

Social Geography of Homelessness in Maryland, USA

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Abstract : The substantial economic expansion of the 1990s with the dramatic changes in the provision of welfare services in America, including welfare services for the homeless, had unexpected and differential impacts on homelessness and poverty rates across the states. This paper examines a spatial pattern and process of homelessness by counties in Maryland, USA, considering the spatial differences in the composition of financial income and expenditure with sharply different poverty situation and welfare services. This social geographical approach of homelessness in Maryland focuses on the changing personal characteristics of homeless people and the relationship between homelessness and poverty; homelessness and the provision of welfare services such as shelter beds and emergency food providers. It makes a conclusion that there is an uneven sociospatial patterns of homelessness, relating to diverse poverty situation and provision of welfare services for the homeless by variable welfare policy among counties, Maryland.

Key Words : social geography, homelessness, poverty, sociospatial pattern, welfare policy, provision of welfare service, shelter beds, emergency food providers

요약 : 1990년 이후 미국의 높은 경제성장에도 불구하고 매년 급격히 늘어나는 노숙자는 미국이 해결하여야 할 중요한 사회문제 중 하나가 되었다. 노숙자의 공간적 분포 및 발생요인과 노숙자를 위한 복지정책과 복지서비스의 제공은 노숙자 연구의 주요 주제이며, 노숙자의 사회공간적 접근은 이들 주제들의 공간적인 불평등에 초점을 둔다. 미국 메릴랜드주의 노숙자를 사회지리학적으로 접근한 본 연구를 통하여 노숙자의 사회인구학적 특성이 유소년 및 청소년, 여성, 가족단위 위주로 변하고 있으며, 인종적으로도 매우 다양해짐을 알 수 있었다. 그리고 노숙자의 공간적 분포를 결정하는 내적 요인 중 하나인 거주환경의 빈곤상태와 노숙자간에는 긴밀한 상관관계가 존재하며, 메릴랜드주의 경우 체사피이크만을 경계로 하여 첨예하게 대립되는 서부의 부유한 지역과 동부의 빈곤지역은 노숙자분포에 있어서도 공간적인 불평등을 제공하고 있다. 특히 빈곤과 노숙자와의 관계는 부유한 지역보다 빈곤지역에서 더욱 강한 연관성을 나타낸다. 노숙자를 위한 서비스시설이나 프로그램이 있어서도 빈곤은 공간적인 불평등을 만드는 중요한 요인이 되고 있다. 따라서 노숙자를 위한 노숙자쉼터와 무료급식소 역시 노숙자 공간분포에 영향을 미치는 중요한 외적 요인으로 작용하고 있음을 본 연구를 통하여 알 수 있다.

주요어 : 사회지리학, 노숙자, 빈곤, 사회공간적 패턴, 복지정책, 복지서비스, 노숙자쉼터, 무료급식소

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Homelessness does not happen in a vacuum. There is no one thing that causes homelessness and there will be no one thing that solves it.

-Zenobia Embry-Nimmer, Emergency Services Network, San Francisco, Calif.

(M. S. Bergstrom, 2000)

1. Introduction

1) Purpose of the Study

Homelessness in America appears as much about the unsolved social and economic problems since the 1990s as it does about more recent increase even as other social problems are declining and homelessness is little understood by most Americans. The crisis of homelessness is greater than commonly known or previously acknowledged. Counties across the nation, both rural and urban, are facing the serious challenge of how to meet the increasing numbers of the homeless.

According to the National Alliance to End Homelessness, recently about 750,000 Americans are homeless people on any given night in America. Nearly 2 million people experience homelessness a year. And even more Americans are at risk of homelessness. It also supposes that perhaps millions more live in unstable situations such as overcrowded homes of family and friends, shelter served by county jurisdiction, or temporary house in institutions like county jails or mental hospitals. All together, this creates a pool of homeless people who have undesirable experiences in the most affluent country in the world.

The socioeconomic mechanism to cause homelessness is much complicated. The path to

homelessness is considered by two different perspectives; both internal and external factors. As internal factor two trends are largely responsible for the increase in homelessness in America: a growing shortage of affordable rental housing and a simultaneous increase in poverty(National Coalition for the Homeless, 1999(February-June), Fact Sheet 1-15). Poverty is recognized as a main cause of homelessness in most countries, linking infallibly between homelessness and poverty. Poor people are mostly unable to pay for housing, food, child care, healthcare, and education. Then health crisis, or an unpaid bill pushes poor families over the edge into homelessness. The number of homeless people are really flexible by some external factors which means the provision of welfare services for the homeless such as emergency soup kitchen and shelter beds served by county jurisdiction. It supposes that more or better shelters and easier access to soup kitchen may reduce the chances the homeless will return to households where they are not welcome.

Given this context, this study suggests a broad and contextual examination of homelessness by considering poverty rates as internal factor in the economic perspectives. The shelter beds and emergency food providers as external factors are also applied to figure out the spatial characteristics of the homeless in the provision of welfare services. This paper starts with a summary of the latest and most comprehensive data(at single point in time, year 2002) on important socio-demographic characteristics of homeless people, discussing counties of variety in Maryland, USA. It then turns to the spatial distributions and patterns of poverty and homelessness with understanding the poverty as important internal factor to create homelessness,

followed by a review of relationship between poverty and homelessness by correlation coefficient. This study also examines the roles which shelters and emergency food providers as external factors play in determining the increasing rates of homelessness and affect the social geography of homelessness across Maryland area. Finally, it draws the conclusion that there is spatial diversity of homelessness and welfare services for homeless people by counties and the examples of solutions to meet homelessness problems served by Maryland Government will be followed.

2) Data Resources and Study Area

The data in this study are classified three categories: homelessness, poverty, and welfare services. Counting the number of people who are homeless is a difficult task. Sociologists and statisticians use many methods to measure homelessness. But by its nature, it is impossible to measure the number of homeless people with 100 percent accuracy. Thus, this study is not intended to be an absolute count of the number of homeless people and the data presented in this paper may not accurately the total population of homelessness in Maryland.

