

3. Needs Assessment with People Experiencing Homelessness



Photo: Peter Beeler

Understanding access to **Water, Sanitation, and Hygiene (WASH)** and how identified issues can be addressed from the perspectives of people experiencing homelessness.

Background and Context

Background

On September 25, 2012, Governor Edmund G. Brown Jr. signed Assembly Bill (AB) 685, which made California the first state in the U.S. to pass legislation recognizing the human right to water. Today, Section 106.3 of the California Water Code acknowledges that “every human being has the right to safe, clean, affordable, and accessible water adequate for human consumption, cooking, and sanitary purposes” (State Water Resources Control Board, 2022). The human right to water extends to all Californians, recognizing that water is necessary for life and integral to health. However, this right has not been realized equally: over one million people in California still lack access to clean drinking water at home, with many more at risk of not being able to pay their monthly water bill (Al Jazeera America, 2015; Mack & Wrase, 2017). Additionally, a recent study found that nearly one million people in the U.S. lack sustained access to at least basic sanitation, a large portion of whom were people experiencing homelessness (Verbyla et al., 2021).

People experiencing homelessness – who make up an estimated population of more than 160,000 on any given day in the state of California – have some of the worst access to Water, Sanitation, and Hygiene (WASH) (Verbyla et al., 2021; United States Interagency Council on Homelessness, 2022).

One recent study by the San Francisco Coalition on Homelessness examined WASH access and barriers through surveys with 73 people experiencing homelessness in San Francisco. The study highlights the extent to which water access is a problem in San Francisco: 68% of respondents experiencing homelessness face barriers to accessing their daily water needs and 74% access less than the urban minimum standard of 50 liters (13.21 gallons) of water per day (San Francisco Coalition on Homelessness, 2021).

Though people experiencing homelessness have some of the worst access, they are not yet included in the state's efforts to monitor progress in achieving the human right to water (OEHHA).

Context

Varying definitions of **homelessness** are used by different federal agencies. The U.S. Department of Housing and Urban Development (HUD), Department of Veteran Affairs (VA) and the housing assistance programs they administer consider someone to be experiencing homelessness if they are living on the street or in another place not meant for long-term human habitation, such as emergency shelters or transitional housing. They also include people who will “imminently lose” their housing within 14 days or are fleeing domestic violence. Other federal agencies and their programs, such as the Department of Education (ED), use definitions that are broader, including children and youth who are sharing housing with other people due to loss of housing or economic hardship. The U.S. Department of Health and Human Services' (HHS) Runaway and Homeless Youth program considers youth homeless if they are not able to live in a safe environment with a relative and if there is no other safe alternative living arrangement for them (Congressional Research Service, 2020). The varying definitions of homelessness used in these contexts determine who can receive housing assistance and/or other services: under broader definitions, more people are eligible; under narrower definitions, more vulnerable people are excluded from beneficial support services.

Further complicating this landscape, some people might see their own living situation in ways that do not align with definitions of homelessness used by federal agencies and other programs. As one example, some people who meet these definitions might not identify as being homeless. This report uses the term **people experiencing homelessness** to broadly encompass the definitions used by different federal agencies as well as people who are experiencing varying degrees of housing insecurity.

To ensure that the voice and perspectives of people experiencing homelessness were included in and elevated through the Bay Area DACTI Program, a survey was developed in collaboration with partners around the state to characterize access to WASH and understand how gaps could be improved from the perspectives of people experiencing homelessness. This survey was administered to nearly 650 people who had previously experienced or were currently experiencing homelessness from April to July of 2021 in Napa, Marin, and Solano counties, the City and County of San Francisco, and the cities of San Jose, Hayward, and Oakland by two groups that provide direct services and peer-to-peer outreach: the Downtown Streets Team (DST) and Voices Youth Programs (VOICES).

This section of the Regional Needs Assessment report is a synthesis of interviews with people experiencing homelessness to highlight their current lack of access to WASH and elevate their voices in planning processes, as well as to inform next steps toward achieving the human right to water. Additional efforts are needed to understand the scope and settings of the issue to inform and develop meaningful local solutions.

Service Provider Overview



Downtown Streets Team in San Francisco.
Photo Courtesy of Downtown Streets Team

Downtown Streets Team (DST) was founded in 2005 in Palo Alto and now serves 750 unhoused people a year in 16 Bay Area communities. DST believes in treating people with dignity and empowering them to be a part of the solutions to their struggles. DST works with their Team Members, who are volunteers experiencing homelessness or at-risk of experiencing homelessness, on collaborative beautification projects. Team Members receive non-cash stipends to help cover their basic needs, while being able to meet with case managers and employment services to find housing and employment. DST also works to build partnerships between the private sector, government agencies, social service agencies, and communities centered on compassionate and innovative leadership.



VOICES team. Photo Courtesy of VOICES

The mission of **VOICES Youth Programs' (VOICES)** is to empower underserved youth, ages 16-24, by utilizing holistic services throughout their transition from systems of care, while building a loving community and establishing a solid foundation for a healthy future. At the core of VOICES are youth-led programs designed to address the independent living, housing, education, employment, and wellness needs of transition-age youth. Since 2005, VOICES has provided comprehensive services to over 6,000 young people exiting various systems of care. Over the last ten years, VOICES has successfully expanded its programs into Napa, Sonoma, Santa Clara, Solano, and Monterey counties. This growth has allowed VOICES to broaden its work beyond being a service provider and leader in youth-led programming to being an important advocacy body that empowers and prepares young people to confront tough policy issues that impact their lives and opportunities.

Survey Design

Many groups and individuals supported the development of this survey effort by providing thoughtful feedback and sharing details about their work and experiences. This effort is bolstered by their insights and contributions and stands on the shoulders of the efforts of many others.

Two surveys, a short and an extended version, were designed in partnership with DST, VOICES, and other thought partners around the state to gather perspectives and recommendations for improving access to WASH from people experiencing homelessness.

Both surveys included multiple-choice and open-ended questions about access to water for drinking, sanitation, and hygiene. Open-ended questions regarding how people experiencing homelessness are accessing water for various purposes provided qualitative insights, allowed participants to drive the conversation, and did not limit possible answers to only those that were pre-determined. Multiple choice questions about how participants access water for that purpose were based on service ladders developed by the Pacific Institute to adapt the United Nations and World Health Organization WASH standards to the California context (Feinstein, 2018). The short version was meant to make the survey more accessible and gather more responses.

Data Collection

VOICES conducted 195 (191 long and 4 short) surveys with people, primarily youth, experiencing homelessness in Alameda, San Francisco, Contra Costa, Solano, Sonoma, and Napa counties. DST conducted 453 (154 long and 299 short) surveys with people, primarily adults, experiencing homelessness in Marin County and the cities of San Jose, Oakland, San Francisco, and Hayward. Approximately 22 additional surveys were started, but information other than demographic data was not collected. Both groups began their outreach for this effort with people they serve and with whom they have ongoing relationships. They then expanded their outreach to people experiencing homelessness at shelters, encampments, mobile showers, churches that provide services, and other areas. In total, 648 surveys were completed, 345 of which were long surveys and 303 were short surveys.

Stipends or hygiene kits were provided for all participants to compensate them for their time and for sharing their experiences. Blue Shield of California graciously provided funding for stipends to the Downtown Streets Team effort, since the DACTI Program was unable to do so due to grant restrictions that prohibit the use of grant funds for stipends, food, and childcare. VOICES provided hygiene kits to participants.

Data Analysis

Multiple-choice questions were analyzed quantitatively. Open-ended responses were categorized by theme and analyzed for frequency of each category. Survey questions that were the same in both the long and short surveys were analyzed together. Results for all participants are reported in the text and are broken down by those who participated in the VOICES effort and the DST effort in graphs to compare differences in the populations with whom each service provider engaged. DST primarily works with adults, and VOICES primarily works with youth, though there is a small amount of overlap in age between the two groups that participated. This approach, informed by VOICES staff, was used because of the unique ways youth can experience homelessness or housing instability. Cross-tabulations were run to gain a more granular understanding of how factors such as living situation intersect with barriers to WASH access.

Limitations and Lessons Learned from DST and VOICES

Although DST team members and youth served by VOICES reviewed and gave feedback on survey drafts, the survey was not piloted due to time constraints, and valuable lessons could have been learned prior to the full effort, as detailed below.

In designing the survey, the DACTI Program Team and thought partners tried to balance the goals of gathering detailed information to inform solutions and next steps with a survey that would take a minimal amount of time, to avoid survey attrition. Still, some participants provided fewer or no responses toward the end of the survey. Some participants did not respond to certain questions for other stated reasons, such as not answering demographic questions because they did not want to provide personal information. Some questions were misinterpreted; for example, some participants simply responded, “yes” or “no” to the question, “How has your access to water...changed since the beginning of the COVID-19 pandemic,” rather than providing details about how. Some participants answered follow-up questions but not the initial question; for example, some participants answered, “If yes, where?” but not the prior question, “Do you have access to a shower or bath?”. In general, more multiple-choice questions, rather than open-ended questions, were answered. From the perspective of DST and VOICES staff, participants with whom they had existing relationships were more likely to finish the survey, rather than participants who were approached at service areas without a preexisting relationship.

Additionally, with limited time and resources available, surveys were conducted using paper and pencil, with varying levels of legibility in recorded responses. This resulted in the loss of some answers. Surveys were also conducted in English; as a result, those with limited English proficiency were not able to participate. In some cases, it would have been helpful to have been able to follow up with participants to learn more about their experience and specifically where particular services would be most useful to them.

The DACTI Program team recommends that any follow-up efforts:

- use electronic surveys to avoid varying levels of legibility in recorded responses;
- conduct surveys in other languages in addition to English to ensure perspectives from different languages are included;
- record interviews so answers can be reviewed;
- plan to have multiple conversations with respondents to follow-up on any answers that lead to further questions;
- and ask about the services needed in specific locations to inform solutions.

Follow-up efforts could also benefit from using a shorter, multiple-choice survey conducted with someone who has gained the trust of the person responding. Of course, an advantage in one arena could be a limitation in another. This effort only reached certain people, and likely oversampled for people who do have access to some services, as many were connected already to DST and VOICES or surveyed at a shelter. It is important to consider how the response might be influenced by who is asking the questions.

The DACTI Program team worked to ensure that the survey process itself could provide a small benefit to the participants in exchange for their time spent, in the form of a stipend or hygiene kit provided by Blue Shield of California and VOICES. However, it is possible that the stipend functioned as an incentive, which could have biased respondent groups. Some surveys were filled out minimally, potentially due to interest in the incentive and not in the survey.

