



Typologies of Homelessness: Moving Beyond a Homogeneous Perspective

In Focus: A Quarterly Research Review of the National HCH Council

Jan. 2013

The January issue of *In Focus* provides a synthesis of recent literature on the typologies of homelessness. Great variety exists across existing typologies, including the purposes for producing typologies, approaches for creating typological classifications, and intended utility of these typologies for improving theoretical understanding, clinical decision-making, and policy creation. Such distinctions will be addressed in this review of literature.

What is a Typology?

According to Jahiel and Babor (2011): “A typology is a classification system and a set of decision rules used to differentiate relatively homogeneous groups called subtypes. A subtype is an abstract category organized according to some conceptual, theoretical, and clinical principle” (p. B-10)^[1]. The typologies created for subsets of the homeless population illustrate the great heterogeneity among individuals sometimes inaccurately viewed as homogeneous. Typologies can classify population subsets by a single domain or multiple dimensions.^[1] These domains can be focused on endogenous variables (characteristics and history of individuals or families), exogenous variables (characteristics of the individual or family’s environment such as housing environment or housing and health/human services access), situational variables (interactions with the environment, such as fit between needs and available resources), or all of these.^[1] Some examples of classification domains include risk factors for homelessness, length of homelessness, alcohol and substance use, and structural conditions.

Typology:
A classification system and a set of decision rules used to differentiate relatively homogeneous groups called subtypes.

Purpose of Typologies

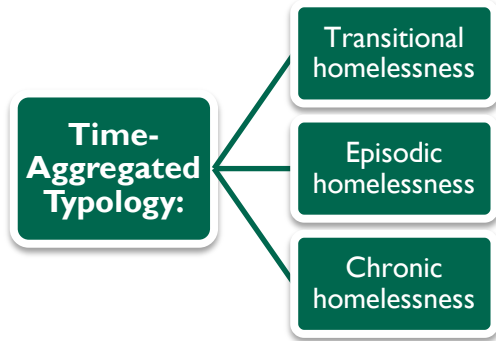
Typologies of homelessness have theoretical, clinical, and practical functions.^[1] First, typologies help researchers, clinicians, policymakers, and the greater public move beyond a homogeneous understanding of the homeless population by crafting theoretical categories that address distinctions among homeless subsets. Theoretical categories often consider the mechanisms that contribute to and sustain homelessness.^[1] In terms of clinical functions, typologies of homelessness can facilitate client-service matching, in which patients are provided the most appropriate services based upon their typological classifications.^[1] Client-service matching allocates scarce resources in a cost-effective manner to improve treatment outcomes and can be applied to clinical interventions, housing, income supplements, case management, and other services. Finally, these typologies have important implications for how resources and services are allocated on a broader scale through policymaking. Typologies can inform the design of prevention and intervention strategies. For example, the typology developed by Kuhn and Culhane (1998) that identified chronic homelessness as one of three temporal classifications has since triggered federal, state, and local initiatives focused on preventing and ending chronic homelessness.^[2]

Temporal Typologies

Typologies for homelessness have been created through a number of approaches, each with their own strengths and limitations. The most prevalent approach is based upon temporal classifications.

Time-Aggregated Typology

Using cluster analysis with administrative data on public shelter use, Kuhn and Culhane's (1998) temporally based, time-aggregated typology identified the categories of transitional, episodic, and chronic homelessness.^[3]



These categories, which only encompassed single adults, were created through the intersection of two dimensions: frequency of homelessness (number of times individuals lived in shelters over the three-year observation period) and duration of homelessness (overall length of time individuals lived in shelters over the three-year observation period). The vast majority (80%) were transitionally homeless, meaning they spent a short time in a shelter before transitioning to more permanent housing (low frequency and short duration). The rest were split evenly between episodically homeless (frequently cycle in and out of shelters; high frequency and short duration) and chronically homeless (utilize shelters as long-term housing; low frequency and long duration).