On any given night, homeless people can be divided into two groups; 'shelter homeless' and 'street homeless'. The shelter homeless means people who sleep in free shelters and the street homeless means people who sleep in places not intended for human habitation such as subway trains, bus stations, abandoned buildings etc. The Office of Transitional Services of Maryland Department of Human Resources gathers information only on those people who have stayed in an emergency shelter, transitional

housing program or who have been given a motel placement. For the purpose of this study, overnight sheltered people, being called by 'bednight', in emergency shelter, motels, or transitional facilities¹⁾ are used as homelessness data. A 'bednight' is the most accurate and unduplicated unit for homelessness counting and means each night a shelter bed is filled by a person is considered one bednight.²⁾ In this study, the 'bednight' data is extracted from 'Annual Report 1997~2002 on Homelessness Services in Maryland' served by Maryland Department of Human Resources.

The U.S. Census Bureau uses a set of money income threshold that varies by family size and composition to detect who is poor. If a family's total income is less than family's threshold, then that family, and every individual in it, is considered as impoverished people. The official poverty definition counts money income before taxes and does not include capital gains and noncash benefits such as public housing, medicaid, and food stamps. Considering this definition of data, poverty data for this study is the basis on 'Small Area Income and Poverty Estimates: State and County Estimates' of U.S. Census Bureau 1995~2000.

To identify the spatial characteristics of homelessness by the provision of welfare services, this study uses the number of shelter beds and emergency food providers served by County jurisdiction. These data actually served by Department of Social Services in counties, Maryland and based on Snap Shot 2000 and 2003 by counties.

This study area involves the State of Maryland in the United States of America in which there are 24 counties. Maryland has the lowest poverty rate of all states in the nation. But the spatial

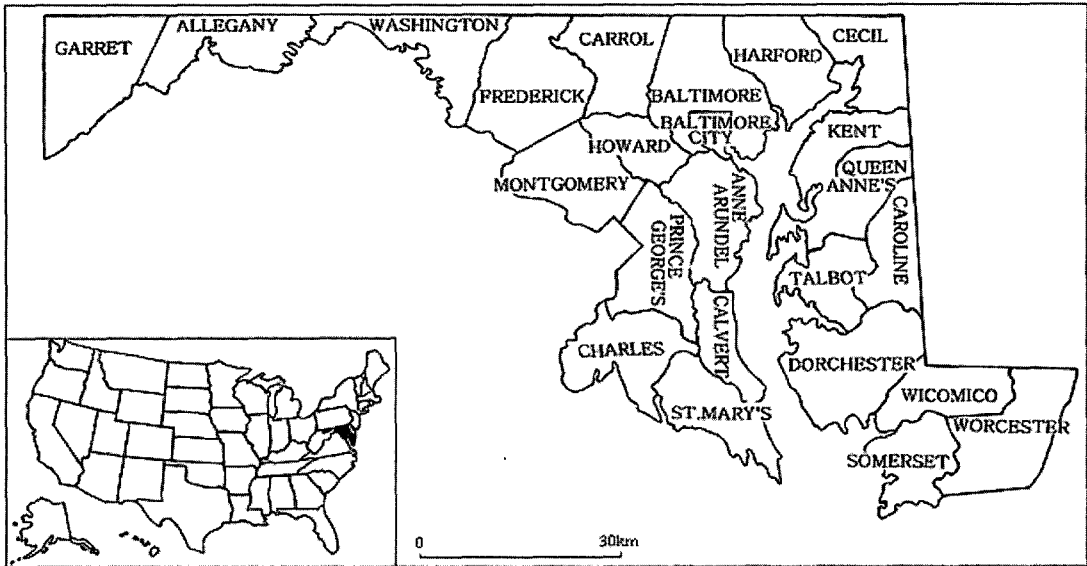


Figure 1. Study area (Maryland, U.S.)

distribution of impoverished population is considerably uneven. Most of impoverished people are concentrated in the Northwestern Maryland and Eastern Shore areas, being compared with affluent counties of Western areas of Chesapeake Bay. This uneven poverty distribution will be an important factor to create sociospatial inequality of homelessness in Maryland.

2. What Is Meant by Homelessness?

1) Who Are the Homeless?

It is comprehensively and practically hard to define the homeless condition. This is why no one has a clear idea of the numbers of homeless people. The Tenth Edition of Merriam-Webster's Collegiate Dictionary, published in May of 1993, defines homeless as 'having no home or permanent place of residence'. While this may

satisfy some, it hardly begins to define the true nature of the problem that should include those who are forced to find shelter. At its simplest, homelessness is defined as the lack of a stable residence where one can sleep (Gordon and Spicker 1999). Obviously, people are homeless when they do not have a home and live on the street. In same sense, homelessness is defined as a static event. In other words, homelessness is not a static process, but a dynamic one, characterized by multiple transitions. This is why the definition of homelessness should include both 'literally homeless' and the 'precariously housed' that are at risk of becoming homeless (Bunting and Filion, 2000).

According to UN definition, the homeless (1) have no home and live either outdoors or in emergency shelters and hostels (2) live in homes that do not meet UN basic standards, i.e. protection from the elements, access to safe water and sanitation, affordable price, secure tenure and personal safety, and accessibility to

employment, education and health care(Fallis and Murray, 1990).

In the Stuart B. McKinney Homeless Assistance Act(US Congress, House of Representatives, 1987), the homeless are defined as those who lacks a fixed, regular, and adequate night-time residence and has a primary night time residency that is a supervised publicly or privately operated shelter designed to provide temporary living accomodations and an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. And in most Act of Congress or State Law like McKinney Act, homeless individual does not include any individual imprisoned or otherwise detained pursuant(Hirschl, 1990).

The following definition of homelessness is more comprehensive, but almost totally impracticable definition. Homelessness is 'the absence of a continuing or permanent home over which individuals and families have

personal control and which provides the essential needs of shelter, privacy and security at an affordable cost, together with ready access to social, economic and cultural public services' (Bourne and Ley, 1993).

