

PARADIGM OF RURAL HOMELESSNESS: A CASE STUDY OF CLINTON COUNTY, NEW YORK

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Rural homelessness is a social problem that has drawn limited scholarly attention in the social work field. This case study of Clinton County, New York, examines the existing service structure to address homelessness while highlighting challenges universal to rural homelessness as a widespread phenomenon. This paper considers possible long-term solutions to rural homelessness, and argues for a structurally based approach to understanding homelessness, either in an urban or rural setting.

Understanding Homelessness

Prior interventions to address homelessness have sprung from the belief that homelessness is a personal problem (Koegel, 1996). This paper leans toward understanding homelessness as the result of larger, structural problems, including: the lack of affordable housing; lack of a decent, living wage; restricted access to transportation; and lack of affordable childcare and health care. Under a structural framework, it is clear that beyond housing, a multitude of factors contribute to an individual's state of homelessness (Jencks, 1994). As social workers, it is imperative to look critically at the macro level and understand how larger, economic conditions and policies have directly influenced the current paradigm of homelessness. Clinicians, generalists, administrators, as well as researchers must advocate to fight the growing trend of poverty in this country – in rural, as well as in urban settings.

Homelessness in a Rural Setting

With approximately 40,000 homeless people on a given night (New York City Department of Homeless Services, 2004), New York City has made a powerful mark on society's perception of homelessness. An entire city government sector – New York City's Department of Homeless Services – is dedicated to the homeless, and service providers from other cities have examined New York City's services as a model for helping the homeless on their own streets (Campbell & McCarthy, 2000). Marked as an urban issue, homelessness is not often associated with the country or rural areas. In fact, rural homelessness is a problem that appears to be much smaller in size due

to smaller population densities (Aron & Fitchen, 1996). In urban regions, the street homeless constantly encroach upon public spaces, whereas homeless people who are utilizing shelters more readily blend into the mainstream. Likewise, in a rural setting, the problem of homelessness altogether escapes the public eye, due to the less concentrated proximity of small towns and distant rural settings.

Homelessness in a rural setting is defined by substandard housing, doubling up/overcrowding, squatting in abandoned buildings, and utilizing campgrounds as a year round domain (Fitchen, 1992). Because homeless populations in rural settings are more likely to live in sparse settings, outreach efforts are difficult. The issue of rural homelessness becomes a catch-22: since most of the rural homeless population are unaware of the services provided, there is not a large request for services. Due to this lack of request for services, many local departments of social services have not identified homelessness as a major problem (Aron & Fitchen, 1996). Thus, there are few services available due to the false conclusion that they are not needed.

Among scholars, rural homelessness is a subject that has not drawn widespread attention. Many research reports on homelessness, such as the National Survey of Homeless Assistance Providers and Clients (The Urban Institute, 1999) conclude that homelessness is predominantly an issue for urban areas to address. According to the report, 70% of the United States homeless population live in cities and 20% live in suburban areas. Because only 10% of the national homeless population live in rural areas, such areas are written off and the problem of homelessness is widely overlooked. Yet drawing the conclusion that homelessness is marginal in rural areas is flawed, as it does not factor in the ratio of homeless to non-homeless to realistically compare the proportion of people who are living in extreme poverty. In a study on rural homelessness in Iowa, the rate of homeless people in rural counties compared to urban areas was much higher in rural regions. New York City had an average of 5.09 homeless per 1000 people, compared to Appanoose County in Iowa where the number of homeless was 9.7 per 1000 people. Similar comparisons from other rural areas reveal an incidence of homelessness much greater than in urban areas (Lawrence, 1995).

