotels officially housed 136 people in July of 1988, though sources suggest that the number is much higher due to the crowding of families.

Hence, while *most of the facilities* contracted by the city to shelter the homeless are relatively small "board and care" homes, with an average capacity of 19, *most of the homeless* are placed in the congregate shelters that have an average size of 94 beds.

As might be expected, people do not have equal access to the different forms of shelter. There is quite a bit of formal and informal

segregation by gender, age, family status and disability status within the shelters because shelters can specify the population(s) that they prefer to serve. As an example, consider the case of families. Homeless families are likely to stay in one of five family shelters, in one of the three hotels, or in one of the few shelters for battered women. Overall there are 14 sites that serve 1,301 family members per night, at an average size of 93 family members to a facility. However, three large facilities (more than 100 family members) house half (50%) of the homeless families, with an average capacity of 222 beds each. The special case of two-parent families should be mentioned since there was considerable evidence at the time of this study that many two-parent families were being broken-up by the shelter system. Because some of the facilities housing families were for women fleeing domestic abuse or because the mixing of adult males with the families was prohibited for less apparent reasons, men from two-parent families often had to leave their families and stay in the single adult shelters.

Perhaps the most significant segregation in the shelter system is by age (see Table 2). More than half of the "boarding homes" have age restrictions, usually excluding persons who are under the age of 30 or 45. For example, all of the 40 boarding homes that had only one or two beds would take only people over the age of 45 or 50. In contrast, just one of the 27 congregate shelters had an age restriction, though five were restricted to families only. While not a formal policy of the city, sources also claim that disabled persons, single women without children and elderly persons are more likely to be placed in boarding homes as opposed to congregate shelters, as "security concerns" have led many boarding home operators to restrict access to younger men. Moreover, a compelling motivation among boarding home operators to prefer disabled persons and persons over age 45 is that such people are more likely to receive Supplemental Security Income (SSI) support from the government, 85% of which the boarding home operators are allowed to keep for shelter costs. This amounted to approximately \$275 a month in 1988; a significant supplement to the daily reimbursement rate of \$10.50 from the City (\$315 monthly). Pensioners themselves are required to be given only \$30 a month from their checks. This "confiscation" of check money is sometimes cited among the elders

Table 2

Distribution of shelter bed availability, by shelter site restrictions, and those not restricted to single adults under 35.

Public Shelter Bed Availability	Capacity	% Distr.	# of Sites	Avg. Size
Families				
Single Men under 35 (without children)	1,301	0.25	14	93
Single women under 35 (without children)	1,784	0.35	62	29
Other (beds usually restricted to singles under 35)	803	0.16	61	14
	1,214	0.24	25	49
Families				
Large shelters (capacity > 100)	1,301		14	93
Medium shelters (capacity 11-100)	666	0.51	3	222
	635	0.49	11	58
Single Men under 35 yrs.				
Large shelters (capacity > 100)	1,784		62	29
Medium shelters (capacity 11-100)	953	0.53	5	191
Small shelters (capacity 10 or less)	614	0.34	23	27
	217	0.12	34	6
Single Women under 35 yrs.				
Large shelters	803		61	13
Medium shelters	108	0.13	1	108
Small shelters	489	0.61	23	21
	206	0.26	37	6
Others (restricted beds)				
Medium shelters	1,214		25	49
Small Shelters	1,127	0.93	14	81
	87	0.07	11	8

Source: The City of Philadelphia Office of Adult Services, at personal request, 1988.

and disabled as a deterrent to accepting boarding home placements, fearing that their money is being "stolen."

Perhaps the most obvious consequence of this age and gender segregation in the shelter system is the concentration of young men and women in the large- and medium-sized facilities. By default, there are 1,784 beds that are available to young men, under the age of 35, and 803 beds available to single women of the same age (all without children). Together, these beds available to young singles account for a majority of the city's available shelter placements for single people. For the men, this usually means accepting accommodations in one of the large shelters (capacity of more than 100). In fact, similar to that which was found for families, only five large shelters provide more than half (53%) of the possible placements for men between 18 and 35, averaging 191 beds in capacity. The remaining men are eligible for medium-sized facilities (11-99 bed capacity, housing 34% of the single men), and even a small, but significant group who are allowed in the small-sized facilities (10 people or less, housing 12% of this group).