2) Causes of Homelessness in America

Homelessness is the end state of a complex social process. The factors to cause homeless people are really complicated and interrelated. At simplest, there are two important causes for the increase in homelessness. These are a growing shortage of affordable rental housing and an increase in poverty. The gap between the number of affordable housing units and the number of people needing them creates a housing crisis for poor people.

A lack of affordable housing is threatened by increasing rents, destruction of traditional low-income housing, and the cuts in federal housing programs and the limited scale of housing assistance programs have contributed to the housing

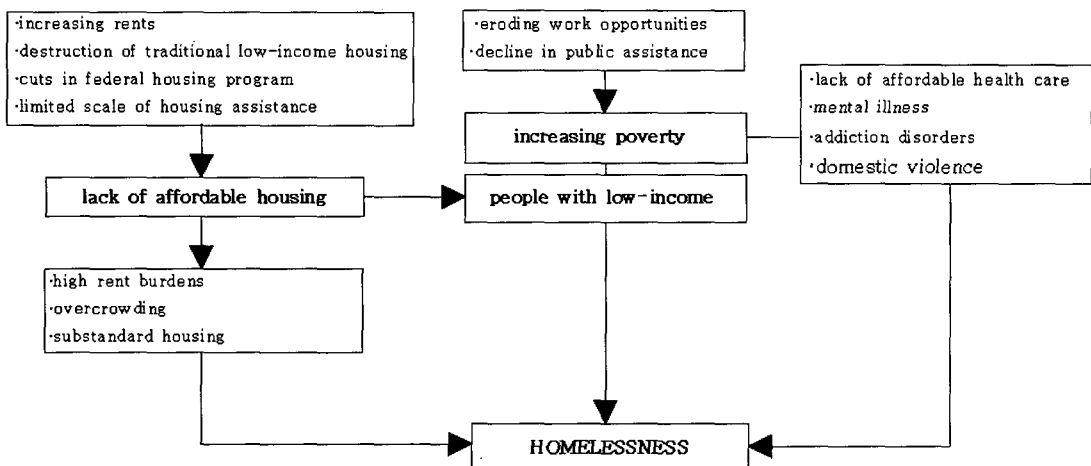


Figure 2. Path to homelessness

Source : National Association of Counties, 1999(October), The Face of Homelessness, Issue Brief.

crisis and to homelessness. Thus the lack of affordable housing lead to high rent burdens which absorb a high proportion of income. Many impoverished people are forced out of the street by these phenomena and a large and growing number of people let at risk of becoming homeless. Thus poverty and the lack of affordable housing are the principal factors of homelessness and they are very closely interrelated.

Increasing poverty is related to eroding employment opportunities for large segments of the workforce, and the declining value and availability of public assistance. This is caused by disappearance of manufacturing jobs. The reasons why homelessness persists, and is worsening include stagnant or falling incomes and less secure jobs which offer fewer benefits. In America, while real wages at all levels grew in the last few years, these increases have not been enough to change a long pattern of stagnant and declining wages.

Particularly within the context of poverty and the lack of affordable housing, certain additional factors may push people into homelessness. The high burdens of health care places low and middle income families at serious risk of homelessness, while inadequate government programs, including mental health, child care and education, interfere homeless people from escaping their bad circumstances. In fact, slashed public assistance let many people homeless at the risk of homelessness.

In America, available day care meets only a fraction of total need. The delinquency in payment of housing rent is caused by a lost job, depletion of savings to pay for care, and eventual eviction. And a serious illness or disability can start a downward spiral into homelessness. Homeless people are twice as likely as the

general population to have chronic health problems but are less likely to have access to adequate health care. Because most of them has no health insurance of any kind. Millions of parents must choose between seeking employment and caring for their children, resulting in the reliance of many families on the welfare system.

The provision of welfare services in America dropped sharply since the passage and implementation of welfare reform legislation. Many of the single homeless adults suffer from severe and persistent mental illness, while deinstitutionalization policies³⁾ of the 1960's left many individuals abandoned to the streets with no services or means of support (Dear and Wolch, 1987; Jencks, 1994). Many mentally ill homeless people are unable to access to supportive housing and other appropriate welfare services and only a few need to be institutionalized.

The relationship between addiction and homelessness is complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who are poor and addicted are clearly at increased risk of homelessness.

It is also identified domestic violence as a important cause of homelessness. Most homeless parents are mothers having left their residential place because of domestic violence (Home for the Homeless, 1996, *A Tale of Two Nations: The Creation of American "Poverty Nomads"*). As noted, a number of diverse and complex factors have contributed to the problems of homelessness

in most cities in America. Many of these factors are definitely interrelated. The summary of complicated social process to create homelessness in America is shown in Figure 2.

3. Social Geography of Homelessness in Maryland

1) Socio-Demographic Characteristics of Homeless People

One limited measure of the growth in homelessness is the increase in the number of bednight beds over time. This paper examined 'homelessness rates'(the number of bednight in a county divided by the county's population) in 24 counties, Maryland. The study found that homelessness rates increased 25.3 percent between 1997 and 2002 for all counties, including homeless people from 42,289, 1997 to 52,973, 2002. These numbers of the homeless are useful for measuring the growth in demand for shelter beds over time. There is 17.4 percent increase for bednight, including emergency shelter, transitional shelter, motel placements, provided by jurisdiction in Maryland over the past 5 years.

The general characteristics of the homeless in Maryland are categorized as age, gender, family status and ethnicity. Table 1 presents a variety of socio-demographic attributes by counties, Maryland in 2002. The 55.5 percent of homeless people are between ages of 31 and 60 as the largest age group. The average age of unattached homeless adults is in the late 30s.