Comparable to urban environments, rural poverty results from similar structural causes. Fitchen (1992), an avid researcher of rural homelessness in Upstate New York in the early 1990s, lists numerous factors that create a population in rural areas who are perpetually at risk of homelessness. These factors include dilapidated and overcrowded housing such as deteriorating trailers and converted farmhouses; the intergenerational cycle of poverty; limited access to public transportation; and lack of job opportunities, all of which are abundant in Clinton County, New York. The major difference between rural and urban poverty and homelessness is that in rural areas,

poverty and homelessness are spread out, making widespread appeals to the issue much more difficult to form. Rural homelessness varies tremendously depending on state, county, and locality. Despite the fact that New York State is considered a highly urbanized state, 44 of its 62 counties are classified as rural (Merwin Rural Services Institute, 2001). Fitchen based her research on a sampling of approximately eight rural counties in New York State. Honing in further on rural New York State, this paper will examine Clinton County, a mid-sized county classified as rural.

Clinton County: An Economic Overview

Clinton County is the most northeastern county in New York State, bordering Lake Champlain on the east and Quebec, Canada on the north. The Adirondack Mountain Region lies just south and west of the county border. The total population of Clinton County is 79,894 (New York State, 2003) divided among 29,423 households (National Low Income Housing Coalition, 2003). The Clinton County Housing Needs Report, compiled by the Clinton County Housing Committee in 2003, highlights the most pressing problems in Clinton County and outlines current methods utilized to address them. Considering a structural understanding of homelessness, three issues stand out in Clinton County: economic opportunity; public transportation; and affordable housing.

Clinton County is similar to many rural counties nationwide that suffer from slim economic opportunities. The majority of residents in Clinton County find work in the city of Plattsburgh, often at The State University of New York, Champlain Valley Physicians Hospital Medical Center, or Bombardier Transportation. While these institutions provide gainful employment for some, over 10,000 people in Clinton County live in households with an annual income below the poverty level (Clinton County Housing Committee, 2003). With the New York State minimum wage holding to \$5.15 an hour, many full-time workers at this level are still unable to pay necessary expenses. Single women with children present the highest rate of poverty in Clinton County (Clinton County Housing Committee).

Access to reliable transportation is imperative for people who reside in rural areas to commute to and from work and run routine errands. Lack of access to transportation can be a major barrier for a person obtaining employment, thus resulting in poverty or homelessness. Approximately 10% of households in Clinton County and 20% of residents in the town of Plattsburgh do not have access to a vehicle (Clinton County Housing Committee, 2003). The only local transportation system, Clinton Area Rural Transit, offers limited bus routes into Plattsburgh.

Affordable housing, while available, is starting to diminish. Much of

the lower-rent housing which exists – mobile housing, low-rise apartments, and single-family homes – is substandard and often ill-suited to shut out the harsh winters. One of five residents in Clinton County lives in mobile homes (Clinton County Housing Committee, 2003). Many mobile home renters deal with numerous complications with their housing, often brought about by their landlords, causing the trailers to be in substandard condition. Some of the common complications include leaking septic systems, abandoned or dilapidated neighboring trailers, non-potable water supply, and hazardous electric wiring. These conditions are so prevalent, that approximately 25% of mobile home parks in Clinton County did not pass the Department of Health inspections during 2002 (Clinton County Housing Committee).

Homelessness in Clinton County

As with many rural areas, the precise number of homeless and duration of homelessness in Clinton County are difficult figures to determine. From January to June 2002, approximately 400 people utilized emergency housing services, including temporary shelters and supportive services such as food and transportation, throughout Clinton County (Clinton County Housing Committee, 2003). Of these, roughly one-third were families. An estimate of 800 people becoming homeless each year amounts to roughly .01% of Clinton County's population. Though this may appear small, it is larger than the percentage in New York City, where the estimated average population of homeless is .005% of the total population.

The Clinton County Department of Social Services (DSS) has responded to emergency housing needs by providing shelters, intensive case management, and at times placing people in local motels or hotels through the local crisis center (Clinton County Housing Committee, 2003). There are also a few non-profit agencies that provide further resources for emergency housing. While emergency housing services are in place, the Clinton County Housing Committee estimates a 20-bed deficit for emergency shelter in the region, meaning the existing beds are continually at full capacity. This forces the DSS to utilize private motels to service the overflow. One major challenge to the Clinton County area is that it has received less state and federal dollars to support affordable housing than other similar counties throughout New York State (Clinton County Housing Committee). Again, this inadequate funding points to the catch-22 of rural housing: a lack of knowledge of existing services among homeless leads to less usage, and less usage leads to the legislative conclusion that the services are not needed.

