



Understanding Panhandling:

Facts and Observations on a Complex and Controversial Issue

The primary impetus behind our research of panhandling has been the perception in the city of Orlando that, while homelessness is on the decline in this community, panhandling is on the rise. It is our belief that leaders, influencers, and policymakers will struggle to develop the right kinds of policies for addressing panhandling unless those leaders possess a full working knowledge of the phenomena surrounding panhandling. The following are our findings regarding panhandling within the Community Redevelopment Area (CRA) of downtown Orlando.

Throughout the report, we utilize several terms that have not been formally defined. The following definitions are based on our own observations of panhandling and the recommendations of our two outreach specialists from the HOPE (Homeless Outreach Partnership Effort) Team of the Health Care Center for the Homeless.

Panhandling -

The communication of an unmet need for the purposes of facilitating the provision of that unmet need

Professional panhandler -

1. A person who gives the impression of having a need when no real need exists
2. A person who panhandles, not to meet an unmet need, but rather for the purpose of earning a living or augmenting their income

Chronic panhandler -

1. A person who panhandles with a frequency and intensity that exceeds that of other panhandlers
2. A person who panhandles more than 5 days per week and more than 5 hours per day

1. The majority of the panhandling in downtown Orlando is conducted by a limited “cohort” of individuals.

As time progressed and as we worked closely with these two outreach specialists, we came to realize that there were certain people in downtown Orlando who initiate most of the panhandling incidents in the city. What began as a study of panhandling, evolved into a study of 61 people who chronically panhandle; then our study evolved into an investigation of the traits that set these 61 people apart from other individuals in the downtown CRA. By understanding the distinguishing traits of those who panhandle chronically, we believed that we could gain a greater understanding of panhandling—who does it and why.

After months of observing and conducting interviews with a 61-member cohort of panhandlers, researchers found that the average panhandler solicits six hours per day for six days per week. Using broad observations, the field experts also found that the panhandlers attempt a solicitation 1.3 times per minute on the streets. This number fluctuated significantly based on the number of pedestrians passing through the surveyed areas at different times of the day and different days of the year, and is also dependent on events and activities that draw in residents from the Greater Central Florida community. For example, during times when downtown venues are hosting events (concerts, sporting events and arts and culture activities), there may be as many as 100,000 additional pedestrians in the area.

By extrapolation, researchers estimate that each member of the cohort will panhandle 78 times per hour, adding up to 468 times per day and 2,808 times per week. On average, with no interrupting life events, those studied will engage in a solicitation of a passerby 146,016 times per year. However, it is important to consider lapses of panhandling during incarcerations or long-term stays in local institutions, such as hospitals and behavioral health facilities. Our research team considered a 15% allowance for these interruptions in their research, deriving that the cohort of 61 panhandlers is responsible for more than seven million (7,570,929) solicitations per year in the studied area. It should also be noted that many of the interactions are repeat solicitations of those who live or work in downtown Orlando, coming in contact with the cohort on a daily or weekly basis.

2. The individuals included in the cohort are chronically homeless

Utilizing one-on-one interviews with the 61 chronic panhandlers in our cohort and cross-checking the information gained from those interviews with data from the regional Homeless Management Information System (HMIS), we can confirm that 50 of our 61 cohort members (82% percent) are currently chronically homeless. Those that are currently housed, were previously chronically homeless and are now living in supportive housing. Each panhandler self-reported their length of homelessness, with the longest length of homelessness reported as 30 years and the shortest reported as one year, averaging to 11.9 years of reported homelessness. Seven of the 55 homeless individuals in the downtown cohort report to have been homeless for more than 20 years.

3. Individuals in the cohort have extremely high rates of mental health issues, substance abuse disorders, co-occurring disorders, and cognitive conditions.

Over half of the individuals in the cohort (58%) have a mental illness. The most common mental health disorders among the cohort are depression, bipolar disorder, and schizophrenia. Within the same cohort, 92% have a substance use disorder, with the most common substances reportedly abused are crack cocaine and K2/spice (synthetic marijuana). Using the data available to us, we determined that, among this cohort, 98% had at least one condition (mental illness, substance abuse disorder, or physical condition), 65% suffered from two of the three, while 17% had all three.

4. For members of the cohort, panhandling is done with high frequency for the purpose of getting resources to buy legal and illegal substances.

