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## The Policy Nexus: Panhandling, Social Capital and Policy Failure

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### Cover Page Footnote

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# The Policy Nexus: Panhandling, Social Capital and Policy Failure

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*In this paper, we analyze a unique mixed methods data set based on survey responses (n = 108) and intensive interviews (n = 18) with panhandlers in Austin, Texas. We examine the way in which failures of primary and secondary social capital interact to create the conditions of extreme poverty and homelessness that lead to panhandling. We find that a large majority of these individuals are working-age adults who lack access to social policy supports that would allow them to weather periods of unemployment produced by health issues and other personal difficulties.*

*Key words: panhandling, social policy, homelessness*

While panhandlers are highly visible in many urban areas, they have been much less visible in academic studies. Lee and Farrell note in their 2003 analysis that “[a] voluminous literature on the new homelessness has accumulated since the mid-1980s, yet only a few of the contributions to that literature have much to say about panhandling” (p. 300). In the intervening years, this situation has remained largely unchanged. There is little information, for example, about the previous lives of individuals who become panhandlers, about their previous work histories, and about the circumstances that led them to begin and to continue soliciting.

In the face of limited information, popular constructions shape understandings about the characteristics of panhandlers and the

causes of panhandling. Panhandlers are a stigmatized population (Lankenau, 1999a, 1999b) associated with rejection of the work ethic (Lee & Farrell, 2003), with a propensity to engage in threatening and disruptive behavior (Ellickson, 1996; Scott, n.d.; Wright, 2009), and with negative personal characteristics such as drug and alcohol abuse and mental illness (Buck, Toro, & Ramos, 2004; Duneier, Hassan, & Carter, 2000; Goldstein, 1993; Lee & Farrell, 2003).

Attributions about individual deviance have consequences for public policy both toward the homeless and toward the subset of homeless individuals who panhandle (Lee & Farrell, 2003; Lee, Jones, & Lewis, 1990; Klodowsky, Farrell, & D'Aubry, 2002). Experiences with panhandlers have been connected to diminished public support for programs and policies to ameliorate the situation of homeless individuals (Forte, 2002). Policies that aim to reduce panhandling have increasingly taken a punitive turn by criminalizing individual behavior (Collins & Blomley, 2004; Ellickson, 1996; Goldstein, 1993; Scott, n.d.; Snow & Mulcahey, 2001; Truong, 2012). Examples include regulations that prohibit "vagrancy," limit the areas in which panhandling can occur (Bancroft, 2012), and place other limits on the way that panhandlers can conduct themselves (Shantz, 2013; Smith, 2005). Wright (2009) notes that between 2002 and 2006, there was an 18% increase in laws prohibiting "aggressive panhandling." From this perspective, the continued prevalence of panhandling represents a failure of criminal and regulatory policy.

We argue that panhandling is associated with policy failure of a different kind. Analyzing a mixed methods data set that contains both survey responses ( $n = 108$ ) and intensive interviews ( $n = 18$ ) with panhandlers in Austin, Texas, we find that policies that limit access to supportive public benefits programs interact with individual failures of social capital to create and maintain a separation from full-time employment that results in extreme poverty, homelessness and panhandling (Main, 1998). In many cases, we find that this separation was created by a cascade of difficulties that were exacerbated by the interaction of two circumstances.

First, many of these individuals had inadequate stores of primary social capital. By social capital, we mean access to networks of "resource (s) that actors derive from specific social structures and then use to pursue their interests" (Baker, 1990,

p. 6; Putnam, 1995, 2001). In the case of primary social capital, the relevant social structures include family and friends. Beginning in childhood, many of these individuals experienced broken family relationships and they then replicated this pattern in their later lives. When crises – notably health crises brought on by sudden illness, accidents, or the development of age-related conditions that impaired their ability to do manual labor– left them unable to continue full-time work, they lacked strong networks of friends and families to support them through a period of unemployment.

Second, given their low store of primary social capital, access to secondary capital in the form of policies and programs that would provide appropriate health care, short-term income, housing, food and other resources became critical. However, for most of those in our study, these supports did not exist (She & Livermore, 2007). The majority of panhandlers in our sample were childless, working-age adults. They fall into a demographic group that is ineligible for short-term cash assistance in Texas and in virtually all other states (Schott & Hill, 2015). At the time of our survey, in 2008, Texas offered no medical assistance for individuals in this demographic, and the state’s failure to expand Medicaid in the wake of the Affordable Care Act has left this situation unchanged.