Homeless youths are individuals under the age 17 who lack parental, foster, or institutional care. These young people are sometimes referred to as

'unaccompanied' youth. According to this study, there are 8,788 the homeless youth in Maryland. It is 22.2 percent of whole age group. The causes of homelessness among youths are related to disbanded family, economic problems, and residential instability. Many homeless youths leave home after years of physical and sexual abuse, strained relationship, drug addiction of family members, and parental neglect. Disruptive family conditions are the principal reason that young people leave home. This is also why there is high proportion of the youth homeless in Baltimore County, Howard, Calvert, Anne Arundel, even though these counties are classified as affluent areas. In Baltimore County, homeless youths have highest percent of whole age groups. The homeless among elderly persons are largely the results of the declining availability of affordable housing and poverty among certain segments of the aging. In Maryland, elderly homeless are average 2.3 percent of whole age groups.

Most studies show that single homeless adults are more likely to be male than female. In 2002, single men comprise 64 percent of homeless people in contrast with single women 36 percent in Maryland. But single men as a percent of the homeless range from a highest of 74 percent in Dorchester to a lowest of 10 percent in Caroline. This leads to the generalization that more impoverished counties have a higher proportion of single men among the homeless. Conversely, the more affluent counties have a higher proportion of single women. We can find a relatively higher percent of single women in Howard, Calvert, Baltimore County, Anne Arundel which are affluent. But Caroline and Charles appear to be the exceptions to this generalization. When a woman leaves an abusive

relationship, she often has nowhere to go. This is particularly true of women with few resources. Lack of affordable housing and long waiting lists for assisted housing mean that many women are forced to choose between abuse and the streets.

Homelessness severely impacts the health and well-being of all family members and is a

overwhelming experience for families. It absolutely desolates every aspect of family life, damaging the physical and emotional health of family members. It eventually results the separation of family members. The number of homeless families with children has significantly increased over the past decade. Family homeless

Table 1. Socio-demographic characteristics of the homeless

unit: %

Jurisdiction	Age				Gender		Family Status		Ethnicity				
	0-17	18-30	31-60	61+	Men	Women	Individual	Family Members	White	African American	Hispanic	Other	Unknown
Allegany	29	24	44	3	62	38	51	49	35	11	2	2	0
Anne Arundel	46	16	36	2	32	68	30	70	82	39	3	2	24
Baltimore City	12	20	67	1	69	31	85	15	14	79	1	0	6
Baltimore County	40	22	37	1	37	63	38	62	32	64	1	2	1
Calvert	39	25	34	2	32	68	32	68	44	32	3	4	17
Caroline	47	24	27	2	10	90	3	97	64	27	2	7	0
Carrol	26	36	37	1	69	31	61	39	79	24	5	0	1
Cecil	31	16	51	3	36	64	51	49	38	4	1	1	56
Charles	52	48	31	7	28	72	26	74	36	61	1	2	0
Dorchester	7	23	68	2	74	26	84	16	32	57	10	1	0
Frederick	37	22	38	3	61	39	48	52	41	24	1	1	33
Garret	34	28	36	1	49	51	32	68	99	0	1	0	0
Harford	25	24	47	4	53	47	55	45	50	36	2	3	9
Howard	54	22	23	1	32	68	12	88	26	69	2	3	0
Kent	25	35	35	0	40	60	68	32	50	50	0	0	0
Montgomery	26	17	52	5	57	43	48	52	25	59	12	4	3
Prince George's	40	17	42	1	49	51	38	62	11	85	3	1	0
Queen Anne's	0	0	100	0	33	67	100	0	0	67	0	3	0
St.Mary's	31	46	23	0	58	42	45	55	60	35	0	1	4
Somerset	37	18	45	0	43	57	36	64	36	64	0	0	0
Talbot	15	24	48	13	50	50	61	39	33	54	13	0	0
Washington	32	27	34	7	58	42	41	59	64	31	2	1	2
Wicomico	38	33	29	0	56	44	31	69	39	52	6	3	0
Worcester	16	21	60	3	68	32	76	24	51	46	2	1	0
Maryland	22,2	19,3	55,5	2,3	64	36	68	32	22,6	67,8	2,3	0,9	7,2

Source: National Coalition for the Homelessness, 1999, Homelessness and poverty in America.

with children constitute considerable proportion of people who become homeless. The causes of family homelessness are related to multiple and unsolved problems such as domestic violence, the poor supply of affordable housing and the reduction in the value and availability of welfare benefits for families. In 2002, the family homeless have 32 percent of whole homeless people in Maryland. But this numerical value is underestimated by 0 percent in Queen Anne's, having only 3 homeless people that means a uninfluential number for general characteristics of the homeless in Maryland. The real percent of family homeless may be considerable 54 percent, making an exception of Queen Anne's. It reviews that the proportion of individual homeless is mostly similar with the proportion of family homeless in many counties such as Allegany, Cecil, Frederick, Montgomery, and Washington. In general, family homeless relates to single women homeless, probably because most homeless women want to take care of children themselves.

Table 1 also presents the ethnic composition of the homeless in Maryland, owing largely to the

variation by counties. Regardless of counties, the homeless in Maryland is 67.8 percent African-American, 32 percent White, 2.3 percent Hispanic, 0.9 percent other, and 7.2 percent unknown. African-American has a considerably high proportion among homeless people in 2002. In Baltimore City, we can find highest proportion(79 percent) of African-American homeless among Maryland. There is same phenomenon in large American cities with the concentration of African-American homeless. It suggests that White homeless have a higher percent in affluent counties such as Anne Arundel, Carroll. The homeless Hispanic has lowest proportion in whole counties, ranging from 13 percent to 0 percent.

2) Poverty and Homelessness

(1) Uneven Distribution of Poverty and Homelessness

In 2000, 11.3 percent the U.S. population, or 31.1 million people, lived in poverty (U.S. Conference of Mayors, 1999, *Status Report on Hunger and Homelessness in America's Cities*).