The findings from this assessment are best understood within the context of these circumstances and limitations.

Please see pages 72-73 for examples of short and long survey questions.

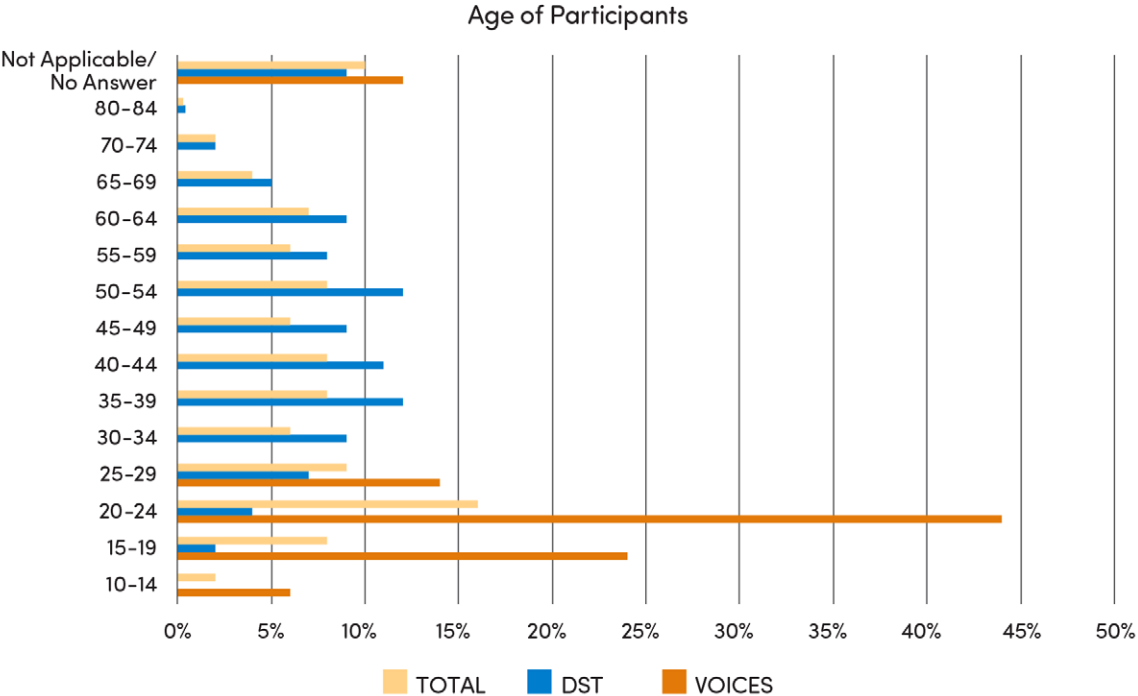
Results: Summary of Responses

(Percentages presented in graphs below represent percentages of participants who were asked each question).

Demographics of Participants

Age

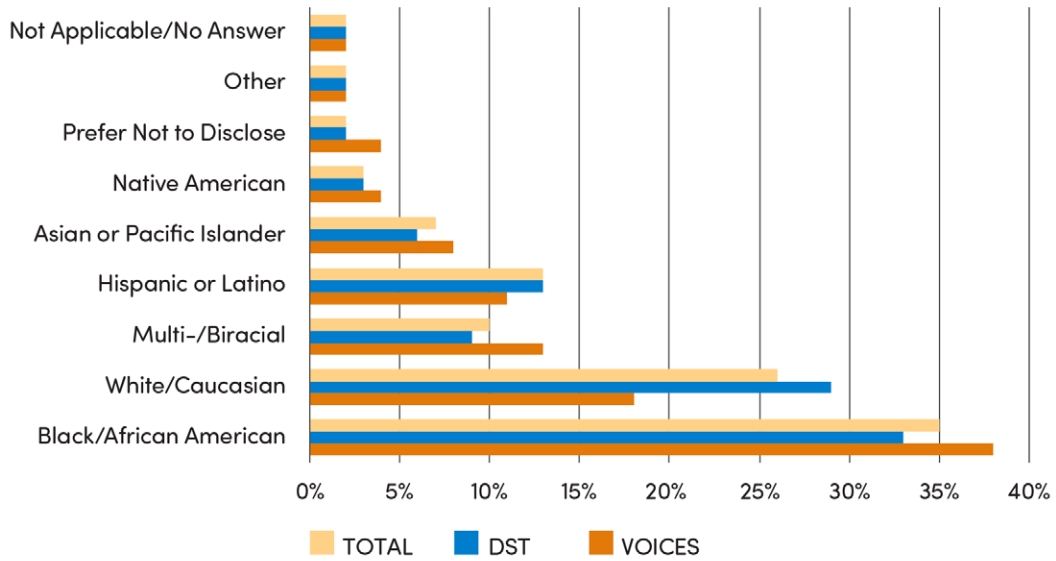
The overall age range of participants was 10 to 82. The age range of the 195 people who participated in the VOICES effort was 10 to 29 years, with the majority of participants aged between 15 and 24. The age range of the 453 people who participated in the DST effort was 17 to 82, with the majority of participants aged between 30 and 64.



Race/Ethnicity

As noted elsewhere and underlined in this study, experiencing homelessness and lack of access to water intersect with disability justice and racial equity. Of those participants who answered and disclosed (n=618), the majority (72.8%) identified as either a race other than white or as biracial (including white and another race), reflecting a much larger proportion of people of color in the unhoused population. In particular, the Black or African American population is overrepresented, especially in the VOICES effort (38%), where this population represents more than double the second most frequently specified race or ethnicity: white (18%). For comparison, according to the 2020 census, 35.8% of Bay Area residents identify as white, 27.7% Asian, 24.4% Latino, 6.5% other, and 5.6% Black.

Race/Ethnicity of Participants

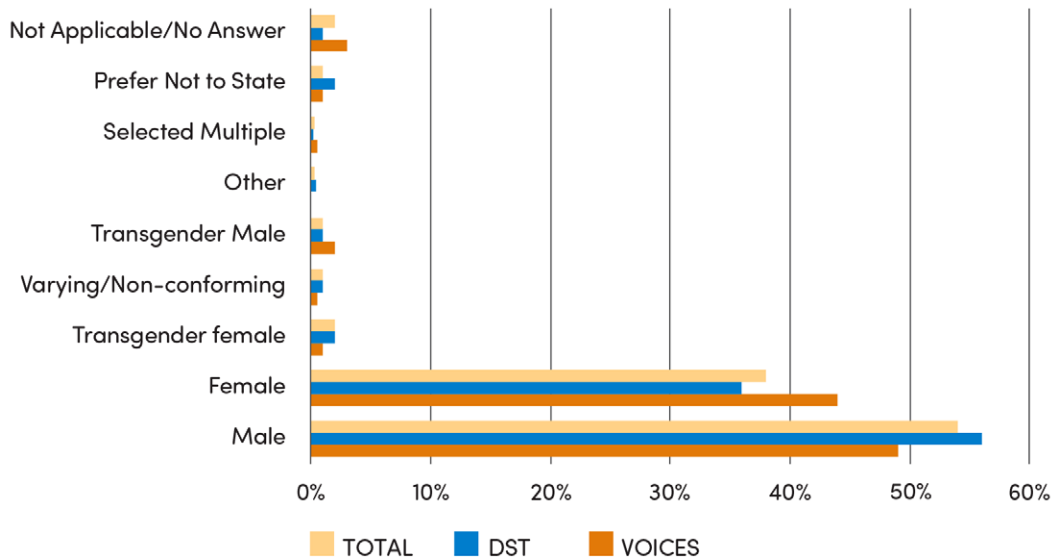


Austin and Michelle Blue, living in a van in San Francisco during the COVID-19 epidemic, worry about their health and safety with limited ability to shelter in place. Photo: Karl Nielsen

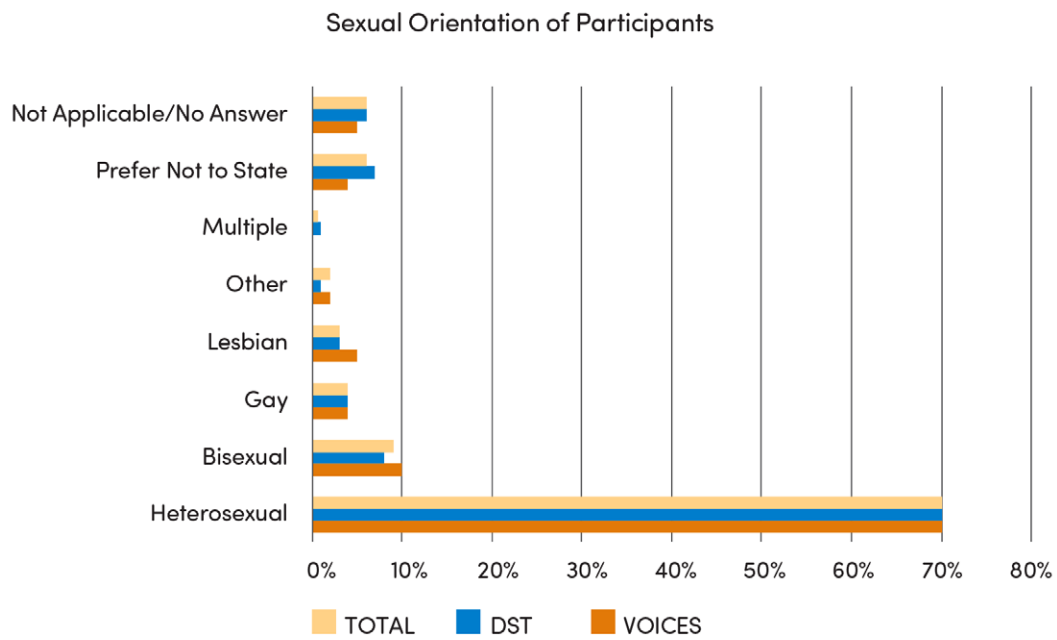
Gender

The majority of both VOICES and DST respondents identified as male, though the relative proportion of male respondents was higher in the DST effort.