## Panhandling and Homelessness

To our knowledge, the most recent comprehensive examination of panhandling and panhandlers is provided in Lee and Farrell’s 2003 study. The authors re-analyzed data from 1990’s-era surveys that compared homeless individuals who do not report panhandling with homeless individuals who report doing so. They point out that panhandlers constitute a subset of the homeless population, noting that “single-city surveys suggest that between 5% and 40% of homeless individuals panhandle” (p. 303). Like other authors, they indicate that this proportion varies with local conditions (Rossi, 1989; Snow, Anderson, Quist, & Cress, 1996; Stark, 1992).

The problem of estimating the prevalence of panhandling is complicated by the need to define the population. For example, should individuals who occasionally ask for spare change

be included in the category, or should it be reserved for those who derive a majority of their income from soliciting? Further, authors such as Duneier, Hassan and Carter (2000) and Gowan (2010) note that panhandling may be stigmatized even within the street economy, so that individuals may be reluctant to report their participation. One methodological solution to the problem of defining the panhandling population would involve developing a data set based on the responses of individuals who are observed to be panhandling. The data set that we analyze in this paper meets that criterion.

### Panhandlers and Primary Social Capital

A number of studies have found that disrupted families of origin that cause children to experience episodes of foster care, abandonment, abuse, neglect, and homelessness increase the probability of adult homelessness (Browne, 1993; Herman, Susser, Struenin, & Link, 1997; Koegel, Melamid, & Burnham, 1995; Mangine, Royse, Wiehe, & Nietzel, 1990; Pecora et al., 2006; Pillavin, Sosin, Westerfelt, & Matsueda, 1993; Roman & Wolfe, 1995; Rosenheck & Fontana, 1994; Shelton, Taylor, Bonner, & van den Bree, 2009; Tessler & Rosenheck, 2003). Difficulties in establishing supportive relationships with friends, employers and significant others in adult life often follow, creating what Snow, Anderson and Koegel (1994) term a "biographic vulnerability" to homelessness. In their review of 60 studies of homeless populations, Shlay and Rossi (1992) found that 36% of homeless individuals reported having no friends, while an average of 31% reported having no contact with kin.

Lee and Farrell (2003) found that a large majority of panhandlers also report one or more adverse childhood events, and that this proportion (78.1%) is not significantly different from that reported by other homeless individuals (81.6%). They find, however, that panhandlers are significantly more likely to report low levels of social capital as adults. For example, among individuals who identified as panhandlers, 68.1% report that they never married, while 44.9% of homeless individuals reported that they had remained single. Panhandlers were also significantly less likely to have lived with others prior to becoming homeless. For panhandlers, 54.8% had previously lived with

others, while 68.9% of homeless individuals had done so (Lee & Farrell, 2003). Panhandlers, in other words, were significantly less likely than other homeless individuals to have networks of family or friends on whom to rely during difficulties.

## Panhandlers and Secondary Social Capital

Lee and Farrell's (2003) study also found that panhandlers were less likely than other homeless individuals to receive support from social programs. Panhandlers were significantly more likely to report that they did not receive support from programs such as SSI, SSDI, SNAP, medical assistance, cash assistance and housing subsidies. While 48.7% of homeless individuals reported receiving government benefits within the past month, only 26.7% of panhandlers reported receiving these benefits. Panhandlers were also significantly more likely to report experiencing food insecurity while homeless- 86.7% of panhandlers reported insecurity, as compared to 54.8% of other homeless individuals.

Both in the case of primary social capital and in that of access to policies, Lee and Farrell's (2003) data provide a snapshot of the way in which panhandlers connect to resources that might provide assistance in managing periods of unemployment or ill health. These data however, provide little sense of process. They do not provide information about the way in which difficulties with these connections affect the transition into panhandling, nor about the way in which these difficulties may prevent individuals from returning to the full-time labor market.

## Breakpoints and Cascades: The Role of Health Issues

Existing studies of panhandlers offer little specific insight into the circumstances that cause individuals to begin and to continue panhandling. A number of studies of homeless individuals, however, have found that episodes of homelessness are the result of "cascades" or "constellations" of difficulties (Borchard, 2007; Crane et al., 2005) that include events such as the end of a relationship, the loss of a job, or severe health issues. Difficulties with social capital that appear early in life and

are replicated in later relationships also create breakpoints from the formal labor market, leading to extreme poverty and homelessness (Hwang et al., 2009; Snow et al., 1994).