Throughout our work with the outreach specialists, we came to learn that all homeless people must panhandle in order to receive necessities such as food, water, and hygiene products. However, the chronic panhandlers of downtown Orlando panhandle for a higher frequency and intensity of the rest of the homeless population. Of a total of 39 interviewed, they self-reported panhandling on average 6 days per week and 6 hours per day. More than 60% of those reported panhandling every day and report an average income of \$63 per day. Their spending patterns, also self-reported, showed a pattern of abuse of legal and illegal substances, namely alcohol, synthetic marijuana, and cocaine.

5. The 2017 changes to Orlando's panhandling ordinance, although legally required, correlated with the increased frequency and prevalence of panhandling in the CRA.

In 2017, the City of Orlando formally implemented a new ordinance on solicitation that directly affected the number of panhandling interactions in the CRA of downtown Orlando. This new ordinance was a necessary change to our city's laws, not based on ideology or public outcry, but due to an emerging body of case law that made it clear that the Supreme Court placed strict limitations on a community's ability to limit panhandling related activities. The City of Orlando took a proactive step to avoid an inevitable lawsuit to reconcile what was required by the Supreme Court rulings and what was needed to ensure the safety and security of their citizens.

6. The City of Orlando's expansion of its policy on Housing First correlated with a reduction of the number of chronic panhandlers on the streets.

From 2013 to 2019, the city of Orlando housed 240 chronically homeless citizens in supportive housing, and an additional 91 received assistance to get off the streets through travel assistance and housing with no subsidy. These numbers do not include the number of veteran's housed in the city of Orlando between 2015 and May 2018, which totaled to 294 chronically homeless veterans. Of the total of 331 chronically homeless, our outreach specialists estimate that over 50 of them used to be chronic panhandlers. We do not have an estimation on the number of veterans who were chronic panhandlers.

7. The public perceptions of downtown Orlando's patrons do not match the realities of the cohort

We interviewed 120 patrons (people who work, live and visit in downtown Orlando) to quantify their attitudes and thoughts towards those who panhandle in the same area. The results of the patron survey are contradictory at times: patrons "agree" with the statement that panhandlers need help getting off the streets, but more than one-third of patrons could not name a single service provided by the community to panhandlers. When asked to estimate how many panhandlers there are on any given night within downtown, the average was nearly 90 panhandlers. However, when asked how many panhandlers they personally see on a given day within downtown, the average was just under 5 panhandlers. The patrons of downtown Orlando's perceptions do not correlate with each other nor the realities of panhandling.

Recommendations

1 New programs and investments will be needed to adequately address the unique housing and mental health needs of the chronic panhandlers in the downtown CRA.

Traditional “scattered site” housing facilities (public housing, especially for low-income families, that is built throughout an urban area rather than being concentrated in a single neighborhood) can be highly effective solutions for many chronically homeless people. However, due to the mental health issues and the drug and alcohol addictions that afflict the people in the cohort, traditional housing programs probably won’t provide these individuals with the advanced levels of support services they will need to remain housed. We recommend a form of advanced project-based supportive housing (government-funded housing for low-income families that consists of privately owned and managed rental units, where the housing voucher is linked to the unit, not the individual) that is accompanied by more intense and proactive interventions.

Pioneer programs like this have been implemented with success in cities like Miami, Houston, and Salt Lake City. In Miami, for example, “Hot Teams” of professional outreach workers with advanced training and experience in mental health and addiction recovery work closely and daily with supportive housing residents who need intensified services. In addition, these teams work closely with law enforcement officers, who can expedite legal intervention to get homeless individuals with mental health issues or addictions the advanced care that they require.

Our research concluded that chronic panhandling in the downtown CRA is the intersection of three conditions: homelessness, substance use disorder, and mental or physical disability. But while addiction cannot be “cured” and while mental health cannot be “solved,” the problem of homelessness can be solved with housing. But to keep people with mental health and/or addiction issues in the housing for which they qualify, accelerated supportive services will be needed, and this means that Orlando will have to invest in a new type of supportive housing while continuing to develop more traditional permanent and scattered-site housing for the rest of the chronically homeless population.

A new pilot program offered by the State of Florida, which offers Medicaid-expansion support to people who need supportive services, and the recent donation by the Bezos Family Foundation to the Homeless Services Network of Central Florida are two possible funding sources for this new and innovative type of supportive housing

2 Because the majority of panhandling interactions in the CRA are initiated by people with substance use disorders, downtown patrons should be made aware that their donations will be used primarily to buy drugs and alcohol.