When translating the number of homeless into the cost to provide emergency shelter, costs are approximately \$400,000 per year. Supportive costs to keep children in school or day care, provide transportation, and obtain needed medical care and food quickly drives the costs past the half-million dollar mark. While this number may seem low compared to

urban areas that have multi-billion dollar budgets, the Clinton County DSS resources are strained to provide this assistance. As the DSS addresses additional needs of homeless families beyond immediate shelter, costs will clearly escalate.

Solutions to Rural Homelessness

During the 1980s and early 1990s, a nationwide surge of public awareness toward urban homelessness led to rapid construction of shelters to solve the problem. The contemporary perspective supported by researchers points to three levels to address homelessness: improve existing emergency shelter and prevention efforts for those on the verge of becoming homeless; provide transitional and permanent housing placements; and attack the underlying causes of homelessness through policy changes (Campbell & McCarthy, 2000; Fitchen 1991; Fitchen 1992; Koegel, 1996). An emphasis on continuum of care supportive services at all three levels is pointing to increased outcomes of successful transitions out of homelessness (Baron, 2003).

While rural homelessness does not compete in sheer numbers to urban homeless, it constitutes a problem with uniquely rural issues to address. These issues are not served by following an exclusively urban model. The three-level approach described above was developed for an urban model and ought to be changed to address rural differences. One over-arching modification to develop when considering a rurally focused service model is the definition of homelessness. Since the homeless populations in rural settings are more likely to live in a physical shelter such as substandard housing or campsites, the lack of visible street homeless in rural areas such as Clinton County diffuses any momentum that might exist to address the problem on a local, state, or national response. By changing the definition of homelessness in rural areas, two immediate changes would occur: a dramatic increase in homeless numbers and recognition by legislators and tax-payers that homelessness is a problem in their area. This would hopefully lead to motivation to respond to the problem.

As the rural response to homelessness is still in a period of development, modification from the urban service model is possible and necessary. Whereas New York City and other urban areas underwent large-scale construction of shelters to improve emergency shelter (Campbell & McCarthy, 2000), the rural response to homelessness could instead focus on preventative interventions. Structural improvements on existing housing classified as substandard and the creation of new housing stock to improve the lack of affordable housing in the area would address a crucial aspect of the problem. Such rehabilitation and construction could be financed under a National Housing Trust Fund, such as H.R. 1121 and S.1411, currently in committees in the House of Representatives and the Senate. Unlike

urban areas that are pressed for the space and affordability, building in rural areas is generally an affordable endeavor due to lower property value and abundant space to build. Creation of affordable housing and supportive housing is an economic stimulus, which might lead to the creation of jobs in the area. Supportive housing is a trend that is successful in both rural and homeless areas (Baron, 2003) and with federal, state, and local support, could be dramatically helpful in keeping people from becoming homeless. A continuum of care program has demonstrated success in urban areas, and would likely do well in rural areas, as it supplements preventative measures by supporting those who are at risk of becoming homeless.

Call for Action Among Social Workers

Social workers can play an important role in addressing the problems of rural homelessness through work as clinicians, advocates, researchers, and educators. Clinical social workers in rural areas who see the face of poverty directly can provide advocacy information to their clients and encourage them to make their voices heard. For rural homelessness to be addressed at the policy level, legislators must hear from concerned citizens. Social workers in positions of community activists, administrators, and policy advocates can begin organizing within local areas to bring more attention to the problem of rural homelessness. Further research in affordable housing and homelessness in rural areas is broadly needed and has been especially bypassed by social workers in particular. In addition, social work educators need to introduce more information on affordable housing and rural issues into the curriculum at schools of social work. The silence surrounding rural homelessness is surprising considering that stable housing is the foundation of personal independence. For social workers to truly start where the client is, affordable housing is an area that can no longer afford to be overlooked or be viewed from an exclusively urban perspective.

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