Existing studies suggest that health issues are a central element in these cascades. Studies have routinely found that homeless individuals have a high prevalence of health problems (Gelberg, Linn, & Mayer-Oaks, 1990; Gelberg, Linn, Usatine, & Smith, 1990; Hwang & Bugeja, 2000; Robertson & Cousineau, 1986). Studies of homeless and near-homeless individuals who panhandle in the United States have identified similar high rates of physical difficulties. Lee and Farrell (2003) found no significant difference between panhandlers and other homeless individuals in the incidence of chronic physical problems such as anemia, diabetes, high blood pressure, heart disease, stroke, liver problems, arthritis, cancer, and lost limbs (44.8% of panhandlers as against 46.5% of non-panhandlers).

In this project, we analyze information from our data set in order to answer four questions derived from the existing literature.

1. What is the demographic composition of the panhandling population, and what does this composition suggest about the circumstances that produce and maintain episodes of panhandling?
2. Do panhandlers have a history of disrupted family and personal relationships? Do low stores of social capital play a part in their initial break from formal labor markets and in the continuation of panhandling?
3. Do panhandlers lack access to supportive social programs? What factors shape their patterns of access?
4. Do these two factors interact to trigger the transition into homelessness and panhandling and to maintain the separation from formal labor markets?

## Data and Method

The study that we present is based on data obtained from a project funded by the City Council in Austin, Texas in order to provide information about individuals who panhandled along city roadsides (Lein, Beausoleil, Chang, Frenkel, & Naik, 2008). Researchers affiliated with the University of Texas at Austin prepared a 49-question survey instrument that was designed to reflect both existing research on homelessness and panhandling and concerns raised by stakeholders. Initial drafts of the instrument were revised and amended after consultation with key informants and stakeholders. After the project received approval from the University of Texas IRB, a research team of five graduate and two undergraduate researchers received training on locating participants and administering questionnaires.

The method for locating participants was designed to take account of spatial patterns of panhandling activity. Intersections at which panhandling was most common were identified through repeated observations and discussions with the Austin police department. This process also determined that, due to the extreme heat and difficult conditions, individuals rotated through these intersections during different times of the day, effectively creating multiple "shifts" at each location. Investigators were assigned to specific "shifts" at each intersection during the six-week data collection phase, enabling them to develop a clear understanding of the patterns of activity that occurred in each area.

Interviewers followed the survey protocol developed by researchers such as Bose and Hwang (2002). They approached individuals over the age of 18 who were actively soliciting at intersections during the interviewer's assigned "shift." Potential participants were offered a \$5 incentive for survey participation. Only five individuals who were contacted refused to participate, and three surveys were started, but not completed due either to the respondent's choice or interviewer's decision. A total of 103 surveys were completed from an estimated total population of between 300 and 500 roadside solicitors. Four duplicate surveys were also completed and tested for consistency, although the duplicate information was not analyzed.

Qualitative data were collected in two ways. First, eighteen semi-structured life history interviews were conducted with a subset of survey respondents selected by interviewers. These respondents were offered a meal and \$10 in cash as an incentive. The in-depth interview group was intended to reflect the demographic parameters of the overall sample, except that investigators were asked to over-sample women and minorities in order to provide more information about these infrequently studied groups. The interviews allowed participants to present extended life history narratives. Responses were not transcribed verbatim, but were reported in field notes that included both direct quotations and summaries. Since participants were not selected randomly, the interviews were intended only to provide richer detail about the circumstances that led participants to homelessness and panhandling, about their relationships to other individuals and to the community, and about the circumstances of their lives as panhandlers.

Second, qualitative data were collected from responses to open-ended survey questions. These responses were inductively coded using an iterative process that involved multiple coders and multiple rounds of revision to categories.

### Limitations

The project has three principal limitations. First, although our sample selection strategy followed protocols used by other researchers in this area, neither participants in the survey nor those chosen for in-depth interviews were randomly selected, so that the results that we report are suggestive rather than conclusive. Second, all respondents were located in Austin, Texas, so that our findings are shaped by local conditions and policies. In particular, at the time of our interviews, Texas had extremely restrictive policies for providing medical and cash assistance to childless, working age adults, a situation that has not been altered by the subsequent passage of the Affordable Care Act. Finally, although the majority of information in our study was obtained by a combination of survey responses and in-depth interviews, information about individual work histories was derived only from interviews.