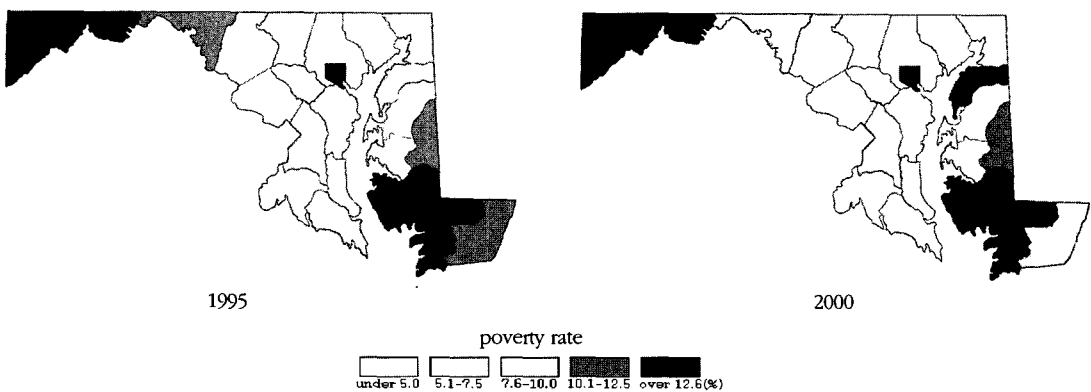


Figure 3. Uneven spatial distribution of poverty in Maryland (1995 · 2000)

Source: U.S. Bureau of the Census, *Small Area Income and Poverty Estimates: State and County Estimates, 1995-2000*, Maryland Department of Human Resources, Fact Pack 2002

While the number of poor people has decreased a bit in recent years, the number of people living in extreme poverty has increased. In 1995, 9.2 percent of all Marylanders lived in poverty. By 2000, this figure had fallen to 8.5 percent according to the most recent estimates from the Bureau of the Census.

Of Maryland's 24 jurisdictions, only two counties reported that a higher proportion of citizens lived in poverty by 2000 in comparison with 1995. These two jurisdictions are Kent and Howard. Between these two counties, there were 10,193 persons living in poverty in 1995. By 2000, this figure had risen to 11,833, an increase approaching 10 percent, while state poverty fell from 463,848 to 438,676, a decline of over 10 percent.

In Baltimore City, home to 32.7 percent of the state's impoverished in 2000, poverty rates declined from 24.0 percent to 22.9 percent between 1995 and 2000. In absolute terms, the number living in poverty declined from 159,731 to 143,514 during the period. In Prince George's County, home to 13.7 percent of the state's impoverished in 2000, poverty rates declined from 8.1 percent to 7.7 percent between 1995

and 2000. In absolute terms, the number of Prince George's County residents living in poverty fell from 62,289 to 60,196, a decline of slightly over 1 percent.

Figure 3 shows the spatial distribution of poverty rates in 1995 and 2000 by counties in Maryland. There is a profound spatial inequality of poverty in Maryland. In eastern shore of Chesapeake Bay, most counties, including Dorchester, Wicomico and Somerset, are impoverished by higher poverty rates in comparison with relatively affluent areas in western areas. But Garrett, Allegany and Washington are mostly exceptions, even though they are located in western areas in Maryland. We can find highest poverty population in Baltimore City for both of years. In results, the majority of Maryland's impoverished people is concentrated in the northwestern and eastern shore regions.

The homeless increased 25.2 percent from 42,289 to 52,973 between 1997 and 2002, though poverty rates declined for most counties in Maryland. This trend means homelessness is a consequence of economic and urban problem represented by poverty. But in Baltimore County,

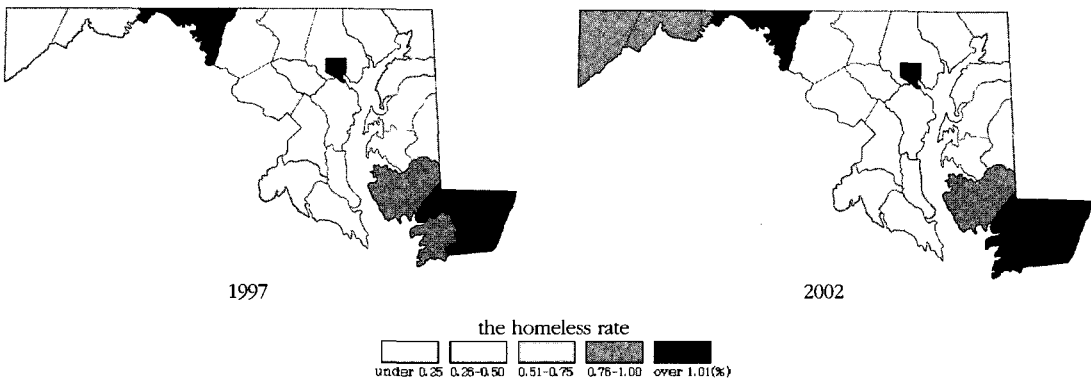


Figure 4. Uneven spatial distribution of homelessness in Maryland (1997 · 2002)

Source: Maryland Department of Human Resources, Annual Report on Homelessness Services in Maryland, 1997-2002

Anne Arundel, and Somerset are exceptions with slightly decrease. In Baltimore City, we can find 57.5 highest percent of the state's homeless people in 2002, including absolute increase in comparison with 42.5 percent in 1997. The spatial pattern of Baltimore County as peripheral region of Baltimore City is totally different from Baltimore City.

As suggested in Figure 4, the spatial distribution of homelessness in Maryland are absolutely similar between 1997 and 2002 regardless of increase rates. It is also most important the spatial distribution of poverty and homelessness are mostly similar between 1995~2000 poverty years and 1997~2002 homelessness years. In general, the proportion of the homeless in western areas of Chesapeake Bay are lower than in certain eastern shore counties such as Dorchester, Wicomico, Somerset and Worcester. But end of northwest areas in Maryland, including Garrett, Allegany, Washington, have considerable homeless people who are sheltered by jurisdiction. Talbot, Queen Anne's and Kent have slightly lower homelessness rates among eastern shore counties. The counties near Virginia are mostly lower homelessness rates with lower percent of poverty. Howard, Frederick, Montgomery, and Anne Arundel showed low homeless rates between 1997 and 2002. These counties are mostly affluent in Maryland, having lower rates in poverty.