Gender Identity of Participants

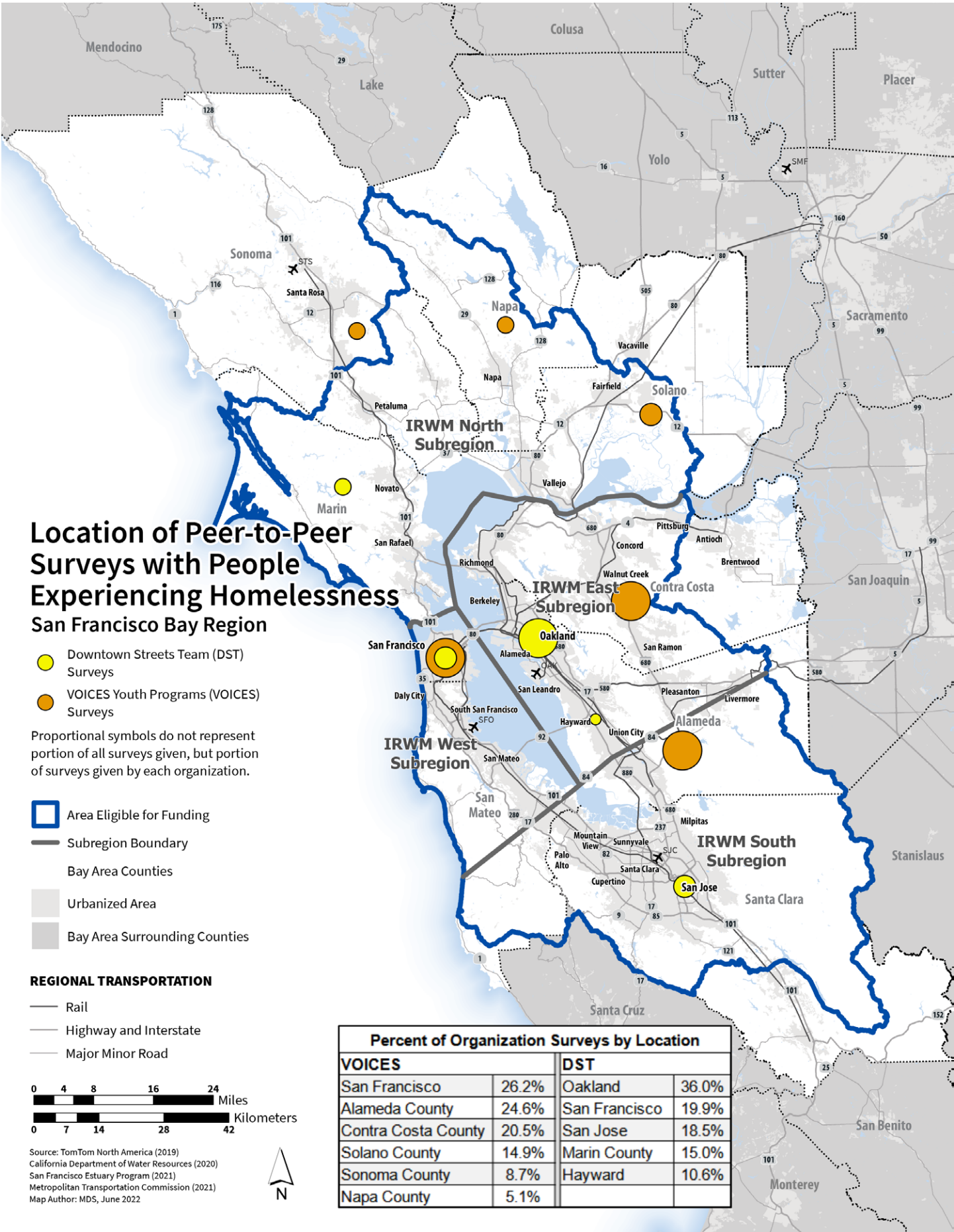


Sexual Orientation



Locations of Surveys

The surveys were conducted in many locations: on the street, at welfare offices, at the VOICES office, in shelters or other service centers, at hotels, Single Room Occupancies (SROs), shopping centers, stores, cafés, encampments, parks, freeway underpasses, boats, hospitals, churches, Quaker meeting houses, markets, methadone clinics, libraries, BART stations, schools, and other locations. Additionally, some of the VOICES surveys were conducted by phone with youth who are part of their programs. Some surveys didn't share a location that was more specific than the city or county in which it was conducted because participants did not want to provide more specific information.

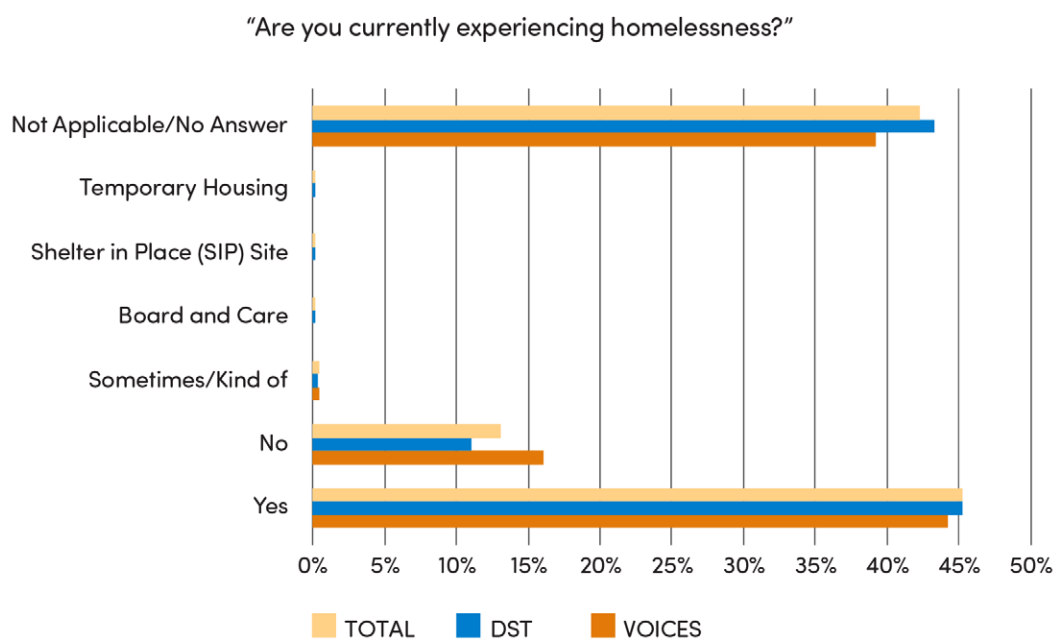


Source: TomTom North America (2019)
 California Department of Water Resources (2020)
 San Francisco Estuary Program (2021)
 Metropolitan Transportation Commission (2021)
 Map Author: MDS, June 2022

How Respondents are Experiencing Homelessness

The first question surveyors asked participants was, “Are you currently experiencing homelessness?”

Overall, participants most frequently (44.6%) responded “yes”, they are currently experiencing homelessness. Some participants (12.8%) responded “no”, including some who explicitly said they used to or are not currently. A few participants (0.5%) responded kind of or sometimes, and a few (0.5%) – all from the DST effort – wrote in a specific living situation, including board and care (nonmedical community-based residential settings that provide some services such as meals), a Shelter in Place (SIP) site, and temporary housing. Many (41.7%) participants did not respond to this question or their responses were not applicable.

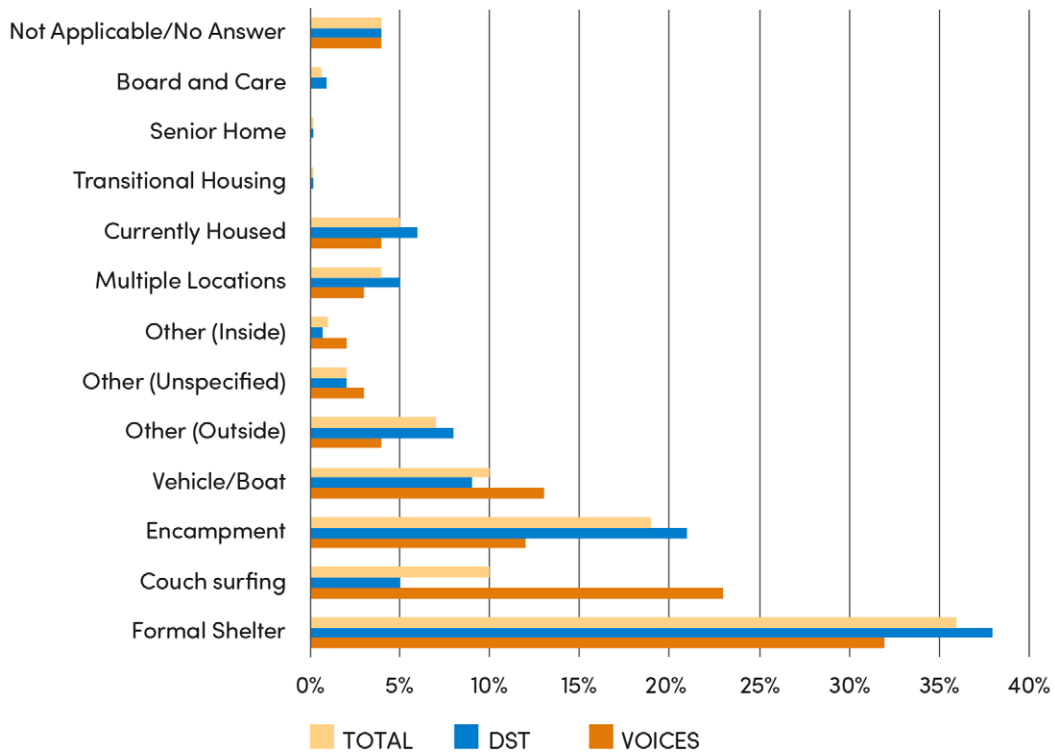


This question was followed by asking about the participant’s current living situation. Notably, some who responded that “no” they are not currently experiencing homelessness reported living in formal shelters, couch surfing, in vehicles/boats, outside, or in other unstable living situations. While 23 (28%) of the 82 participants who responded “no” they are not currently experiencing homelessness reported being currently housed, 26 (31.7%) reported staying in a formal shelter, eight (9.8%) were couch surfing, and twelve (14.6%) did not specify their living situation. The rest were living in “room/board” or board and care (3.7%), SROs (2.4%), encampments (2.4%), a senior home (1.2%), outside (1.2%), and foster care (1.2%) and “other” (4.9%). Those who responded they are “kind of” or “sometimes” experiencing homelessness all said they were in living in multiple locations or in a formal shelter.

Clearly, different people and groups define homelessness differently, and how the federal and state government views homelessness might not align with how people see themselves or their situation. For example, for some people who are living in shelters or couch surfing, the phrase “experiencing homelessness” is equated to living on the street. Additionally, many people who are unhoused might not want to see themselves as unhoused, even if they are only able to be in a shelter at night. Potentially due to these reasons, “are you currently experiencing homelessness?” was one question most frequently left unanswered.