## Findings

### *Demographics of Panhandlers*

The average individual identified by our sampling strategy was male, White, and over 40. Eighty-two per cent of survey respondents were between the ages of 45 and 63. Only one respondent was under the age of 30. This sample was somewhat older than that found in other studies. Shlay and Rossi (1992) found that the average age of homeless individuals in the 60 studies they reviewed was 36.7, while Lee and Farrell (2003) found a mean age of 38.4 both for panhandlers and other homeless individuals.

The higher average age of individuals in our sample has implications both for their relationship to the labor market and for their access to benefit programs. Middle-aged individuals who work in occupations that require manual labor often begin to experience physical symptoms that reduce their ability to work (Case & Deaton, 2005, 2015; Karpansalo et al., 2002; She & Livermore, 2007) while they are not yet eligible for Social Security retirement benefits. The Social Security programs that might be available to them, SSI and SSDI, have lengthy application procedures that require extensive medical documentation that is problematic for individuals who lack access to regular medical care. As well, both programs reject a large number of initial applications. In 2010, 34.8 per cent of initial applications for SSI and SSDI were accepted (United States Social Security Administration, 2011, Table 59).

With respect to gender, eighty-eight individuals (85% of the population) were male and 15 individuals (15% ) were female. Lee and Farrell's (2003) study found a similar distribution and noted that the proportion of panhandlers who were male was significantly higher than that for homeless individuals who did not report panhandling.

With respect to race, most studies report higher proportions of African American respondents than the 10% included in our sample: Lee and Farrell (2003) find that 59.7% of panhandlers and 59% of homeless individuals were members of minority groups. However, Stark (1992) notes that the racial and ethnic composition of panhandling populations varies significantly with local

conditions. The percentage of African-American respondents in our sample is slightly higher than the total percentage of African Americans in the Austin population, which the 2010 Census documented as 8.1% (United States Census, 2010).

With respect to ethnicity, none of our respondents identified as Hispanic, although the 2010 Census documented the percentage of Hispanics in the total Travis County population as 30.5%. To our knowledge, there are no existing studies of Hispanic panhandlers, but studies have found that Hispanics are under-represented in homeless populations in Texas and elsewhere (Castaneda, Klassen & Smith, 2014). Conroy and Heer (2003) argue that this may result from the fact that existing studies sample from individuals who use public services and shelters that many Hispanic individuals may avoid due to their legal status. Since panhandling involves similar public exposure, this may account for our findings.

We also found a somewhat smaller percentage of veterans than that identified by other studies. Seventy per cent of respondents reported that they had not served in the military, while 30% (all male) had done so. Rosenheck, Frisman and Chung's 1994 analysis of four 1986-1987 surveys of homeless populations found that 41% of homeless males were veterans, and the National Coalition for the Homeless reported nearly the same proportion (40%) in 2009. Since honorable discharge from military service provides individuals with access to VA services that can include free health care, disability payments, and housing advocacy, the fact that our sample includes a lower percentage of veterans limits the number of individuals who have access to these services and increases the importance both of primary social capital and of public policies and programs.

### *Primary Social Capital*

Responses to the large-sample survey provide information on the childhood experiences of respondents with homelessness and foster care, as well as information on their current relationship status. In-depth interviews add more detailed information about the way in which access to primary social capital shaped the transition into panhandling. Fourteen per cent of the respondents to our large survey reported that they had been in foster

care before the age of 18, while 14% also indicated that they had been homeless before this age. Although these rates are lower than those reported by other surveys, in-depth interviews demonstrate that a variety of other serious family difficulties in childhood also produced disruptions in primary capital. For example, individuals who were interviewed reported physical and verbal abuse within intact homes, episodes of parental abandonment that led to care by grandparents or other relatives, and parental drug and alcohol abuse. These interviews did not constitute a representative sample of the larger survey population, but each individual whom we interviewed shared information about serious difficulties in their families of origin.

Individuals in our large survey and in-depth interview participants also reported difficulties with maintaining stable adult relationships. Thirty-three per cent of these individuals indicated that they had never married, and 55% identified themselves as “divorced or separated,” while 9% said that they were either married or in a common law relationship. On this measure, we found a lower rate of individuals who reported that they had never married than the 68.1% identified by Lee and Farrell’s 2003 study, although the term “married” may be understood differently by individuals in the state of Texas, which has relatively lenient standards for common law marriage (Common Law Marriage Fact Sheet, 2015). Each of the individuals who participated in in-depth interviews gave more detail about difficulties in adult relationships with significant others, with their parents and with their children.