The single women are not as concentrated in large shelters, as only one of the large shelters accepts single women, housing 108 women (13% of this group). Most of the women are in medium-sized facilities, particularly boarding homes, that averaged 23 beds in size, and that accounted for 61% of the beds available for single women. The remaining places for women (26%) were in small boarding homes that averaged a size of 5 beds. The more limited supply of beds for single women within the overall system should be noted.

In a tacit recognition of the "noncompliance" of young men and women, most sheltering sites in Philadelphia prefer not to accept single people under the age of 35, particularly men. As a result, when demand for shelter from this sector grew in the mid-1980's, the city contracted for larger facilities that would specialize in serving this demographic group. Such an arrangement was easier than seeking out many more smaller providers. Consequently, one finds that the largest shelters are now dominated by young people, especially men and families. By virtue of their size, these facilities are concerned far less with providing social services than with crowd control, and seem in many ways to be modelled after detention

centers, both with armed guards present, and with the routines within the shelters very strictly regimented. The young women, on the other hand, are allowed relatively greater access to smaller facilities, but the lower total number of beds available to single women suggests that there is restricted access for single women within the overall system. Moreover, the smaller average size of the women's facilities suggests the greater likelihood of regulating women's homelessness through a social work model, and less with a detention model, though this is suggested primarily from anecdotal evidence. Such a pattern would be like that discovered by Watson and Austerberry (1986) in their study of women's homelessness in Great Britain, which found that concern over protecting women's sexuality and controlling their sexual "deviance" dominated the design of women's shelter alternatives.

Since these figures are based on the capacity of the shelter system, they do not represent the exact demographic composition of the Philadelphia homeless population, only an indication of how the supply of shelter beds is structured. The actual population is likely to change over time, as demand, supply and shelter policy restrictions interact to effect the eventual composition. For example, demand for beds among one particular demographic group may grow, and city officials must respond. Officials can do so by requiring that certain facilities accept persons that they might usually deny. Or, the city may develop "overflow" sites that can eventually become "permanent" shelters for those demographic groups whose demand for shelter has grown. Less hospitably, city officials can also deny people shelter, and create or allow sheltering conditions that are widely divergent, including some perceived as undesirable, punitive or even unacceptable to those who are designated to use them. Hence, officials can potentially diminish the appearance and defuse the determination of demand pressures. It should also be noted that the commitment of the City to provide shelter to all who sought it between 1984 and 1987 could have helped to drive some demand for shelter. Officials and advocates agree, however, that increases in demand for shelter have more commonly preceded the development of more facilities.

SHELTER CLIENTS AND THEIR PATTERNS OF UTILIZATION

Demographics

Estimates on the size of Philadelphia's homeless population in 1988 vary according to whom one speaks, with the range going from 20,000 by advocates to about 5,000 based on the City's shelter count. The only survey of the shelter population to date was conducted by researchers at Temple University in 1988, from which they reported a one-night census of 3,066 persons (Ryan, Bartelt & Goldstein, 1989; Bartelt, personal communication). Given that it is known that the city shelter system had nearly 1,900 more people in occupancy at the time of that survey, the non-participation rate can be estimated at producing a 37% undercount.

That qualification noted, Table 3 compares the demographic composition of the population surveyed in 1988 with a similar survey of "skid row" homeless in Philadelphia in 1960. As is evident, the surveyed population in 1988 is overwhelmingly young and black, with the modal case of homelessness reported by the authors being a young black male between the ages of 26 and 30. This compares with 1960 when the homeless were overwhelmingly white and elderly. Fully 87% of Philadelphia's homeless in 1988 were African American, despite the city's general population rate of 38% in the 1980 census. A surprising 18% of the homeless are under the age of 18, suggesting that, aside from runaways, family members (minimum one parent and one child) comprise somewhere around 30-35% of the city's homeless in the survey, very close to that reported nationally (US Conference of Mayors, 1987). Homelessness among black males is more common than for black females, and the prevalence of homelessness among all blacks is far beyond that for all whites.

Given what has already been reported on the city's shelter capacity, a couple inferences can be made about the nonresponders in this survey. It would appear that the smaller shelters, therefore the facilities with many of the single women without children, the disabled and people over age 45, were less likely to respond, and therefore that the survey findings are biased by the reporting of the larger facilities. Hence, while the survey is limited in describing the entire

Table 3 Comparison of Philadelphia and Pennsylvania homeless from 1960 to 1988, percent distribution. Sources: Blumberg, Shipley & Shandler, 1973; Ryar Bartelt and Goldstein, 1989; Bartelt, 1989.