The data contained in our report confirms the fact that 92% of the panhandlers in the cohort have a substance abuse issue that can be verified through either the self-disclosure of the panhandlers or public documents or both. Our interviews with members of the cohort also confirmed that the majority of the money they receive from panhandling goes toward the purchase of alcohol or illegal drugs. The public should be aware of this fact as they consider whether to contribute financially to panhandlers in the CRA.

3 The Orlando community should create a targeted and coordinated education campaign for community leaders that explains the connection between mental illness, homelessness and panhandling.

Homelessness is a complex issue. There are no simple answers to this multi-faceted social problem. But the leading factor behind the complicated nature of homelessness and the inability of society to bring this problem under control is the misunderstanding in our society regarding the underlying causes of the problem, particularly the connection that exists between homelessness and mental illness.

Prior to the 1960s, homelessness in America was not the overwhelming problem that it is today. But on October 31, 1963, President John F. Kennedy signed the Mental Retardation Facilities and Community Mental Health Center Construction Act, the last piece of legislation he would sign before his assassination. The intent behind this legislation was admirable. The federal government wanted to put an end to the unchecked “institutionalization” of people with advanced mental illness. Lawmakers wanted mental health patients to enjoy the same rights of freedom and self-determination that the rest of the population enjoys. However, an unintended consequence of closing the nation’s mental health institutions in favor of a series of local outpatient facilities, is that the homeless, though free to determine their own paths in life, also proved incapable in many instances of supporting themselves.

Consequently, many of the mentally ill simply moved from institutions to the streets of America’s cities and towns, and the problem of homelessness, which was further exacerbated by military personnel who returned from Vietnam with post-traumatic stress syndrome, grew gradually out of control.

The experience we have derived from working with many communities to help solve problems related to homelessness has taught us that few Americans understand the connection between mental illness and homelessness. A large percentage of the population simply view homeless people as “bums” who are just too lazy to work. Until the population understands the truth about homelessness, they will never be able to solve problems related to homelessness and will never demand solutions from their elected officials.

4. Orlando needs more substance use disorder treatment programs for those who are chronically homeless on our streets.

While it is possible for a community to solve homelessness by housing its unsheltered population, it is impossible to “solve” addiction or mental illness. And since chronic panhandling is the intersection of all these problems, the only plausible pathway toward a real “fix” for chronic panhandling is the housing of the chronically homeless population, starting with those chronically homeless individuals who panhandle at a chronic level.

However, once the chronically homeless are housed through Housing First, their problems with mental illness and addiction need to be addressed in order to help them stay in their housing and enjoy a reasonable quality of life. For this reason, Orlando should invest the necessary resources to provide this need for the chronically homeless with mental health issues.

5. The City of Orlando needs to expand awareness concerning the complexities of homelessness.

Homelessness is not a “one size fits all” problem. Perhaps more than any other social problem, homelessness has many nuances that make the pursuit of a solution both difficult and costly. Some people are homeless because they are mentally ill and/or addicted to drugs or alcohol, and some people are homeless due to their advanced age or a physical disability that makes it impossible for them to work. Others are homeless because of a temporary financial setback or physical abuse in their homes. And teenagers are often homeless because they are LGBTQ and their parents have forced them out of the home.

Homelessness is an extremely complex problem, and therefore it requires complex solutions. While some people are incapable of lifting themselves off the streets, others are quite capable of weathering a temporary setback and lifting themselves up by their bootstraps. The key for community leaders and the citizens who demand accountability is to understand the difference between these two groups of people. People with a long-term need require a long-term subsidy or intervention, and people with a short-term need require a short-term subsidy or intervention. Unfortunately, many communities never learn to distinguish between these two competing solutions, so they end up wasting their limited resources and falling short of their goal of bringing homelessness under control.

6 ■ The City of Orlando, along with other regional leaders, should work to coordinate all of the region's ordinances regarding homelessness and homelessness-related problems like panhandling and camping in public spaces.

If one community in Central Florida chooses to allow behavior that neighboring communities refuse to allow, those living on the streets will gravitate to those areas law enforcement will allow them to engage in that activity. But by promoting consistency in both law enforcement and intervention among municipalities and between municipalities and the county, leaders at all levels will position themselves for success in their efforts to address panhandling and homelessness.