This reluctance of many respondents to identify as experiencing homelessness has implications for how qualifiers for receiving WASH services are communicated. If they are not communicated inclusively, some people might not believe that they qualify. Additionally, if WASH services are only targeted at people who are living in encampments or on the street, some people who do not have adequate access will not be reached.

Current Living Situation of Participants



Participants most frequently reported living in a formal shelter (36%), including being housed through a SIP site or a hotel housing people during COVID. Some of these participants specified that they are living in a winter or temporary shelter, meaning that they do not stay in a shelter year-round.

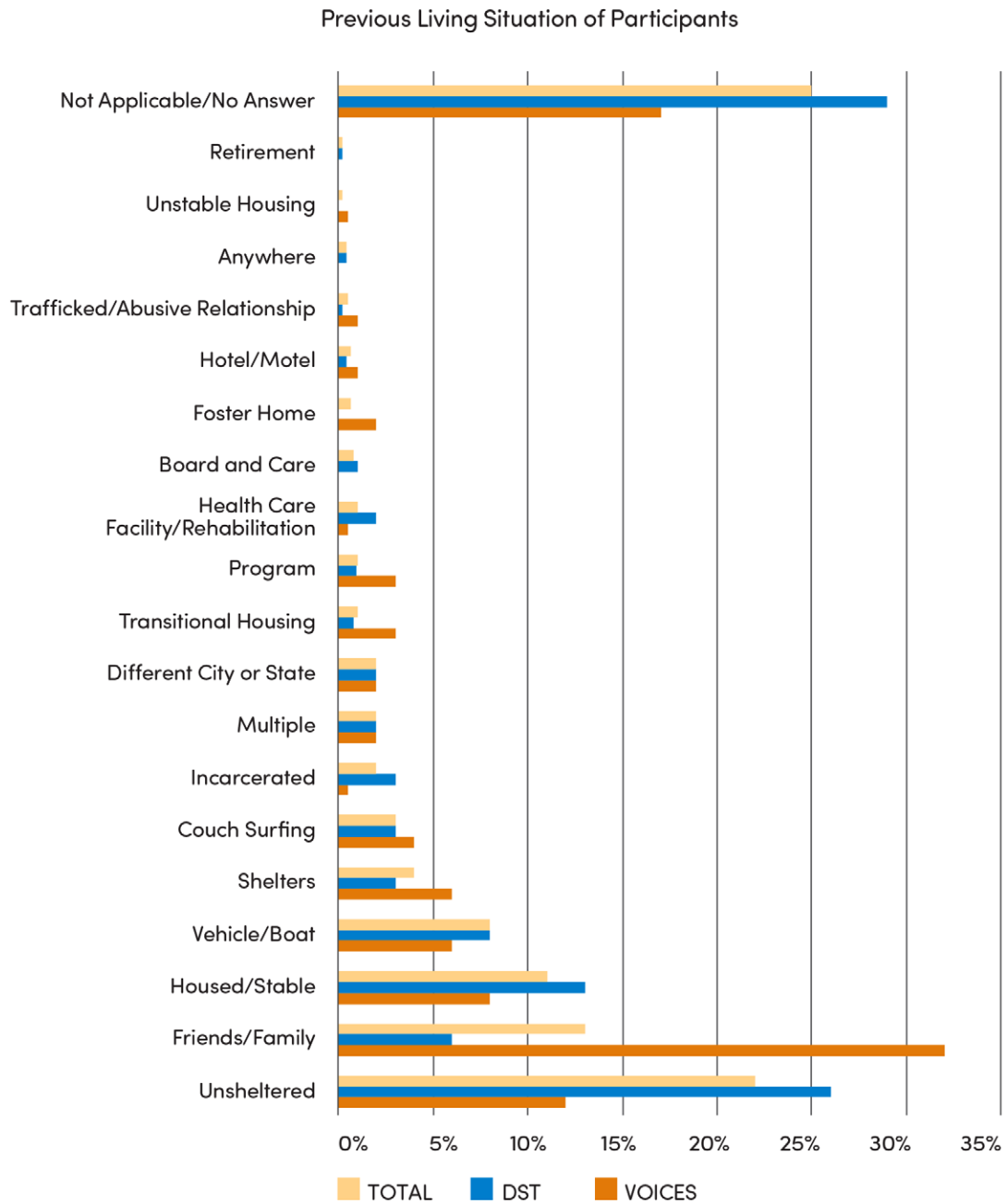
For VOICES participants, the next most common response was couch surfing (23.1%), compared to only 4.9% of the DST responses, highlighting the reliance of the population that participated in the VOICES effort on relationships for shelter. VOICES participants were next most often housed through living in a vehicle or boat (12.8%), encampment (12.3%), or outside (4.1%), including on streets, benches, BART stations, and parks.

The second most common living situation of the DST participants was staying at an encampment (21.2%), compared with only 12.3% of VOICES participants. DST participants were next most often housed through vehicles or boats (9.1%) or outside (8.4%). Several DST respondents wrote in a specific living situation, including transitional housing, senior home, and board and care.

VOICES and DST staff provided the perspective that some of their participants who said they are now housed have experienced homelessness in the past or are currently in unstable housing. A few (4%) of participants responded with an answer that was not applicable or did not respond.

Previous living situation

Participants reported living in many different situations before their current situation. VOICES participants were most frequently previously living with family or friends, and DST participants were most frequently unsheltered. This question was often left unanswered.



Quotes from participants regarding their previous living situation:

“I was staying with my parents but then they kicked me out.”

“Lived with father since 2000. Found him dead in bed, house torn down and here I am.”

“Housed, [I lost] my place because the pandemic, job.”

“\$130,000 a year income, 3 bd home, Full time work as a Women’s Prison Substance Abuse Counselor.”

“College housing situation.”

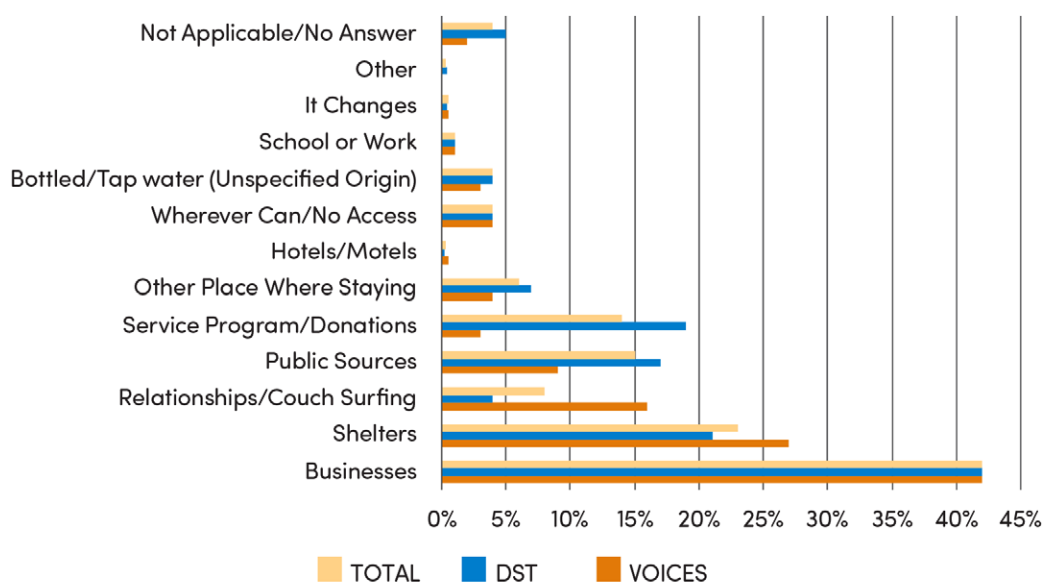
“Homeless with mom.”

“San Francisco living in my car that is now impounded.”

“I got sick and lost my place.”

Access to Drinking Water

How Participants Access Drinking Water



Participants most frequently said they access drinking water through businesses (42%), including through buying it, asking for it for free, using free outdoor spigots at gas stations, looking for thrown away empty bottles in store bathrooms, or stealing it. Business frequently mentioned by participants include gas stations, grocery stores, liquor stores, corner stores, and fast-food restaurants.

For those with limited resources who do not have access to another source of drinking water, buying water can necessitate trade-offs. Some participants specifically mentioned buying water with food stamps, which are limited and needed to purchase food. Additionally, when asked how their access to drinking water has changed due to the COVID-19 pandemic, some said that they had to pay for water more during COVID due to less access to free sources. Those who do not have enough money to buy water or cannot make these trade-offs are forced to go without or to ask for and rely on the kindness of others, which can be embarrassing, or put them at risk by stealing to meet a basic need. Some participants mentioned being turned away or discriminated against, which was also heightened by the pandemic. Many participants living in shelters said they get drinking water from the store, potentially highlighting a gap in meaningful service.

Next most frequently (23%), participants reported accessing drinking water through shelters (e.g., the fridge, tap, filters, getting water from staff, vending machine, water bottles). Slightly more VOICES participants rely on accessing water through shelters (27%) than DST participants (21%). Most often, it was participants staying at shelters who responded that they rely on shelters for water access, though some living in encampments, in vehicles/boats, and in multiple situations also said they access drinking water through shelters. If shelters are not continuously open or accessible, this can limit many peoples' primary access to drinking water.

Participants next most frequently responded that they access drinking water through public sources (15%), followed by service programs or donations (14%), then relationships (8%), including couch surfing, family, friends, neighbors, and significant others.

While only 2.6% of participants in the VOICES effort said they get water from a service program or through donations, 19% of DST participants rely on donations or service centers, including churches such as Glide in San Francisco, and health facilities for drinking water, highlighting the large role service providers are playing in providing access to drinking water in this population. Additionally, nearly twice as many DST participants (17% DST compared to 9% of VOICES participants) said they access drinking water through public sources, including drinking fountains and spigots in libraries, parks and yards, as well as fire hydrants. In both populations, public sources were most often mentioned by people living in encampments, vehicles or boats, or other places outside not meant for human habitation, highlighting the challenges of accessing water for drinking, sanitation, and hygiene purposes for those without access to a building with plumbing. Conversely, in the VOICES effort, informal networks of family and friends were found to be filling many gaps in existing services that provide access to water (16%). Only 4.4% of DST participants said they get drinking water through relationships.

