
Introduction

On June 1st, 2020, there were 457 households in WNY emergency shelters. This is an increase of 49% over the same date last year. Observing this trend, the Homeless Alliance of WNY (HAWNY) created and sent out a client survey to the emergency shelters in Western New York. Persons at the shelters were asked by staff to fill out and return the survey. A total of 124 people agreed to be surveyed. The survey questions ranged from basic demographic information to specific questions regarding how COVID-19 and other factors led to their homelessness.

This document uses data captured from these surveys as well as from the Homeless Management Information System (HMIS) to demonstrate the impact of COVID-19 and show what trends we are seeing as of June 2020. Through the survey results, we see how COVID-19 is impacting people experiencing homelessness, the evidence of racial disparities, and the resources that are needed to re-house these individuals and families.

We intend to continue using data throughout and after the pandemic to target our resources and assist our clients.
A Snapshot of People in Emergency Shelters

Household Data

Before beginning our analysis of the COVID-19 survey data, it is worth reviewing some basic demographic information and current shelter occupancy trends. The charts in this section present a snapshot of all people experiencing homelessness in Western New York as of June 2020.

The chart below shows household counts for the date of June 1, 2020 and compares it to the same date last year.

![Households in Emergency Shelters, June 1, 2020](chart.png)

**Fig. 1**: June 1, 2020 household distribution. Source: HMIS

In 2020, new patterns of homelessness emerged. While households composed of adults and children stayed almost constant, there has been a slight increase in the number of households consisting solely of children. The number of households composed of adults without children has skyrocketed.
Gender

Broken down by gender, 62.7% of individuals experiencing homelessness on June 1, 2020 were male. 33.4% were female. This figure approximately matches the percentages from the COVID-19 survey date (67.7% male, 31.4% female), which gives us some measure of confidence that the survey dataset is a reasonably accurate representation of the whole homeless population in WNY.

Fig. 2: June 1, 2020 gender distribution. Source: HMIS
Race

Broken down by race, 38% of people experiencing homelessness on June 1, 2020 were Black or African-American while 36% were white, and 11% identified as Hispanic or Latinx.

Fig. 3: June 1, 2020 Race/Ethnicity distribution. Source: HMIS
Client Survey Results

COVID-19 as a Reason For Homelessness

Currently, very few clients have tested positive for COVID-19. Those who have tested positive are being transferred into placements that are paid for by the Department of Health.

Despite low infection rates amongst people experiencing homelessness, the secondary effects of the virus are upending many people's lives. Our survey, representing 124 people who experienced homelessness in June 2020, attempts to capture these effects.

![Fig. 4: Number of clients in homeless shelters for reasons relating to COVID-19. Source: COVID-19 Survey Data](image)

While we expected that the increased number of people experiencing homelessness was directly due to COVID-19, only 26% of respondents entered a shelter on account of the pandemic.
Despite the Black and white survey respondents being similar in number (57:51), their experiences with homelessness differ in meaningful ways.

Broken down by race and gender, we see a significant disparity in responses.

15.6% of white respondents were in a shelter due to COVID-19.

29.8% of black respondents were in a shelter due to COVID-19.

This discrepancy was primarily caused by different responses from Black and white women. 46.6% of Black females listed COVID-19 as the cause of their homelessness, while only 5.5% of white women said the same. On the whole, 22.6% of men listed COVID-19 as the reason for their homelessness, but the gap between races was much less pronounced.

**Ranking of Reasons COVID-19 Affected Homelessness**

The top 5 COVID-19-related reasons for homelessness were:

1. Lost job (11 responses)
2. Other (10 responses)
3. I have money but no one is renting (5 responses)
4. The people I was living with tested positive (4 responses)
5. Living with high-risk population (3 responses)

Job loss is the leading COVID-19-related reason that a person sought help from a shelter. Notably, there were a number of responses from people who had the financial means to secure housing but could not find an apartment or home due to either lack of housing stock or the desire by landlords to avoid renting during a pandemic. It would be interesting to find out more about the experiences of these people, as it would seem that landlords are currently seeing a loss of revenue and would be enthusiastic about bringing in new renters.
COVID-19 by Zip Code

Breaking down responses by zip code shows which areas have the most people experiencing homelessness and which areas are most affected by COVID-19.

Fig. 5: Survey respondents, broken out by zip code and whether COVID-19 was the cause of homelessness. Source: COVID-19 Survey Data
By far, 14215 has the most people experiencing homelessness on account of COVID-19. 22% of the survey respondents who listed COVID-19 as the reason for their homelessness came from this zip code.

For multiple unfortunate reasons, this is not a surprise. Annually, 14215 has the highest number of people experiencing homelessness out of all zip codes in Western New York. Also, 14215 has seen more COVID-19 cases than any other single zip code in Erie county based on numbers reported by the Erie County Health Department.