		1960	1988
Gender	Male	100	64.7
	Female	0	35.3
Race	White	87	12.9
	Minority	13	87.1
	--Black	(10)	(82.9)
	--Hispanic	(x)	(4.2)
	--Other	(1)	(x)
Gender/Race	White Male	87	7.6
	White Female	0	5.1
	Minority Male	13	56.8
	Minority Female	0	30.3
Age	0-18 years	x	(17.9)
	18-45 years	x	(68.9)
	Under 45 years	24	86.8
	46 years +	76	13.2
Length of Time Homeless*	< 1 month	x	(21.9)
	1-6 months	x	(38.5)
	7-12 months	x	(13.9)
	< 1 year	17	74.3
	> 1 year	78	25.7
	1-2 years	14	x
	3-4 years	11	x
	5-9 years	20	x
	10+ years	33	x

*Length of time homeless data for 1988 are for entire homeless survey population in Pennsylvania

shelter population, it does probably well reflect the demographic composition of the larger facilities.

Length of Stay

In terms of understanding the patterns of shelter use, less is known from this survey, but certainly much could be interpreted. First, note the data for "length of time homeless" in Table 3. As has been found in recent surveys of the homeless around the country (see Rossi, 1989, for a review), most of the homeless report having

been homeless for relatively brief periods of time, especially when compared to their "skid row" counterparts. What was once characterized as a "career" of living on the "skids," appears to have more commonly become a short-term utilization of the shelters. Indeed, fully half of the homeless in this survey have been homeless for less than six months, with close to one-quarter reportedly being homeless for less than one month. The data show slight differences for families and singles, with families reporting to be homeless for slightly less time, and with far fewer families reporting to be homeless for more than one year.

As a measure of "average length of stay" at the shelter, this data is, unfortunately, not very helpful. Since respondents are surveyed at a single point in time, one can only get a picture of what can be described as the "facility age profile," which can be quite different from the length of stay. For example, the people who are homeless for less than one month are likely to represent a much larger group of people over the course of a year than their composition on a single night, given that the group with the shortest length of stay turns over at the highest rate. What is unknown is how many people come into the shelter for periods of less than one month and how many go on to stay for more than 6 months or a year.

That many more people are homeless for less than one month than is indicated by point-in-time assessments is also indicated by the responses of shelter providers to the Temple University survey (see Table 4). Shelter providers were asked to estimate how long it takes for people to get housing after entering their shelters. The general pattern shown in Table 4 indicates that the longer the length of stay, the fewer the proportion of users that can be accounted for. The exception to that trend is the people who are homeless for an entire year, suggesting that there is a slight "pooling" of long-term homeless people. When compared to the survey results in Table 2, these estimates appear consistent with the interpretation that there is considerable turnover at the short-stay end of the distribution, and that, therefore, point-in-time assessments overestimate the long-term population and underestimate the short-term population. For example, while 25.7% of the single homeless men at any one time are among the "long-term" homeless group, their proportionate

Table 4

Length of time to obtain stable housing, as estimated by shelter providers.
(Source: Ryan, Bartelt and Goldstein, 1988; p. 33.)

	< 1 month	1-3 months	3-6 months	7-12 months	> 12 months	Total
Single men	39.3%	36.1%	9.9%	3.8%	10.9%	100.0%
Single women	39.3%	36.3%	11.3%	6.0%	7.0%	100.0%
Small family (1-4)	19.9%	41.4%	19.2%	13.0%	6.2%	100.0%
Large family (5 +)	13.6%	27.2%	27.2%	15.4%	16.5%	100.0%

representation could decline to the estimated 11% as more people cycle through for short stays.

While the provider estimates for families and single women show the same general pattern as for single men, estimates for families reveal fewer getting housing within a month, but fewer waiting more than a year. Large families (5 persons or greater) were the only exception, who had the highest rate of people waiting more than one year for housing at 16.5%. The estimates for single women show a slightly smaller group which takes more than one year to find housing.

Perhaps the most accurate estimate of an "average length of stay" in the shelters can be determined from the City of Philadelphia's Client Information System. The Client Information System (CIS) was begun in late 1989 as a centralized registry of all persons who become homeless in Philadelphia, and who use publicly funded shelters. Given that over 90% of the city's shelter beds are funded by the city, this dataset represents the most comprehensive source of information available on shelter users (City of Philadelphia, 1990). While attempts have been made to unduplicate client records, the potential use of pseudonyms or "a.k.a.'s" serves as a caution in interpreting the following data. This qualification notwithstanding, it is possible to compute an annual average length of stay per client using this data, as well as an estimate of the degree of annual turnover in the public shelter system.