A few participants (4%) participants said they access drinking water anywhere they can and whenever they come across it, including finding water bottles and natural sources such as creeks. Of these, one participant specifically mentioned collecting and filtering water from natural sources such as creeks, and one said they get water from the ocean, highlighting the lack of a clear, reliable source of drinking water for some people experiencing homelessness. One participant mentioned that to drink water, they must beg for it.

A few participants (3.5%) said they drink bottled water or from the tap or water tank but didn't specify where these sources are or how they access them. A small portion of respondents get drinking water from school or work (1%), and for a few, it changes (0.5%).

Two DST participants (0.3%) gave "other" answers, one who said they are living in an encampment and one who said they are living in a vehicle or boat both said they get their drinking water from a "room." 4% of participants did not respond.

Some participants reported that they access drinking water through multiple means. Findings about drinking water sources do not add up to 100% because percentages represent the number of participants who mentioned each source.

Quotes from participants about access to drinking water:

“I don't have any access to any water to wash, clean, or drink. Access to it all is a step for me.”

“Water shouldn't be a luxury, but it is.”

“[I get my water from] church. No money means no water. [Water costs] \$7.00 at least.”

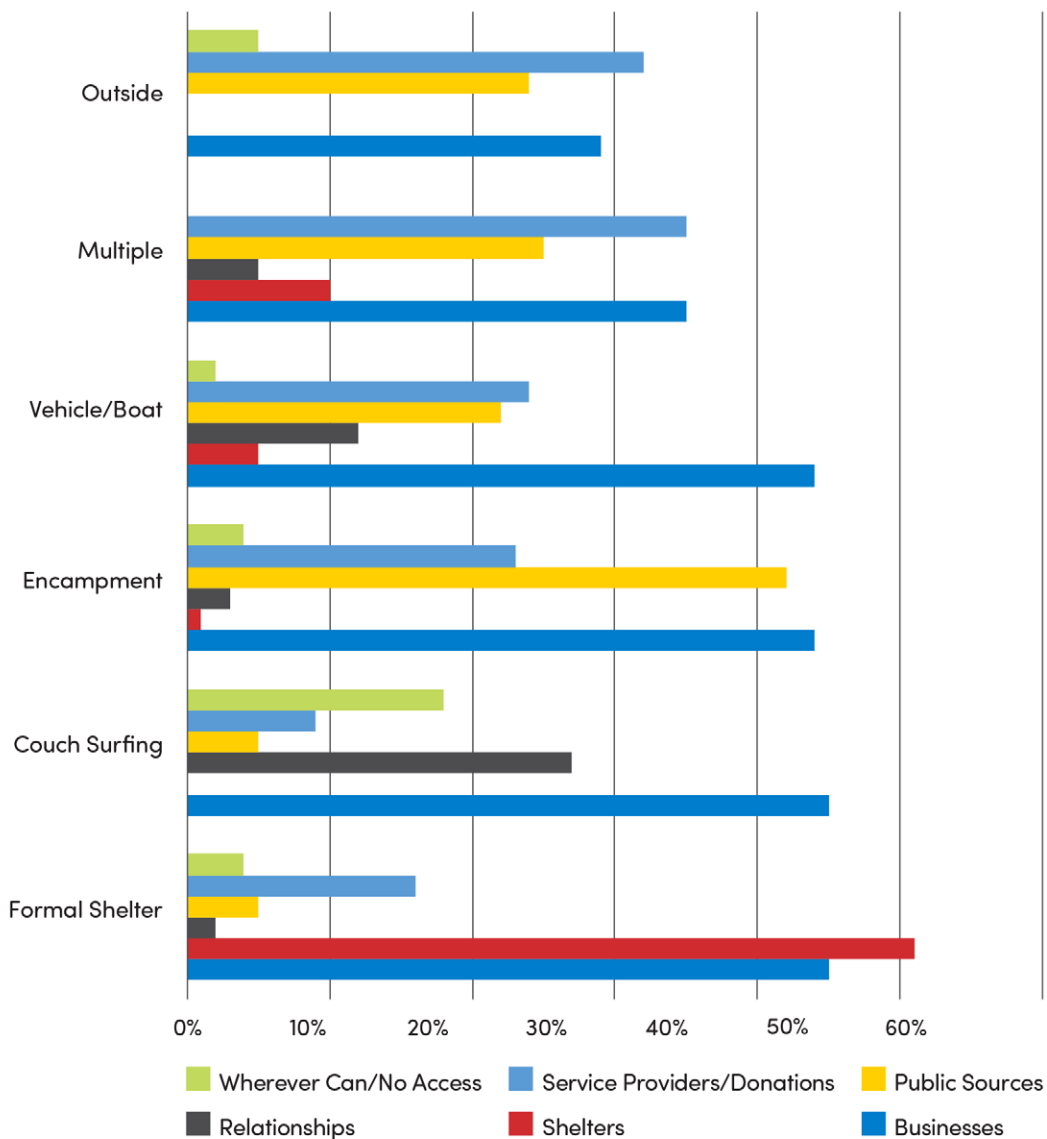
“While I was living in a tent, I would get water from people who do homelessness outreach i.e. Lifelong Medical trust. Today I get water bottles and through [trailer] faucet.”

“Now on site [at the shelter], but before I use to go to grocery stores, fast food restaurants or steal it.”

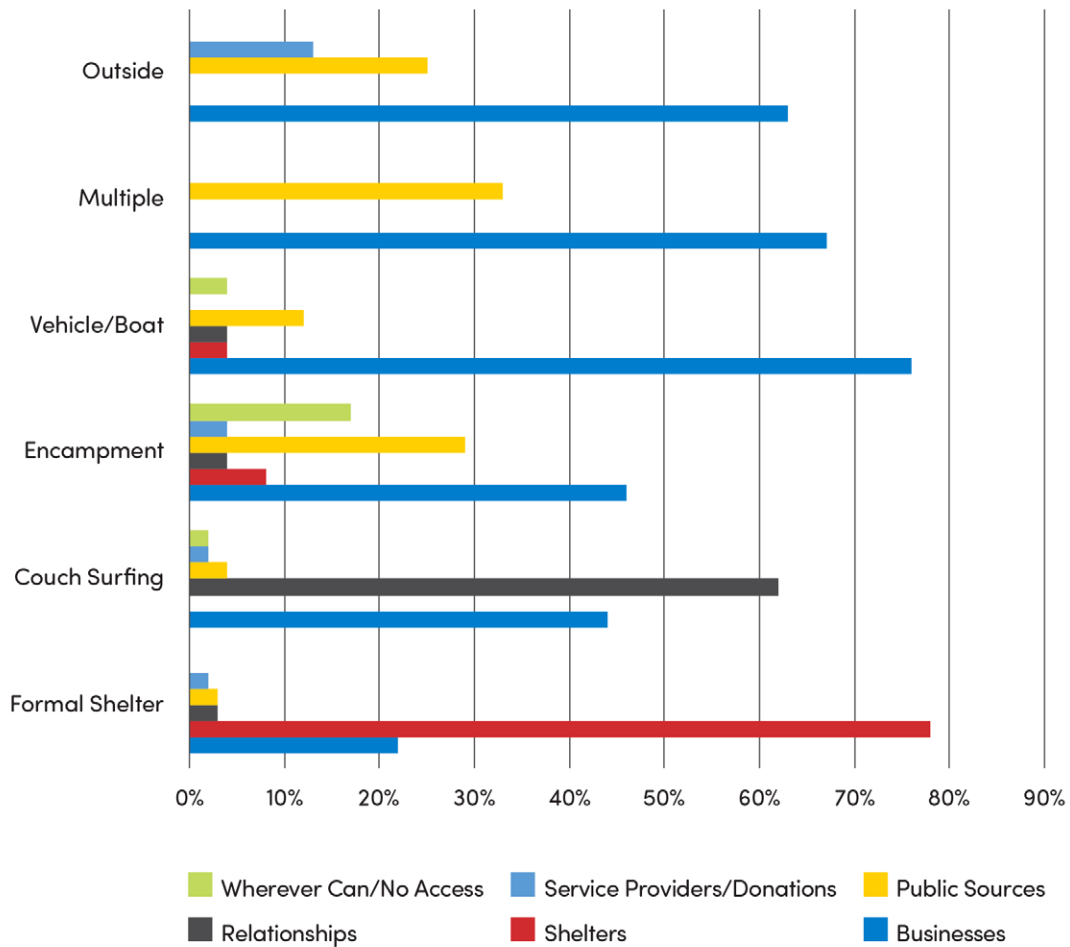
“Faucets in peoples' yards.”

“Anywhere – from creek, residential, park, store if able or possible.”

How DST Participants Living in Most Common Situations Access Water for Drinking



How VOICES Participants Living in Most Common Situations Access Water for Drinking



Living situations and access to water are closely connected. Overall, most participants who had access to a building with plumbing—through a shelter, relationships (friends, family, neighbors), school, work, or a service provider—reported being able to access drinking water through it, at least some of the time.

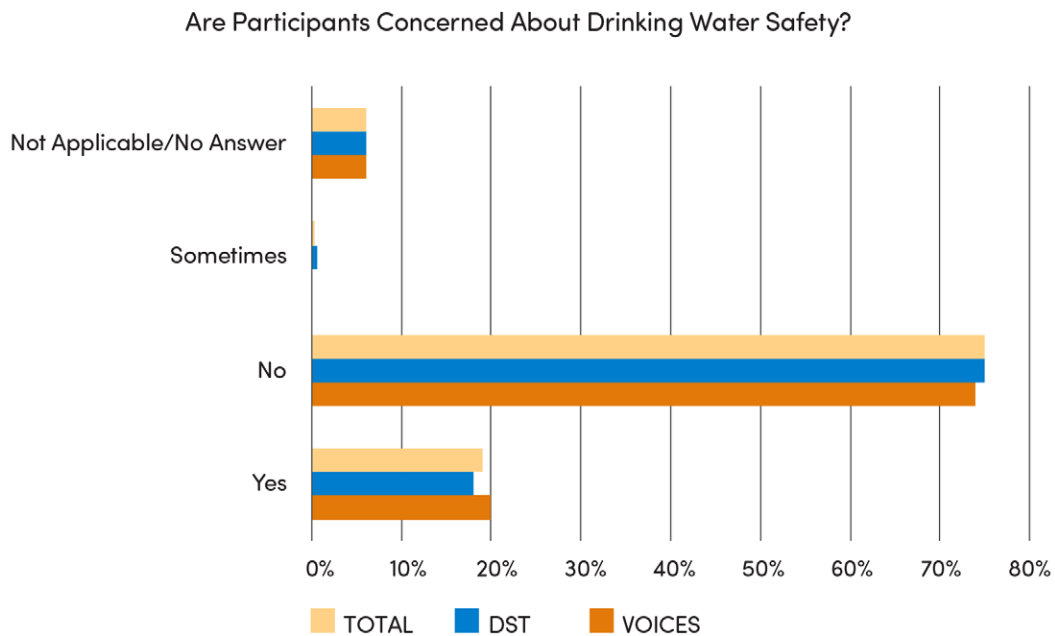
Notably, participants who were living in encampments, vehicles/boats, in multiple situations, or outside (on the street, on BART benches, etc) were much more reliant on public sources and service providers than those living in formal shelters or couch surfing.