(2) Relationship between Poverty and Homelessness

Poverty has become an expected part of the landscape in cities across the United States. The ravages of drug use, violence, crime and unemployment are among the many manifestations of urban poverty today. In recent,

urban poverty takes on homelessness. Homelessness and poverty are inextricably linked. Poor people are frequently unable to pay for housing, food, child care, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income, that must be dropped. Being poor means having had an illness, having experienced an accident, or having lost a paycheck away from living on the streets.

The hypothesis of this study is that there is a positive relationship between poverty and homelessness. The positive relationship between them can be easily proved by correlation coefficients. Figure 5 shows the correlation coefficient between poverty and homelessness by county in Maryland. It shows that there is an obvious difference of correlation coefficients among counties. There is a close positive relationship between poverty and homelessness in poor counties relatively. Otherwise, in affluent counties, homelessness is significantly negatively related to poverty and has a low correlation coefficient.

The impoverished counties such as Allegany, Garret, Wicomico, Somerset, and Baltimore City have a strong positive relationship between poverty and homelessness, ranging from 0.8631 to 0.9946 with higher correlation coefficient. This means most important factor to cause homelessness in these poor counties is poverty situation. These impoverished counties are mostly located in eastern shore of Chesapeake Bay. Even in poor counties, there are some exceptions. In Dorchester the poverty factor has a slightly effect on homelessness. In Washington, the result is also totally exception. There is no

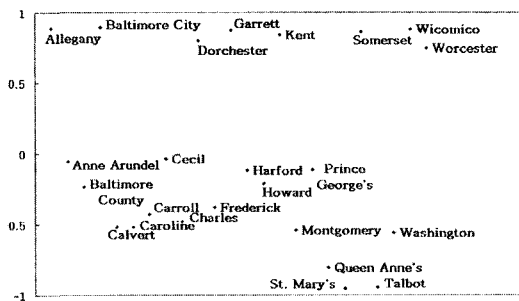


Figure 5. Correlation coefficient between poverty and homelessness, Maryland

Sources: U.S. Bureau of the Census, 1998, Poverty in the United States: 1997, Current Population Report Series.

significant relationship between poverty and the homeless, even though higher poverty and homelessness rates appears. It supposes that the other factor such as provision of welfare services for the homeless in Washington are more important factor than poverty factor. we can also find same results like Washington in Montgomery, Calvert as affluent counties. The affluent counties in Maryland are located near Virginia on west side of Chesapeake Bay. In these affluent counties, it makes generalization, relating correlation coefficient, that the poverty factor isn't influential in homelessness. Anne Arundel, Carrol, and Howard as affluent areas have a really weak relationship between poverty and homeless. The correlation coefficient between homelessness and poverty is negatively associated in Prince George's and St. Mary's.

From this result, it suggests that homelessness is significantly correlated with poverty and is spatially uneven by financial situation of counties. It also means that poverty situation of counties is an important factor in explaining the spatial variation of homelessness in Maryland. Even homelessness has a strong relationship with poverty, this result is more effective in

impoverished counties in comparison with affluent counties in Maryland. But it shows that a few counties, relating both of impoverished and affluent, appear to be the exceptions to generalization about strong relationship between poverty and homelessness. It means that other important factors, including welfare services for the homeless, domestic violence, and financial crisis as personal factors affect to homelessness including poverty related factors. The various factors, therefore, should be considered in understanding spatial inequality of homelessness, recognizing the path to homelessness is more complicated.

3) Provision of Welfare Services and Homelessness

Are the provision of welfare services like shelters or emergency food providers related to the number of the homeless? The improvements in provision of welfare services may increase homeless people (Jencks, 1994). Rising homelessness is propelling additional expenditures on shelters and related support services. Various support services are available to the homeless through social service agencies.

Homeless shelters(shelter beds) are usually operated by a non-profit agency, sometimes associated with a church.⁴⁾ Many get at least part of their funding from local government. The homeless shelters mostly work to provide temporary housing to the homeless when they otherwise would have to sleep on the street. The shelters generally provide such as an emergency place to get off the streets, place to sleep, the food, and showers. Homeless shelters sometimes provide other services, such as a soup kitchen, job seeking, skills training, job training, job

Table 2. Population in emergency and transitional shelters for Maryland.

area	1990		2000	
United States	178,683	100.0%	170,706	100.0%
California	30,806	17.2	27,701	16.2
:	:	:	:	:
Maryland	2,507	1.4	2,545	1.5
:	:	:	:	:
New York	32,472	18.2	31,856	18.7
Vermont	232	0.1	239	0.1
Wyoming	183	0.1	270	0.2

Source: U.S. Bureau of the Census, 1990 Census of Population, General Population Characteristics(1990 CP-1); and Census 2000.

placement, support groups. The shelters are usually open to anyone.

The emergency food providers are a place where food is offered to the poor and the homeless for free or at a reasonably low price, because they can be considered a charity. Volunteers sometimes come in to help out. They might be located in less than average neighborhoods to help turn it into a better place.

By the late 1980s a network of shelters and soup kitchens(or emergency food providers) that serviced between 200,000 and 300,000 homeless people a day were built in America. These kinds of welfare services tried to improve the lives of the homeless, and they apparently succeeded (Jencks, 1994).

The results of some studies suggest that the expansion of homeless shelters leads to an increase in the total number of homeless persons. Additional shelters induce some households to leave the worst traditional housing situation. Ellickson(1990) and O’Flaherty(1996) argue that the number of the homeless has grown due to the increase in the number of shelters. Cragg and O’Flaherty(1999) also find moving the homeless into better shelters induces

more families to enter the shelter system.

There are many kinds of shelters and emergency food providers throughout State of Maryland. Table 2 shows population in emergency and transitional shelters for Maryland. The tabulated population in emergency and transitional shelters is not representative of, and should not be construed to be, the total population without conventional housing, nor is it representative of the entire population that could be defined as living in emergency and transitional shelter.

Most of the population in emergency and transitional shelters is in big states like California and New York. The proportion of the emergency and transitional shelter population in Census 2000 ranges from 18.7 percent in New York to 0.1 percent in Vermont. It shows very uneven spatial distribution through the nation. Maryland is intermediate at 1.4 percent comparatively and respectively. Even total number of people sheltered decreased for last decade in America, there was a little increase in Maryland.