### *Secondary Social Capital*

Difficulties with primary social capital were replicated in the case of secondary social capital. These difficulties took two forms. First, individuals who had participated in activities such as military service (which can provide access to social mobility and to free health care and other benefit programs) and higher education, which can also be a bridge to social mobility, did not seem to benefit from these involvements. Second, most individuals were disconnected from other public programs, such as medical assistance, food assistance, and disability payments.

*Broken Bridges*

For many of the individuals in our study, participation in activities often associated with increased odds of social and economic mobility had not had the expected effect. Education and military service are often viewed as bridges out of poverty and difficult early circumstances. However, our study indicates that, for individuals who panhandle, these bridges are broken.

The connection between military service and homelessness has received a great deal of attention. By most estimates, veterans make up about 13% of the adult homeless population, while in our study, 30% of the overall group were veterans. The connection between service and homelessness may initially seem paradoxical, since involvement in the military is often viewed as a source of social capital and social mobility, providing individuals with opportunities to acquire education and skills and to develop social and professional networks. Successful completion of service can also provide secondary social capital in the form of access to benefits such as disability pay and the right to free healthcare through the VA Medical system.

However, as our in-depth interviews demonstrate, military service can also become part of a cascade of events that add to individual difficulties. For individuals that lack the social and individual supports needed to make a successful transition to life outside the military, service can have negative consequences. Individuals who fail to complete service, receiving dishonorable discharges, are ineligible for VA health benefits, and their discharge status may affect their employment prospects. Two of the four veterans who participated in in-depth interviews were in this situation, and, while 30% of the individuals in the large sample reported military service, only 26% reported receiving VA benefits.

A similar point can be made about education. While popular mythology associates homelessness, extreme poverty, and panhandling with lack of education, a majority (55%) of individuals in our large sample had completed high school. Twenty percent had some college education, while 9% were college graduates and 4% had an associate's degree or professional certification. Lee and Farrell (2003) also found that a majority of both panhandlers and homeless individuals had high school

diplomas. Only 34.7 % of panhandlers and 38.5% of homeless individuals lacked diplomas, a difference that was not statistically significant. Bose and Hwang (2002) found that 19% of 54 homeless male panhandlers interviewed in Toronto had at least some college. Our research suggests that here, as in the case of military service, a factor that is often associated with upward mobility has not had the expected effect.

### *Disconnection*

Although common perceptions of panhandlers and homeless individuals often associate them with dependence on public benefits, our data make a different case. Our survey showed that respondents almost never used all the services for which they were financially eligible and that they generally accessed assistance with food and clothing from private rather than from public sources. In-depth interviews provided more detailed information about barriers to service use.

As Table 1 demonstrates, very few respondents had access to cash benefits, housing subsidies or food stamps. Although a majority indicated that they had left regular employment due to health issues, only 15% indicated that they received SSI or SSDI. Three of 18 individuals who participated in in-depth interviews indicated that they had thought of applying, had previously applied, or were in the process of applying for these benefits.

A minority of respondents had access to publicly-funded medical services, although a much larger share indicated that they needed these services. Thirty per cent of survey respondents had MAP (Austin Medical Assistance Program) cards given to very poor Travis County individuals ineligible for state Medicaid, while 37% of respondents said that they needed but did not have this benefit. Fifteen per cent of respondents had Medicaid or Medicare, while 38% of respondents said that they needed but did not have these benefits.

Both intensive interviews and the larger survey suggest some reasons for low rates of public benefits utilization. Past criminal history can prevent individuals from receiving benefits such as housing subsidies and food stamps. Lack of photo identification constitutes another barrier: Forty-seven percent of survey respondents lacked valid photo ID, and 39% of those

without ID had been in this situation for at least two years. Applications for SSI, SSDI, SNAP and housing subsidies require valid photo identification.

Table 1: Sources of Benefits Income and Number Receiving Benefits for Individuals in Large Sample

	Do Not Receive*	Receive	Percentage Receiving
Pension/Retirement	97	5	5%
Unemployment	101	1	1%
Disability/SSI/SSDI	87	15	15%
VA	77	25	26%
TANF/Welfare	99	1	1%
SNAP	85	17	17%
Housing Subsidy	101	1	1%

\*Number of individuals who responded to each item

The survey and interview data also show that a majority of individuals make use of private charities to provide food, clothing and personal supplies. These private services are less likely to require identification from users or to require lengthy application processes that require extensive documentation. Sixty-one per cent of survey respondents indicated that they use food pantries or charities that provide free meals. Other private charities provide help with clothing donations. Thirty-nine percent of respondents reported using clothing and donation services. Overall, 46% of respondents reported that they use services from church and religious groups.