From December 1989 to December 1990, the CIS shows 11,607 unduplicated cases of persons and/or families requesting shelter in Philadelphia. Because families are comprised of more than one person (average 2.25 children in 1990), this caseload represents an estimated total of 16,350 individual persons. From OSHA budget records it is also known that the City paid \$10,347,092 for shelter in 1990, at an average per diem rate of \$10.50 per bed. Thus, by division, the City paid for approximately 985,437 nights of shelter in 1990. By dividing the total number of nights paid by the total number of shelter users (including children), one arrives at an approximate average length of stay of 60.3 nights per person in 1990. Unfortunately, disaggregation of data for families and singles was not possible at the time of this analysis.

This approximation of an annual average length of stay is not as

accurate as could be derived from a client tracking system, which the City of Philadelphia is currently developing. Moreover, this calculation represents an *annual* number of days consumed per person, not the number of days *per episode* of homelessness. Indeed, the average length of stay per episode is probably shorter than 60 days, but because some clients have additional episodes of homelessness in the course of a year, the average number of days consumed annually is higher. (Estimates of "repeat use" will be discussed later.)

Another important qualification is that the 60-day annual average length of stay underestimates the actual average length of stay by (1) failing to account for the carryover days of persons in the system before and after the period examined here, (2) not including the non-shelter population, and (3) not including the few hundred beds not in the public system. Nonetheless, it is the best estimate to date of the average length of stay, and is consistent with the interpretation of shelter-use patterns previously discussed based on less precise survey methodologies: most homeless people use the shelter for relatively brief periods of time, and a small number of people are "homeless" for the entire year, although at a single point in time the "long-term" homeless may account for a relatively larger share of the population.

The Annual Rate of Turnover

The 60-day "average length of stay" also suggests that there is a substantial degree of turnover in the shelter user population, particularly given that averages are sensitive to extreme values, or in this case, the long-stay clients. Indeed, using data from the CIS one can easily compute the turnover rate of public shelter beds. Again, there were 16,350 persons in publicly funded shelters in 1990. As a result of a massive "downsizing" in the public shelter system, however, the average daily census declined from its high-point of 4,563 persons in 1988 to 2,699 persons in 1990 (this sharp reduction in bed supply will be discussed in a forthcoming paper). By dividing the total number of persons by the average daily census, one arrives at an estimate of the annual rate of turnover, which for 1990 was 6.06 persons per bed.

Such a high degree of turnover suggests a couple possible inter-

pretations. The most obvious is that it further substantiates that most homeless people are homeless for brief periods of time and that many more people cycle through the shelters at the low-stay end than at the long-stay end. Accordingly, far many more people become homeless in one year than is captured by point-in-time assessments. Indeed, generalizing across cities, estimates of 300,000 to 500,000 homeless at one point in time in the United States could equal a potential 1.8 million to 3 million homeless across one year.

However, a second interpretation would emphasize the qualifying effect of the "downsizing" undertaken by the City of Philadelphia's shelter system. Since the shelter system was cut from a peak of 5,100 beds in 1988 to a low of 2,700 beds in 1990 (a 47% reduction), the system may have produced a higher turnover rate by forcing the same number of people into a smaller supply of beds for shorter periods of time. While the extent of Philadelphia's effort to "reform" the shelter system deserves fuller attention than can be given it here, it should be noted that primarily through an increase in requirements on clients and more strict enforcement of rules, and secondarily through increases in housing subsidies, Philadelphia has explicitly attempted to cut its length of stay in the shelters since 1988. In fact, city officials believe that by reducing the supply of shelter beds, increasing requirements on clients, and dispensing some housing subsidies, they have not affected the incidence rate of homelessness, *only* the length of stay (Malone, personal communication). For example, assuming that roughly the same number of people became homeless in 1988 as in 1990, but that half as many shelter beds were available in 1990 as in 1988, the City would have had to cut the length of stay in half and doubled the rate of turnover to accommodate everyone. By inference, therefore, the turnover rate would have probably been closer to 3 persons per bed in 1988, and the average length of stay probably closer to 4 months than 2 months. Unfortunately, more data from 1988 are needed to interpret definitively the sources of the presumably higher rate of turnover among Philadelphia's shelter population in 1990.