Photo Courtesy of Downtown Streets Team

Concern about drinking water safety

Almost one-fifth (18.8%) of long survey participants expressed concern about the safety of their drinking water or their ability to safely access it.



Those who answered the follow-up question, “if yes, why?” often mentioned they were concerned for their safety due to lack of access, water being too expensive, or concerns regarding water quality. Some participants mentioned natural sources of water that are not meant for human consumption, which can have implications for their health. Some who said “no” they are not concerned for their safety explained that if you are thirsty enough you will drink anything, or that they do not have a choice.

Quotes from participants about concerns regarding safety of drinking water:

“Due to covid fountains were closed and I [am] worried about safe water.”

“Absolutely I do not have choice or autonomy leaving me to make decisions based on survival.”

“It’s hard when you always have to buy it.”

“Yes, everything they give us is polluted.”

“There is rust and dirt in the water from the spigot.”

“Sometimes I don't have money to buy water and don't think the local water fountains are healthy.”

“I know it’s dirty but that’s what I can get.”

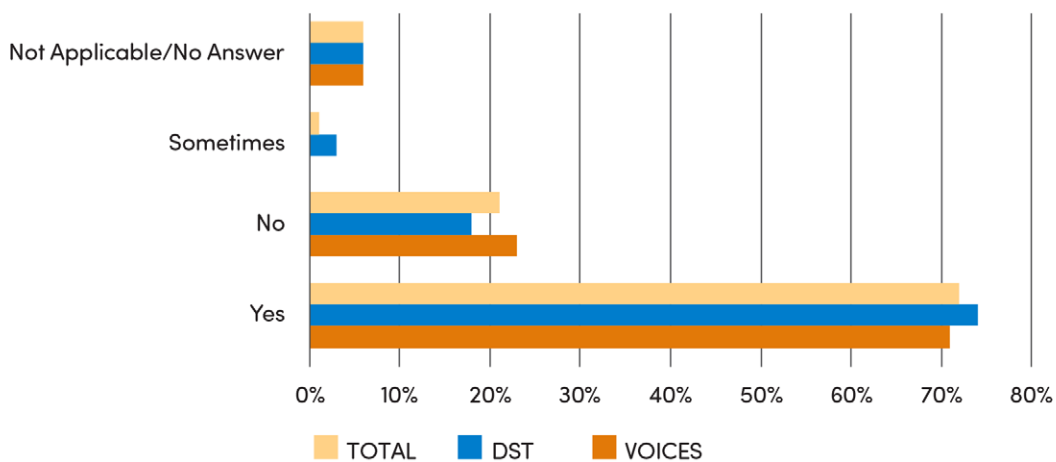
Access to Sanitation and Hygiene Facilities

Water is one of the most fundamental resources for maintaining health and hygiene. Participants were asked separately about access to restrooms and handwashing, showers, and laundry facilities to understand any differences in access, and how these services can each be improved from the perspective of people experiencing homelessness.

Access to restroom and handwashing facilities

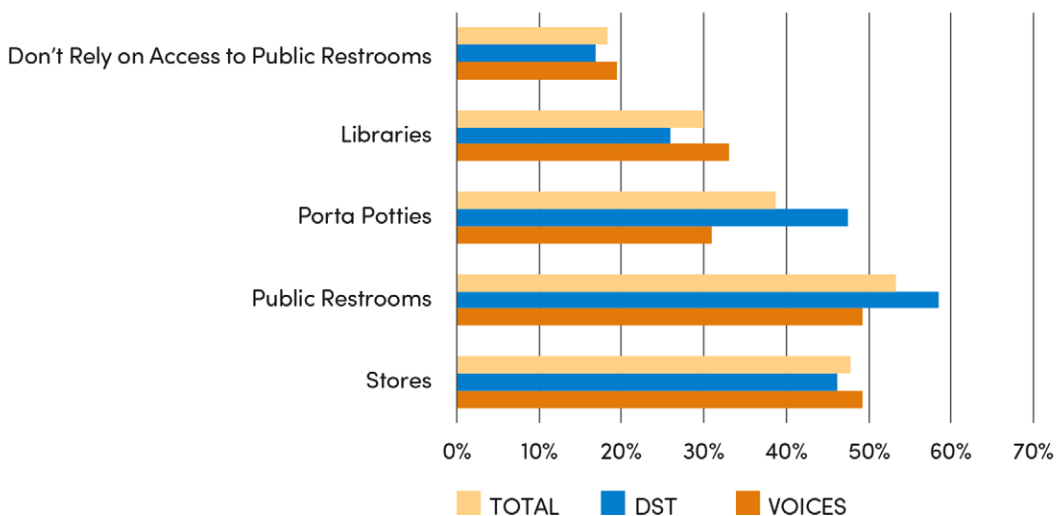
The majority (72%) of long survey participants responded “yes” they have access to a restroom where they live, though a few (1.2% overall) specifically mentioned that their access where they live is outside or at a gas station nearby. Just over one-fifth (21%) of participants said “no” they do not have access to a restroom where they live, most of whom were living in vehicles or boats, or outside, in encampments, on streets and other outdoor places. A few (1.2%) participants said they have access where they live “sometimes” and 6% did not respond, or their answers were not applicable or illegible.

Do Participants Have Access to a Restroom Where They Live?



While most participants reported having access to restroom facilities where they live, a significant number said “yes” when asked if they rely on public restrooms (53%), stores (48%), and porta-potties (39%). Some (30%) rely on libraries. Almost one-fifth said they do not rely on public restrooms. Some participants did not select yes or no for any of the prompts regarding reliance on specific restroom sources.

Participants Who Responded “Yes”
They Rely on the Following Sources for Access to Restrooms



Long survey participants were asked if there are ways they access restrooms that were not mentioned, and short survey participants were asked where and how they usually access restroom and handwashing facilities. In response to these related questions developed to gather additional details about access to restrooms, participants often said they use public facilities such as BART stations, access restrooms through relationships (friends, family), service providers, businesses, and work or school, or use the outdoors.

Quotes from participants about access to restrooms:

“[I] trespass on construction sites, lucky's, safeway, parks.”

“Park bathroom, hotel, or bush. Water bottle or sink.”

“Greyhound bus station.”

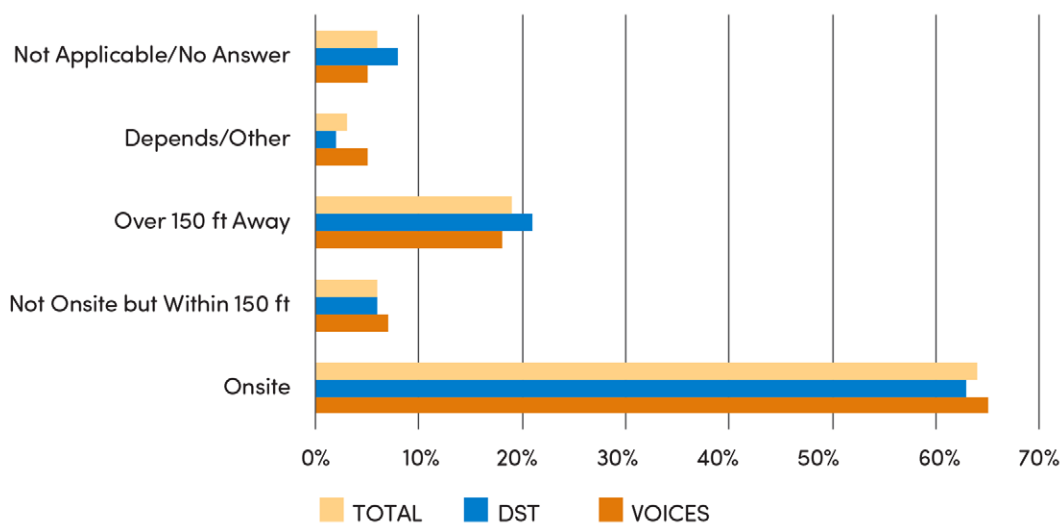
“Uses coffee cups (self-contained).”

“Washes hands in bay, goes to bathroom in bay.”

“When I was homeless I would get a gym membership.”

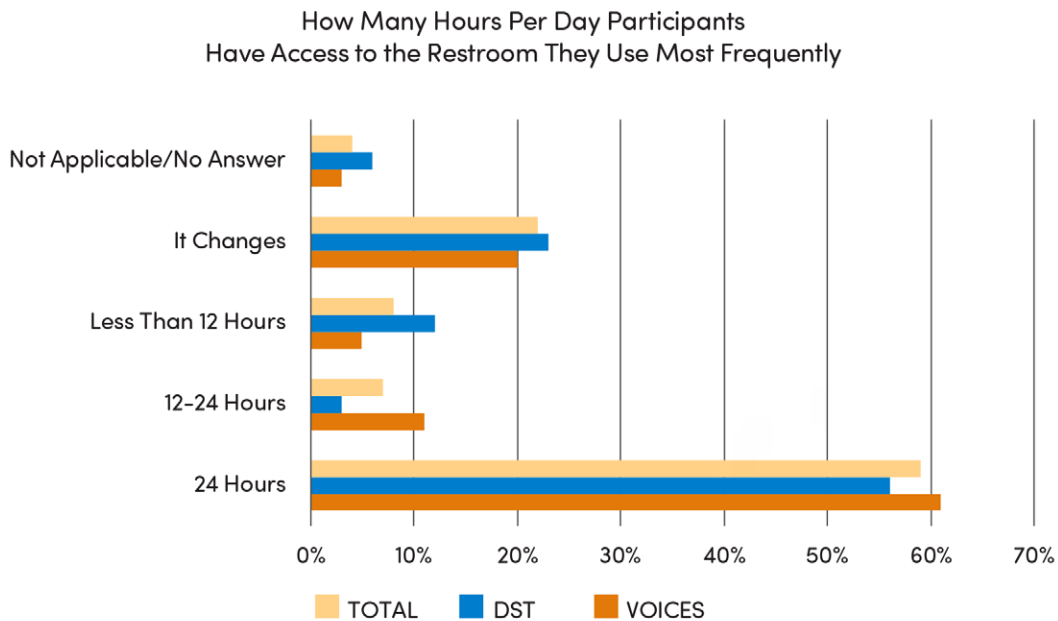
When asked about the proximity of the nearest restroom facility to where they live, only 64% of long survey respondents said they have access to a restroom onsite. Almost one-fifth (19.4%) of participants must travel over 150 feet for access, some of whom mentioned needing to take public transportation to use the restroom. Some (6%) participants have access within 150 feet but not onsite. For 3% of participants, the distance they must travel changes based on where they are staying at the time, is “within walking distance”, or they use whatever restroom they can find (Depends/Other). The response options were based on U.N. Standards adapted to the California Context (see Feinstein, 2018).