However, this three group typology has been criticized for many reasons.^[2] First, it only included those utilizing the shelter system and did not account for those who were unsheltered or doubled up. Second, it only considered a three-year time period, as opposed to one's lifespan. Third, there is no category offered for those who had a high frequency and long duration of shelter use. Because of this, the episodic category was more so a residual category and encompassed any individual who did not have a low frequency of shelter use. As such, the episodic category was not a homogeneous group as intended and did not account for diversity within this classification. Finally, this typology used a time-aggregated approach, meaning that the number of shelter stays and length of shelter stays were aggregated for each person. This approach does not capture sequencing and duration of both sheltered and unsheltered episodes, overlooking potentially important temporal details.

Time-Patterned Typology

To overcome these limitations, McAllister, Lennon, and Kuang (2011) created a time-patterned approach that further examined the types of transitions in and out of shelters, capturing more refined temporal information.^[2, 4] Their methodology examined the sequencing of sheltered and unsheltered episodes, the timing when sheltered and unsheltered episodes occurred, and the duration of each sheltered and unsheltered episode. This approach yielded the creation of a 10-group typology that was organized into 4 patterned sets: temporary pattern (1 group), structured-continuous pattern (6 groups), structured-intermittent pattern (2 groups), and unstructured-intermittent pattern (1 group). Those in the temporary pattern entered shelters once for no more than 30 days and did not return. Those within the structured-continuous pattern stayed the maximum time each 30-day period observed, but had little re-entry after leaving shelters. Those in the structured-intermittent pattern experienced sequences of shelter use and non-use, but there were variations in timing and duration. Finally, those within the unstructured-intermittent pattern entered and exited shelters sporadically and in brief episodes, accounting for the most intermittent and unstructured pattern of all groups.

The authors asserted that their time-patterned typology offered greater utility because "we can theorize precisely how changes in shelter use patterns result from particular combinations of individual traits (e.g., mental health or substance abuse problems) and structural conditions faced by people with those traits (e.g., the rules and policies of mental health or criminal justice systems)" (p. 599).^[2]

Non-Temporal Typologies

Family Homelessness

The time-aggregated and time-patterned typologies discussed above do not include families with children who are experiencing homelessness. Typologies that categorize family homelessness are concerned with many classification variables, including risk factors and family characteristics, although no particular family homelessness typology

predominates. From the risk factor construct, families experiencing homelessness can be categorized into five subsets: 1) families that are homeless for economic reasons; 2) families that have left their homes due to abuse and are usually headed by single mothers; 3) families that have serious health and/or social problem(s); 4) families that have been displaced due to a disaster; and 5) migrant families that are without a stable home.^[1] Another approach is to classify families on a continuum that ranges from “relatively simple, benign, time-limited, uncomplicated cases (e.g., situationally distressed, resource people, new homeless, transitional) to more complicated, ‘malignant’ chronic, multi-problem cases (e.g., chronically mental ill, chronic alcoholic, street people, shelter people, episodic, chronic, and multiply homeless)” (p. B-8–B-9).^[1] In all, typologies of family homelessness are less developed than typologies of single adults experiencing homelessness and could be further developed.

Youth Homelessness

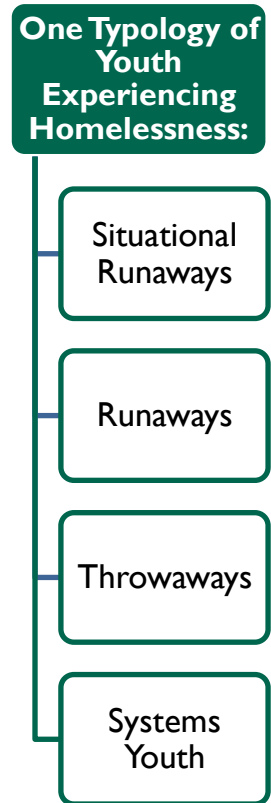
The most prevalent typology of unstably housed youth identified four subsets: situational runaways (largest group), runaways, throwaways, and systems youth.^[5, 6] Another typology offered a more descriptive categorization of unstably housed youth by recognizing the prevailing reasons for leaving home: youth running to adventure, youth running from trouble, youth who have been thrown out, and youth who have been forsaken.^[7] Another typology, developed through cluster analysis, categorized youth based upon personal roles and traits; typological categories included entrepreneurs, drifters, partiers, retreatists, fringers, transcendents, vulnerables, and sex workers.^[8]