Two further qualifications should be made regarding this measure of turnover. First, because homeless people are now more commonly discharged from Philadelphia's shelters for noncompliance or "protocol violations" than was the case in 1988, it is

likely that there has been an increase in the number of homeless people living on the streets. Indeed, a survey in 1989 (Ferrick & Odom, 1989) counted approximately 400 people living on the streets of "center city," while the U.S. Census enumerated 1,069 in 1990 (U.S. Department of Commerce, 1991). Accepting that such "counts" are bound to understate the size of the street population, they do suggest that while increasing the turnover rate and cutting the length of stay of shelter users, the City has likely forced some people onto the streets. Secondly, this measure of turnover must also be qualified by "repeat users" in the system. Since turnover was determined by dividing the total number of unduplicated persons in the system annually by the average daily census, it underestimates the turnover resulting from persons admitted to the system more than once in a year. Thus, the actual turnover rate is likely to be higher if some persons have more than one "episode" of shelter use.

Repeat Users

As many shelter providers know, there are repeat users in the shelter system. Point-in-time surveys have found that a significant number of homeless people report having been homeless before. For example, in Minneapolis, 58% percent of the homeless surveyed reported being homeless before—a rather high percentage, but one which has not been replicated elsewhere (Piliavin, Sosin & Westerfelt, 1988). In Phoenix (Brown et al., 1983), 35% report having been homeless before. Rossi's study in Chicago (1989) found 31% as having been homeless before, a number which is reported as consistent with other estimates. However the issue is complicated by a lack of clear definition as to what constitutes a distinct "episode" of homelessness. While some might argue that any period beginning with living in the shelters or on the streets and ending with a stay in a more standard dwelling constitutes one complete episode, others might argue that living for a week with a friend in between shelter stays would not thereby constitute two separate episodes (Sosin, Piliavin & Westerfelt, 1990).

Philadelphia's CIS is also not terribly helpful in this regard, as distinct episodes of homelessness are not always clearly distinguishable, and given that the client tracking component of the database is just being developed. Nevertheless, a client's record is sup-

posed to be "closed" if a person has not been in shelter for more than 30 days, and then re-opened if that person returns. Anyone leaving the shelter system for less than 30 days is a continuously "active" case. On December 21, 1990, the CIS reported to have 4,089 "active" cases (families are recorded as a single case) consisting of 5,760 persons, although there was capacity of approximately 2,800 beds in the system at the time (City of Philadelphia, unpublished data). Therefore, approximately half of the "active" persons were not currently in shelter, but *had been* in the last 30 days. More closely linked to the issue of "repeat use," city officials have stated that approximately 3,000 of the total *duplicated* caseload of 14,540 in 1990 were duplicate or "reopened" cases (Macchia, personal communication). That would produce an estimated 26% repeat user rate within 1990 alone, with the rate likely to increase if prior years of data were available.

While incomplete, the picture offered by estimates of "repeat use" is consistent with that which has been suggested already. Many homeless people use the shelters for relatively brief periods of time within a year (average 60 days), and a significant subsegment are likely to have had more than one episode of homelessness in accounting for those days. Another segment of the population, though smaller, is homeless for longer periods of time, some of whom could have been homeless for the entire year. The biggest missing pieces are whether people use the street in between shelter stays, or other residential settings, and for what periods of time. However, in Philadelphia, it appears that many more people are repeat users (approximately 3,000 cases) or active persons not in shelter (2,960) than there are people on the street at any given time (1,069 according to the U.S. Census Bureau), thereby suggesting that peoples' respites from the shelter are at least sometimes in locations other than the streets. Whether such patterns of "repeat use" constitute distinct "episodes" of homelessness requires further investigation and qualification. However, this finding is consistent with that which has been suggested by the preliminary work of Sosin, Piliavin and Westerfelt (1990) in their longitudinal study, where periods of living on the streets or in shelters were found to be interspersed with stays in a range of residential settings.

DISCUSSION

This paper has demonstrated that the shelter system, while not always a clearly organized system of care, *can* have systematic variations deserving of study. Furthermore, as a common site of housing for the homeless, the shelters hold the potential for data collection efforts which can deepen our knowledge of the dynamics of the homeless problem. Using Philadelphia as an example, data on shelter providers and shelter users has been employed to better understand the patterns of residential instability underlying homelessness. These findings will be discussed here by examining their implications for future research and public policy.