Distance to Nearest Restroom From Where Participants Live



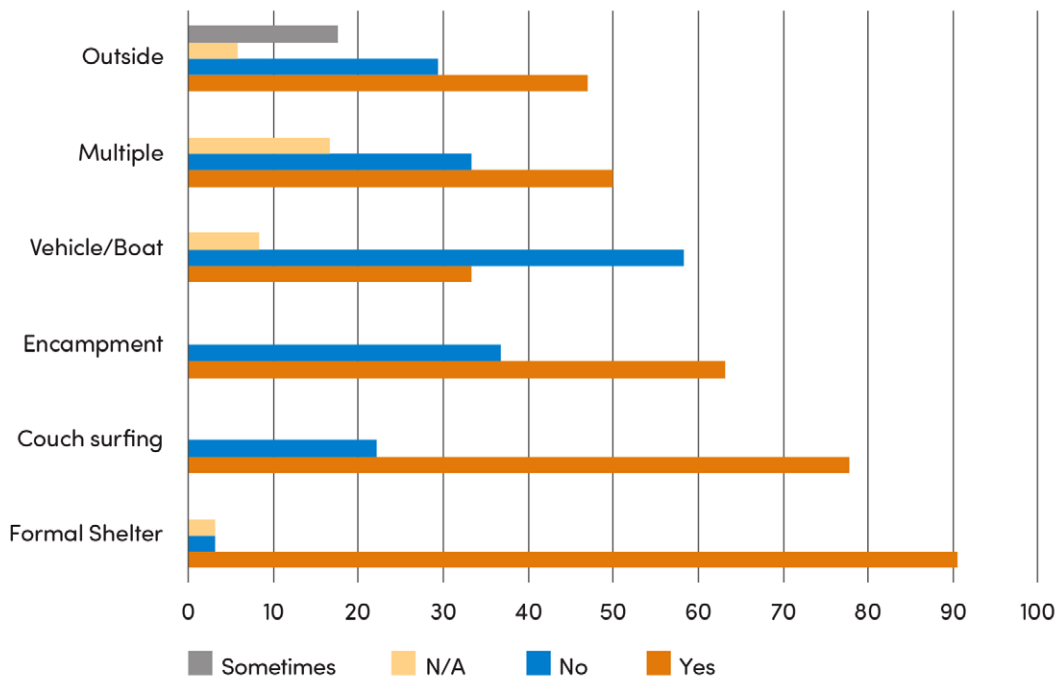
As detailed above, some participants who explicitly said “yes” they have a restroom where they live provided details that this access is “outside” or in a nearby store or gas station. Similarly, some of those who chose “on site,” when asked about the distance the nearest restroom from where they live, explained that they were speaking about a restroom that is one block away, providing insight into how participants think about having access to a restroom where they live.

Most participants (59%) have 24-hour access to restrooms. However, many do not: 7.2% have access between 12 and 24 hours a day, 7.8% have access for less than 12 hours a day (when they don't have access to businesses, work, or other spaces with limited hours), and for 22% of respondents, it changes, highlighting the tenuousness of access to restrooms for many people experiencing homelessness. Some participants who said they have 24-hour access included in their response that their access is 24 hours because it is on the street. For those who do not have access to restroom facilities and need to use the street, this puts them at risk to meet a basic need. 4.1% of participants did not respond or their response was not applicable.

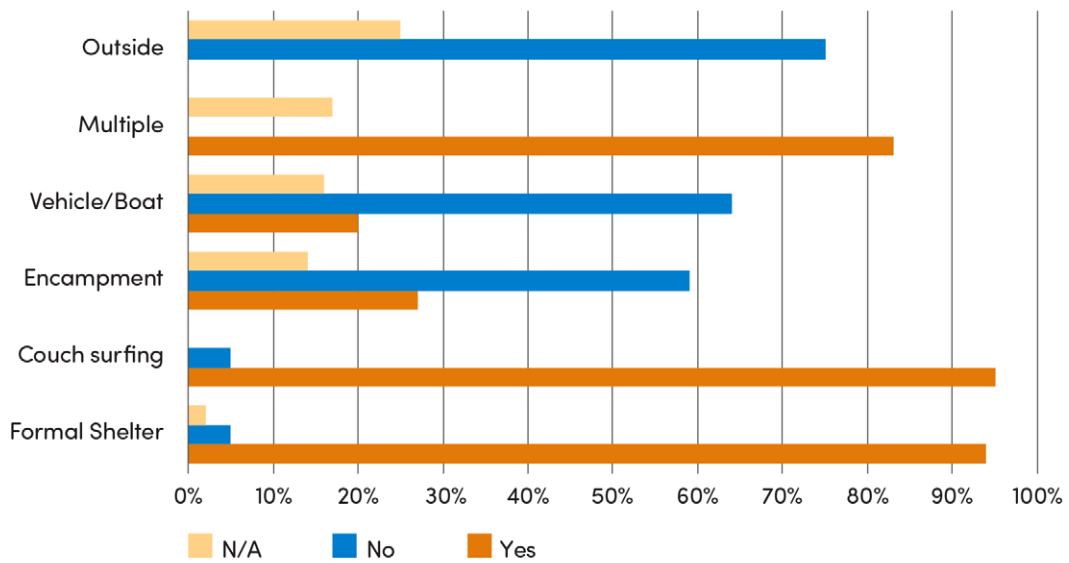


Similar to access for drinking water, access to restrooms is also closely related to living situations. Those living in situations without access to a building with plumbing were much more likely to not have access to a restroom where they live and to rely on businesses, public restrooms, service providers and programs like churches, or relationships or couch surfing to access restrooms. Participants in the DST effort who were living in encampments or outside were more likely than those in the same living situations in the VOICES effort to respond that “yes” they have access to a restroom where they live.

Do DST Participants Living in Common Situations Have Access to a Restroom On Site?



Do VOICES Participants Living in Common Situations Have Access to a Restroom On Site?

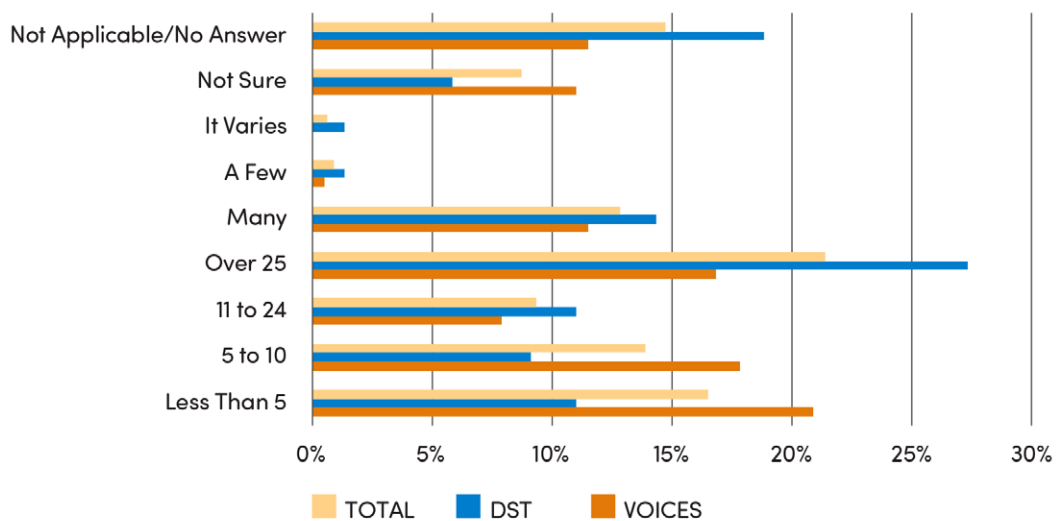


Maintenance, cleanliness, and safety of restroom facilities

Maintenance, cleanliness, and safety are important parts of accessibility because they ensure that restrooms are meaningfully usable.

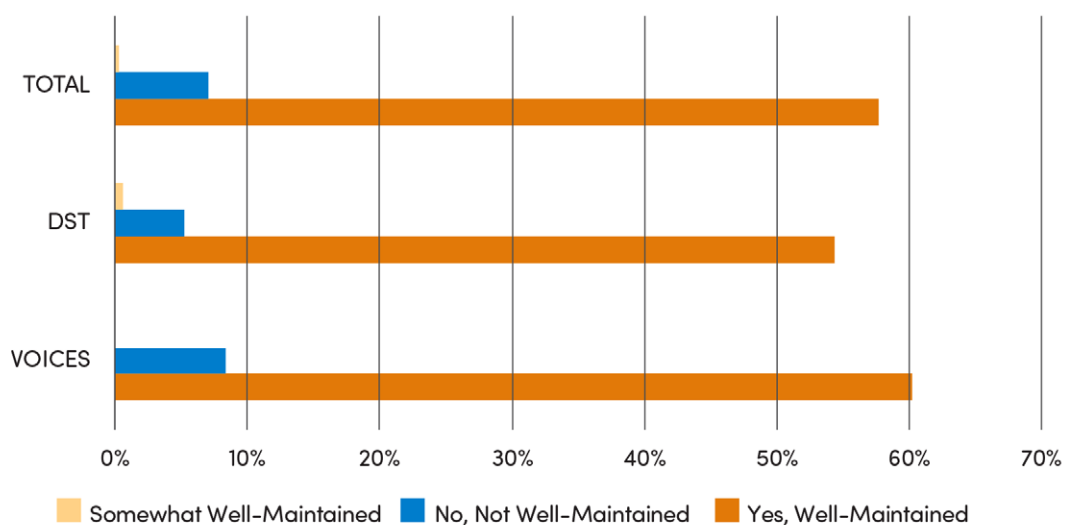
The number of other people using the same facility can impact its cleanliness. Participants reported that they share restroom facilities with a widely varying number of other people – from 1-2 other people to “everyone,” “a lot,” and “the entire public.” Most participants overall and the most in the DST effort share the restrooms they use most frequently with over 25 other people. Conversely, the most VOICES participants said they share with less than 5 other people.