14215 is a relatively low income area with a population that is predominately Black. The American Community Survey’s 2018 data shows that Black or African-American persons make up 79.7% of the population. 29.4% of the population are living at or below the poverty line. As we will see, the scarcity of jobs and the unequal access to DSS benefits along racial lines is a factor that is causing people from 14215 to become homeless.

Zip codes for Niagara Falls, specifically 14301 and 14305, also had a disproportionately high number of persons experiencing homelessness. While COVID-19 doesn’t yet seem to be a significant contributing factor leading to homelessness in Niagara Falls, there is cause for alarm. According to the American Community Survey’s 2018 data, 21.6% of households make less than $14,999 per year. The precarious financial situation of this group of people, combined with the destabilization caused by the pandemic, could cause an increase in the number of people entering emergency shelters.
**Income**

HMIS indicates that a significant percentage of the homeless population in WNY has no income. COVID-19 is exacerbating this problem, as evidenced by the 8.8% of respondents who lost their primary source of income due to the pandemic.

Broken down by gender, survey responses indicate that, on the whole, men are much less likely than women to receive assistance from DSS. 33.3% of women receive assistance from DSS, whereas only 13.3% of men receive similar assistance. There is a solid opportunity to target the male population and help them acquire these resources.

![Income Sources by Gender](image)

Fig. 6: Income sources broken down by gender. Source: COVID-19 Survey Data
Broken down by race, survey responses indicate that Black or African-American persons are, again, much less likely to receive public assistance. They are also much more likely than white persons to have no source of income.

Breaking down the data on persons with no income by both gender and race reveals even more stark contrasts, especially between men.

47.6% of surveyed Black men have no source of income.

24.2% of surveyed white men have no source of income.

20% of surveyed Black women have no source of income.

33.3% of surveyed white women have no source of income.
Resources Needed to Prevent Homelessness

Survey respondents were asked which prevention resources would have helped them avoid becoming homeless in the first place. The chart below shows the results. Note that this chart shows responses regardless of whether a person is experiencing homelessness due to COVID-19.

![Chart showing prevention resources]

Fig. 8: Prevention resources that would have helped individuals avoid homelessness (multiple choice). Source: COVID-19 Survey Data

The most common resource needed was help paying for rent. Given the high number of persons without any source of income, this is another unfortunate non-surprise.

The next most common resource needed was help in understanding what benefits/resources are available to persons at risk of homelessness. Combined with the high number of persons who receive no income or government benefits, and the uneven distribution of government benefits along racial lines, it would seem that there is an opportunity to reduce homelessness by connecting more people to DSS. This is especially true for the African-American community, which, as we have seen, does not seem to be benefiting from these programs at the same rates that white communities do.

The survey responses also confirm our recent findings that eviction prevention does not equate to homelessness prevention. Very few households (7.5% based on HMIS annual numbers) that do become homeless come from a home in which they were the lease holders. While eviction prevention might not reliably prevent homelessness, it is
important to stabilize people in housing. This effort will be funded by mainstream resources instead of homelessness funding.

**Resources Needed To Move Out of Emergency Shelters**

Survey respondents were also asked which resources are now needed in order to regain housing and end their bout of homelessness. Again, we see that reasons relating to finances dominate the list. Note that this chart shows responses regardless of whether a person is experiencing homelessness due to COVID-19.

![Resources Needed Now to Acquire Housing](chart)

Fig. 9: Resources that individuals need now to acquire housing (multiple choice). Source: COVID-19 Survey Data

**Sexual Orientation**

10.4% of survey respondents were LGBTQ. Of those respondents, 38.4% were in the temporary shelters that the community added to respond to the increase of homelessness during the pandemic. Because of the relatively low sample size of this population and because of the fairly even split in enrollment at general emergency shelters and COVID-19 shelters, no further analysis was done for this group.
Summary and Recommendation

The basic findings of the COVID-19 surveys are probably not a big surprise to anyone. It is well-understood that communities with high poverty levels experience higher rates of homelessness. As evidence of that, we saw that Niagara Falls and Buffalo’s East Side both contain a disproportionately large number of people experiencing homelessness. It is also known that those same communities will experience worse health outcomes than communities with more resources, as evidenced by the large number of people in 14215 who have been affected and rendered homeless due to COVID-19.

However, what the survey responses have made clear is that there are large discrepancies in how different populations are served and what resources are made available to those populations. For example, our survey responses indicated that income sources and access to social services varied drastically between races and genders.

It is our suggestion that redressing these imbalances should be a high priority for non-profits working within our community. There are a large number of people in hard-hit zip codes like 14215 who haven’t been able to connect to existing resources which others in our region seem to have easier access to. Focusing on these underserved sub-populations can help reduce homelessness and protect more people from COVID-19.

Resources also need to be prioritized to get people out of shelters as soon as possible. In particular, quickly moving people out of congregate shelters should help to minimize the spread of COVID-19.