#### *Factors that Initiate and Maintain Panhandling Careers*

Both our survey and in-depth interviews included questions about why individuals had left waged employment. In the survey, as Table 2 indicates, the most common responses were

related to physical health. Both primary and secondary social capital shape the way in which health issues affect longer-term employment. Fractured family networks often do not provide support during periods of health-related unemployment. If military service results in a dishonorable discharge, it does not provide access to VA medical care.

The lack of policy supports available to individuals in this demographic group also structures the connection between physical health and the transition into solicitation. Employment in physically demanding jobs may produce injuries and illness and becomes more difficult to sustain in middle age. Benefits that might cushion these effects, such as workman's compensation and disability programs, may be difficult to access and do not fully replace wages.

Table 2. Most Often Cited Reasons for Leaving Waged Employment

Category	Reason	Number	Percent of Reasons*
Physical Health		41	37%
	Injury, Accident	12	10%
	Illness/Chronic Condition	31	26%
	Other/unspecified	1	1%
Employment Issues		30	25%
	Job Ended	10	8%
	Fired	4	3%
	Left Job	7	6%
Family		11	9%
	End of Relationship	6	5%
	Death of immediate Relative	4	3%
	Birth of Child	1	1%

\*The table does not report the less commonly cited categories

In-depth interviews provided more information about the role of medical issues in triggering the dynamics that led to homelessness and panhandling. With the exception of one individual, all of those who participated in in-depth interviews had extensive work histories in the formal labor market. Six of the 18 individuals who participated in these interviews identified medical issues, including serious accidents and episodes of chronic illness, as the reason that they left full-time waged employment. Carpal tunnel syndrome, arthritis, uncontrolled diabetes, and lung disease were some of the physical issues cited.

Medical issues also continued to separate these individuals from the job market. Chronic disease was a major issue. Conditions referenced by the full sample were musculoskeletal problems (35%), respiratory issues (9%) and cardiovascular problems (8%). Other conditions noted were vision problems, cancer, diabetes, and epilepsy. Most of these individuals had co-occurring chronic health issues. Of the 18 individuals who participated in in-depth interviews, 15 mentioned concerns about ongoing health issues such as diabetes, asthma, COPD, endocarditis, tuberculosis, progressive eye disease and hepatitis. In some cases, these issues existed before homelessness; in others, they developed afterward. In a third set, the chronology could not definitely be established.

Medical issues may have been exacerbated by the need to rely on emergency rooms for treatment. Emergency rooms provided care for a majority of survey respondents. Forty-six percent reported that they had made between one and four visits in the previous year, and 18% had made between five and eleven visits.

## Discussion and Implications

Our study, which utilizes a mixed methods data set based on survey responses ( $n = 108$ ) and in-depth interviews ( $n = 18$ ) with individuals who were soliciting along roadsides in Austin, Texas, finds that many of these individuals began panhandling after a combination of difficulties caused them to become disconnected from the formal labor market. The effect of these difficulties was exacerbated because they lacked support both from helping networks of friends and families and from public policies and programs. Our findings have two implications.

First, we find that panhandlers are individuals who have been disadvantaged by the failure of multiple public systems and policies, including child welfare systems, educational systems, health care systems, policies that provide support for disabled individuals, and the military. The data that we present indicate that many of these failures occur at points of transition— that is, points at which individuals move out of disrupted families of origin, employment, or the military. This points up the need for agencies that work with at-risk individuals facing similar changes to focus on helping them to develop transition plans.

Second, we find that panhandling is connected to policies that severely restrict benefits for single, working age adults who become permanently or temporarily unemployed. This points up the need to increase access to temporary cash assistance, food stamps and medical assistance for individuals in this category. The national policy environment, however, is currently moving in the opposite direction. The number of states that provide general assistance for this demographic group has decreased, and the number of states that impose work requirements and time limits for access to SNAP has increased. In states such as Texas, that have refused to expand access to Medicaid, passage of the Affordable Care Act has had little impact on this group's ability to access medical care. Given the current direction of policy, our study suggests that panhandling is likely to become an ever-more visible face of extreme poverty and homelessness.

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