In the United States, most of the population in emergency and transitional shelters is male. It is represented by Table 3. In 2000, 61.4 percent of

Table 3. Population in emergency and transitional shelters by sex and age for Maryland(2000)

area	both sexes			male			female		
	all ages	under 18 years	18 years and over	all ages	under 18 years	18 years and over	all ages	under 18 years	under 18 and over
United States (%)	170,706 (100)	43,887 (25.7)	126,819 (74.3)	104,879 (61.4)	22,465 (13.1)	82,415 (48.3)	65,827 (38.6)	21,422 (12.5)	44,405 (26.1)
Maryland (%)	2,545 (100)	608 (23.9)	1,937 (76.1)	1,552 (61.0)	297 (11.7)	1,255 (49.3)	993 (39.0)	311 (12.2)	682 (26.8)

Source: U.S. Bureau of the Census, Census 2000.

the emergency and transitional shelter population is male, and thus only 38.6 percent is female. The proportion of male and female varied somewhat among regions, but mostly similar with average proportion of whole areas. Maryland is not exception with 61.0 percent of male and 39.0 percent of female.

Adults account for the large majority of the population in emergency and transitional shelters. People 18 years and over represent 74.3 percent of the emergency and transitional population in 2000 through the nation. In Maryland, the proportion is slightly high as 76.1 percent. The proportion of male in the emergency and transitional shelter population differ by age in the United States. The proportion male is 13.1 percent for those under 18 years and 48.3 percent for those 18 years and over. The proportion male among the emergency and transitional shelter population by ages is nearly identical in Maryland: 11.7 percent for those under 18 years and 49.3 percent for those 18 years and over. The proportion female among those 18 years and over is mostly 2 times of those under 18 years in the United States and Maryland. In general, adults female for those 18 years and over include about 25 percent of total population in emergency and transitional shelters in Maryland.

It is suggested in this paper that there is spatial consistency between shelters(or emergency food providers) and homeless people in Maryland. Some kinds of welfare services are considered as important factor to cause and call the homeless. Figure 6 shows positive relationship between the number of shelters(and emergency food providers) and homelessness.

In general, the spatial distribution of shelter beds and emergency food providers as provision of welfare services for the homeless is mostly coincident in Maryland. The counties which have more shelter beds have a tendency to offer more emergency food providers. The halves of counties relatively have more shelter beds than emergency food provider in the proportion of provision of welfare services. The gap of proportion between them, however, is extremely little. Baltimore City has the largest number of shelter beds and indicate numerical value in comparison with other counties in Maryland. Montgomery and Prince George's follow up Baltimore City. Besides those three counties, about 100~500units of shelter beds and 10~50units of emergency food providers are provided by counties in 2003.

As mentioned earlier, the provision of homeless shelters is closely related to an increase in the total number of homeless people and

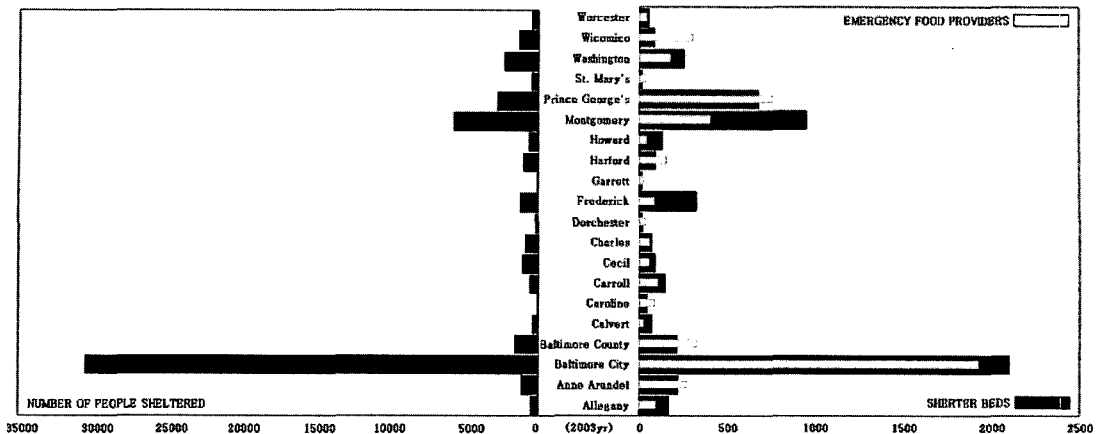


Figure 6. Spatial consistency of welfare services provision and homelessness

Sources: U.S. Bureau of the Census, 2000, Emergency and Transitional Shelter Population; U.S. Bureau of the Census, 2000, Sample demographic profiles.

there is spatial consistency between them. From this study, it is suggested that the provision of welfare services for the homeless exerts absolutely influence on the number of the homeless in Maryland. Figure 6 shows the spatial consistency between shelter beds (and emergency food providers) as welfare services provision and the number of homeless people.

Baltimore City has the largest numbers of shelter beds and the homeless. The large amount of shelter beds cause the numerous homeless people in Montgomery. Baltimore City is one of big cities that enormous welfare services for the homeless are provided through the nation. But Baltimore City has considerably high number of the homeless in comparison with the provision of shelter beds and emergency food providers. In Baltimore City, there are huge amounts of homeless people based on the variable ethnic groups like most big downtown in America. This is why welfare services for homeless people are numerously provided by many different kinds of charity groups in and out of this area, regardless of financial situation of Baltimore City.

The affluent areas just like Howard, Frederick, Montgomery, and Anne Arundel provide many shelter beds and emergency food providers in the basis of their affordable financial situation. Even there are a little homeless people which naturally come from in those counties, shelter beds and soup kitchens are always overflowing with the homeless come from any other counties in Maryland. It is proved the provision of welfare services for homelessness leads to increase of homeless people. Contrary to those affluent counties, the impoverished Cecil and Wicomico in the east regions of Chesapeake Bay provide small amount of shelter beds. But the demand for homeless people always excess the supply of welfare services in those poor counties. From this results, it is identified the absolute numbers of the homeless caused by poverty have not necessarily same significance with the relative numbers of them by the provision of welfare services. This is why the spatial characteristics of homelessness can't be explained by only one factor.