Risk factors have also been used to create a typology of youth homelessness to inform service-matching. Bucher (2007) identified seven risk categories among youth experiencing homelessness: abusive experiences, involvement in prostitution, involvement in criminal activities, suicidal ideation/attempt, living circumstances, alcohol/marijuana use, and the use of drugs other than alcohol and marijuana.^[5] K-means cluster analysis was used to categorize 422 unstably housed youth among these risk factors and four distinct treatment groups emerged. Group 1 (low rates of abuse, low suicidal ideation/attempt, and low drug usage except stimulants) required minimal treatment. Group 2 (high rates of emotional/physical abuse, suicidal ideation/attempt, and high drug usage) required therapeutic housing with an emphasis on substance abuse. Group 3 (high rates of abuse, high involvement in criminal activity, and low drug use) required therapeutic housing with an emphasis on behavior management. Group 4 (high involvement across categories) required comprehensive treatment.

A recent approach to typologizing unhoused adolescents incorporated protective factors, in addition to risk factors. Cluster analysis allowed Milburn et al. (2009) to identify three distinct clusters: adolescents who are faring well with more protective than risk factors, adolescents who are at-risk, and adolescents with more risk than protective factors.^[9] Over half of newly homeless adolescents studied had more protective than risk factors.

Implications

As this review of literature indicates, a multitude of typologies exist and no single approach is universally valid over another. Typologies are inherently subjective, as researchers select the subset of the homeless population to classify, the sample population to analyze, the number and types of dimensions used for classification, and analytic methodology for classification. For practical application, typologies should be selected based upon the utility desired, keeping in mind any methodological limitations that exist. No matter the approach, typologies serve several important functions, including the development of theories to better understand the great complexity among persons experiencing homelessness; the ability to match clients with the most appropriate services and treatments; and the potential to inform policy, program design, and resource allocation.



References

1. Jahiel, R. and T.F. Babor, *Toward a typology of homeless families: Conceptual and methodological issues*, in *Characteristics and dynamics of homeless families with children: Final report to the Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services*, D.J. Rog, C.S. Holupka, and L.C. Patton, Editors. 2011: Washington, D.C.
2. McAllister, W., M.C. Lennon, and L. Kuang, *Rethinking research on forming typologies of homelessness*. Am J Public Health, 2011. **101**(4): p. 596-601.
3. Kuhn, R. and D.P. Culhane, *Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: results from the analysis of administrative data*. Am J Community Psychol, 1998. **26**(2): p. 207-32.
4. McAllister, W., L. Kuang, and M.C. Lennon, *Typologizing temporality: Time-aggregated and time-patterned approaches to conceptualizing homelessness*. Social Service Review, 2010. **84**(2): p. 225-255.
5. Coward Bucher, C.E., *Toward a needs-based typology of homeless youth*. J Adolesc Health, 2008. **42**(6): p. 549-54.
6. Farrow, J.A., et al., *Health and health needs of homeless and runaway youth. A position paper of the Society for Adolescent Medicine*. J Adolesc Health, 1992. **13**(8): p. 717-26.
7. Zide, M. and A. Cherry, *A typology of runaway youths: An empirically based definition*. Child and Adolescent Social Work, 1992. **9**: p. 155-168.
8. Adlaf, E.M. and Y.M. Zdanowicz, *A cluster analytic study of substance problems and mental health among street youths*. The American Journal of Drug and Alcohol Abuse, 1999. **25**: p. 639-660.
9. Milburn, N., et al., *Who Is Doing Well? A Typology of Newly Homeless Adolescents*. J Community Psychol, 2009. **37**(2): p. 135-147.

DISCLAIMER

This publication was made possible by grant number U30CS09746 from the Health Resources & Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Health Resources & Services Administration.

All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

Suggested citation: National Health Care for the Homeless Council. (January 2013). "Typologies of Homelessness: Moving Beyond a Homogeneous Perspective." *In Focus: A Quarterly Research Review of the National HCH Council*. [Author: Sarah Knopf, Research Assistant.] Nashville, TN: Available at: www.nhchc.org.



P.O. Box 60427, Nashville, TN 37206 | (615) 226-2292

For more research on the typologies of homelessness, contact Sarah Knopf at sknopf@nhchc.org.
For more information about our Research and Evaluation team and other projects at the National HCH Council, contact Dr. Darlene Jenkins at djenkins@nhchc.org.