Consider, first, the implications of the data reported here for future research. These data support the image of homelessness as more of a transient than a permanent condition. Secondly, these data support estimates which place the number of homeless in a year as far greater than at any single point in time, although more attention should be given to the rate of turnover and annual prevalence of homelessness in future research. Third, while a more clear definition of an "episode" of homelessness is required, it appears that the pattern of residential instability found here often includes *periodic* use of the shelters interspersed with other kinds of residential arrangements. Fourth, a smaller but significant subsegment of the homeless may have been homeless for nearly the entire year, suggesting a "pooling" of persons who are unable to make stable exits from homelessness.

Considering these findings together, future research should expand its focus to those non-shelter residences from which the homeless and near-homeless come, rather than being primarily focused on the symptoms and "deviant" characteristics of people who are currently homeless (Sosin, Piliavin & Westerfelt, 1990). Indeed, one interpretation of the data reported in this study is that "homelessness" is less the major issue for many who pass through the shelters than might be the quality, stability and affordability of the housing from which they come, and to which they intermittently return. Since a larger segment of the annual homeless population appears to be more often "near-homeless" or in and out of homelessness than constantly in the shelters, there is a compelling need to design and

study stabilizing interventions that could interrupt these patterns of residential insecurity.

Finally, it appears that the recent growth in the homeless population has promoted segregation of homeless persons in the shelter system, with young men and families primarily housed in the largest facilities. Future research should therefore assess the impact of such segregation on the availability of social services and on homeless persons trajectories in homelessness. Subgroups of homeless persons by length of stay might thus be identified for whom different services could be better targeted. For example, the long-term homeless appear as one group whose residential opportunities are particularly restricted, and whose housing and service needs need more concerted attention. Future studies could also examine how shelter reimbursement schemes influence length of stay, the segregation of the shelter population, and other provider behaviors.

The policy implications of this study similarly involve a reorientation to the broader class of persons affected by homelessness, and a shift in thinking about the organization and purpose of shelter services. First, policymakers should note that the homeless problem involves far many more persons and issues than just the number of persons in shelter or the supply of shelter beds on one night. More accurately, it appears the shelter population is the "tip of an iceberg" of a much larger housing-needy population. An effective strategy to end and prevent homelessness must therefore focus on the security and stability of this larger population of people, rather than simply on the supply of shelter services. Based on this study, attempts to "manage" the homeless problem by designing programs primarily for people or families in shelter would be short-sighted and insufficient in stemming the flow of new cases into shelter. Indeed, cases have been reported in which preferential housing programs for the homeless entice some marginal families to the shelter system, thus having an effect opposite to that which was intended—shrinking the shelter population (see the recent experience of New York City in this regard, Dugger, 1991). Such contradictions will be inherent and unavoidable in any remedy that does not consider the depths of the housing affordability problem for lower income Americans.

Finally, shelter policies that attempt to limit the length of stay of

clients deserve more careful attention and research. Perhaps limited shelter stays are socially desirable, in that they reduce peoples' potential for getting "trapped" in the shelter system, and reduce public expenditures. However, does a limited length of stay force people to return or move into housing arrangements that are abusive or deleterious? What happens to those persons who, despite the mobility of their counterparts, cannot move unassisted back into the standard housing market? With the imposition of a limit, should there not be some responsibility on the part of a public authority to assist in the provision of alternate housing? These are critical questions that need to be answered before limited lengths of stay are forced on shelter residents. However, the need to evaluate the shelter system, its purposes and its functions, is evident.

In conclusion, future research and public policy related to homelessness should refocus to consider the contexts in which homelessness develops. Individuals' needs for medical, mental health, and substance abuse treatment, while not considered here, should be understood in this context of a more comprehensive focus on the restricted income and housing opportunities of homeless people, near-homeless people and the larger housing-needy population from which they come.

NOTE

1. Data for this paper have been derived primarily from published reports of the City of Philadelphia's Office of Services to the Homeless and Adults (OSHA), and from additional data provided by that office which has not been previously released. The data are supplemented with information collected from interviews with more than 60 homeless people, several homeless advocates, and the observations of the author who lived part-time in the Philadelphia shelter system in the summer of 1988, and who worked in a Philadelphia shelter in 1982 and 1983.

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