Because the homelessness is really complicated social problem caused by many factors, it is hard

to explain the spatial patterns and processes of homelessness. The poverty and inequality of income and housing supply based on the contradiction of socio-economic mechanism in American society are principle factors to cause homeless people and decide spatial patterns of them. Then, the provision of welfare services to meet homeless problems is additional important factors to increase homeless people and to influence on changing social geography of homelessness. Therefore the spatial study of homelessness needs to understand variable factors to make homelessness, including those two kinds of factors.

5. Conclusions and Limitation of the Study

Although the U.S. economy is steadily growing, homelessness in America is continually increasing. The increasing homeless in American society is the important problem to meet, relating to other social problems. Poverty is unarguably connected with homelessness. The poverty rates are on the rise with disappearance of manufacturing job and the declining value and availability of public assistance in America. The increasing poverty in America, despite a relative prosperity, is the important factor to increase the homelessness among states.

The main conclusion to be drawn from this study is that there are broad trends in homelessness throughout the state of Maryland. The general socio-demographic characteristics of homeless people in Maryland include age, gender, family status and ethnicity. The homeless youth, single women, families have a high proportion of whole homeless people and there

is a variation in ethnic composition. These socio-demographic characteristics are geographically uneven by counties in Maryland.

The other important conclusions are associated with the relationship between poverty and homelessness. The distribution of homeless people in Maryland is geographically uneven. This finding suggests that poverty situation will play the dominating roles on homelessness variation among counties, because poverty which is associated with housing problem is a crucial factor to create homelessness. There is a strong positive relationship between poverty and homelessness in Maryland. It means that poverty situation is an important factor in explaining the homeless people in Maryland and homelessness in Maryland has significantly uneven spatial patterns by financial situation of counties. This result is more effective in the impoverished counties in comparison with the affluent counties in Maryland.

From this study it is concluded that there is positive relationship between shelter beds and emergency food providers as welfare services. Those kinds of welfare services lead to an increase in the total number of the homeless. The affluent areas provide many shelter beds and emergency food providers in the basis of their affordable financial situation. Even there are a little homeless people which naturally come from in affluent counties, the provision of welfare services is really important factor to pull up the homeless. From this point, it is recognized the absolute numbers of the homeless caused by poverty have not necessarily same significance with the relative numbers of them by the provision of welfare services.

More important than understanding the characteristics and spatial pattern of

homelessness is the progress to meet and end homelessness. The people experiencing homelessness do have certain shared basic needs, including affordable housing, adequate incomes, and health care such as mental health or drug treatment. Homelessness will not be solved by temporary welfare services of policy and require durable means of pulling up the sources of residential instability both structural and personal aspects. Some expected solutions organized by The Office of Transitional Services in Maryland Government. The Office administered the following programs: Homelessness Prevention Program(HPP), Emergency and Transitional Housing and Services Program(ETHS), Housing Counselor & Aftercare Program(HCP), Service-Linked Housing Program(SLH), Homeless Women-Crisis Shelter Home Program(HW-CSP), Federal Supportive Housing Program(SHP), Emergency Food Assistance Program(TEFAP), Maryland Emergency Food Program(MEFP), Statewide Nutrition Assistance Program(SNAP), Home-Delivered Meals to Persons with HIV/AIDS(HDMP)(Maryland Department of Human Resources, Annual Report on Homelessness Services In Maryland, Fiscal Year 2002).

More research will be needed on homelessness at different regional scales, including metropolitan areas which have a higher proportion of the homeless. In otherwise, the 'shock cities' in developing countries, experiencing the polarization of income, will be a good sample on homelessness study. A theoretical approach is needed to provide a systematic explanation of the spatially uneven characteristics of homelessness in Maryland.

There are two main limitations to this study of homelessness in Maryland. First, it is to difficult to count entire number of the homeless. The

data in this study, therefore, reflects only the number of homeless people who receive shelter beds provided by county jurisdictions. It is identified as 'bednight'. In the case of jurisdictions with no or insufficient formal shelter systems, it may appear to have fewer homeless than is actually the case. In continuing study, therefore, the appropriate means to count the number of homeless people should be attempted. Second, it shows in this study that a few counties appear to be the exceptions to generalization that there is a strong relationship between homelessness and poverty, and also positive relationship between the numbers of homeless people and the provision of welfare services. It means that other important factors like domestic violence, personal pathology and disabilities, and financial crisis as individual factors, and structural factors such as social, political, and economic structure of society should be applied by multivariate statistical analysis to study the spatial inequality of homelessness, recognizing the path to homelessness is more complicated.

Notes

- 1) It is important to recognize existence of people who are living in overcrowded housing or in unsuitable housing, and those who, for whatever reason, do not access needed shelter, though these people are excluded in this study.
- 2) If one bed is used for an entire week, the total number of bednight for the week is seven. If a shelter with five beds is fully occupied for a week, the total number of bednight is thirty-five (seven multiplied by five). Because the bednight count is unduplicated, it is a more accurate measure of the provision of shelter service than the number of people served, which may include duplication

between shelters.

- 3) Deinstitutionalization means the closure of institutions providing long-term care for needy groups and their replacement by various alternative forms of care including purpose-built or converted smaller facilities and care within private households by families supported by teams of community-based professionals such as nurses, doctors and social workers. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly. (Dear and Wolch, 1987)
- 4) There are three types of shelters. Overnight shelters are located in churches or other larger buildings. These shelters are open only at night. Most overnight shelters simply serve the immediate needs of homeless people. The warming centers are similar to overnight shelters, but they are open only between October and April. The transitional shelters are often geared toward a specific population, such as battered or abused women.

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Received April 28, 2005

Accepted June 3, 2005