Number of Other People Participants Share Restroom Facilities With



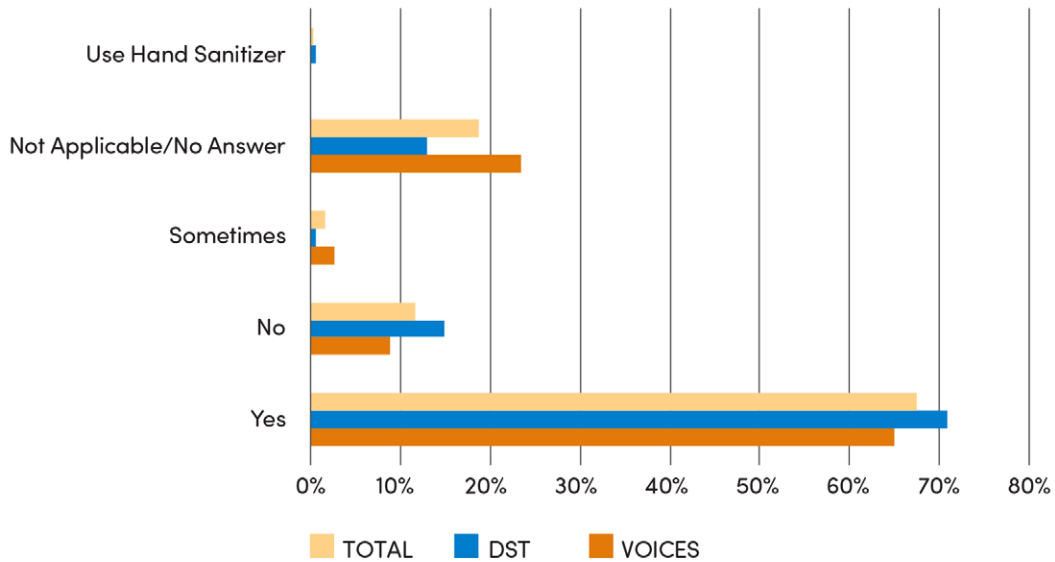
Most long survey respondents said “yes”, the facility they have access to is well-maintained. One VOICES participant said yes but that it was “barely cleaned.” Some respondents who did not answer the first part of the question, “do you have access?” answered this question, “if yes, is the facility well-maintained?”

Maintenance of Restroom Facilities Participants Have Access to



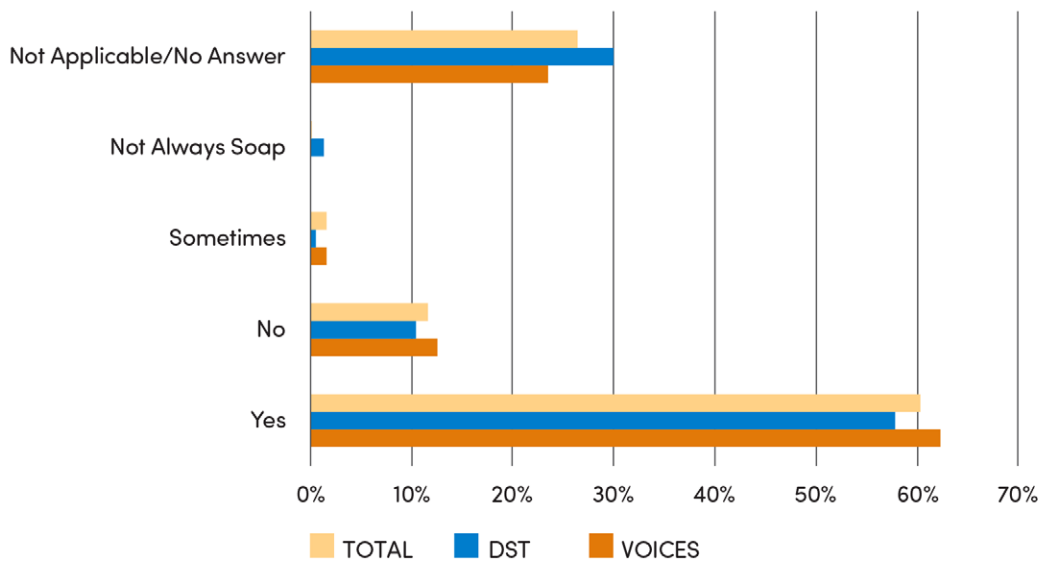
Handwashing facilities and access to soap are an important part of access to WASH. While most participants (68%) responded “yes” they do have regular access to handwashing facilities where they use the restroom, some (12%) do not have access. Slightly more VOICES participants said they have access than DST participants. One participant who said “yes” they have access clarified that they “use a bottle of water daily just [to wash their hands].”

Do Participants Have Access to Handwashing Facilities Where They Use the Restroom?



Most participants (60.3%) said “yes” to the follow-up question asking if there is always soap/water available where they have regular access to handwashing facilities. Of those who said yes, three (1.9%) DST participants gave details such as “there is soap” and “I bring my own supply”.

Do Participants Have Access to Soap/Water Where They Access to Handwashing?



When asked to rate the cleanliness of and their access to restroom and handwashing facilities on a scale of 1 to 10 (with 1 being very unclean/very difficult to access and 10 being very clean/very easy to access), the average ratings were 7.3 for cleanliness, and 7.4 out for access.

Quotes from participants about ratings given for cleanliness of and their access to restrooms they most often use:

“Negative. No one cleans it or stocks it.”

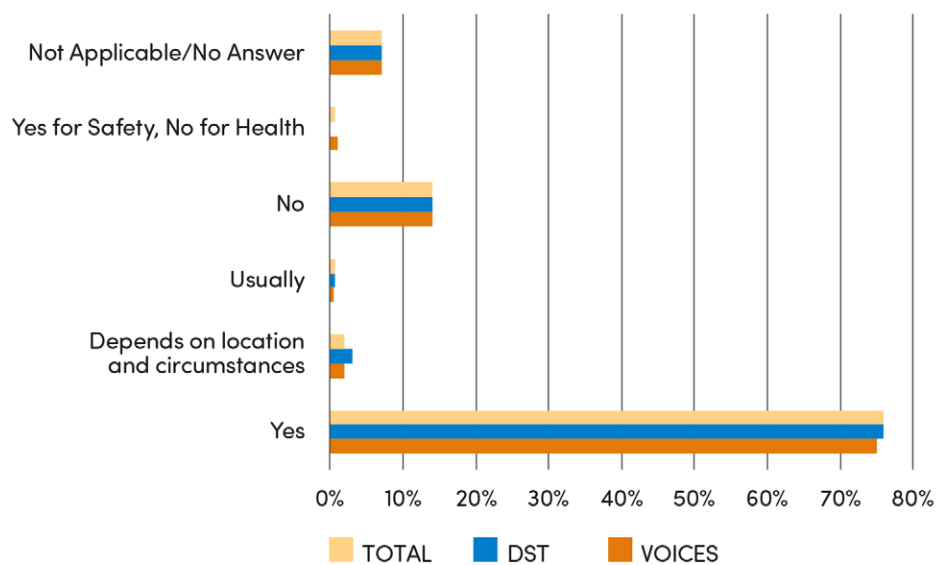
“Poor. My access is not consistent”

“Very happy with the porta potties. Running water would be the next best thing”

“Some restaurants don’t allow homeless people to use their restroom. You sometimes have to be a customer to use the restroom. If I needed to wash up I would carry moist towelette.”

Critically, 14% of long survey participants said they do not feel safe when using the restroom facility they most often access. Participants who do not feel safe cited using outside bathrooms without doors that lock, feeling like they are not welcome, that they are turned away or discriminated against, the police harass them, and COVID-19. An additional 2.3% said they sometimes feel safe, but that it depends on the location and circumstances, and 0.6% said they usually feel safe. Three-quarters (76%) of participants said they are not concerned for their safety, though one who said “yes” specifically mentioned that they do not feel safe at night. 7% of respondents did not respond.

Do Participants Feel Safe Using the Restroom They Most Often Do?



Quotes from participants about not feeling safe using restrooms:

“No, not outside bathrooms (no locks on doors).”

“No, I can tell they don’t want me there.”

“No, not safe, often turned away/discriminated against.”

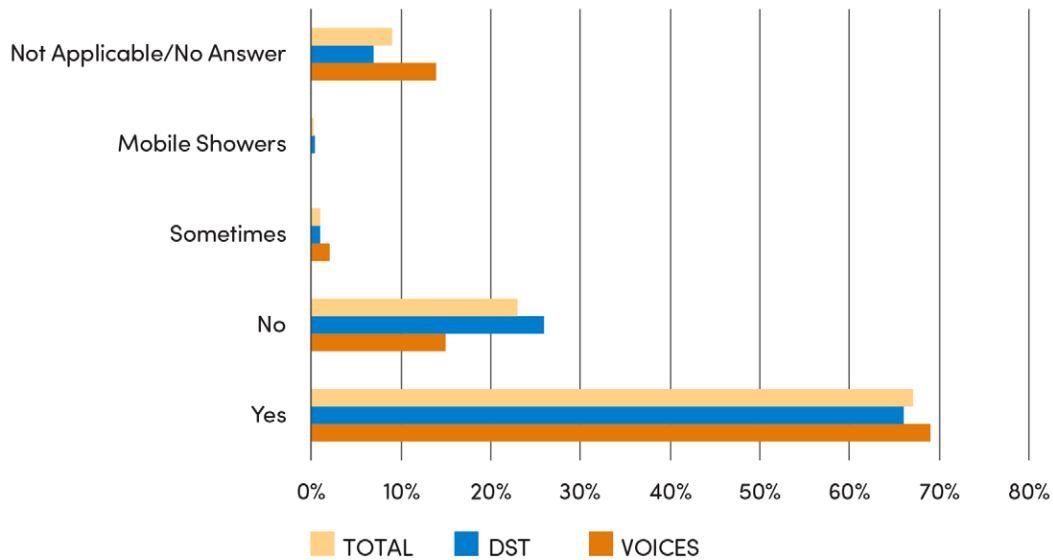
Access to Shower/Bathing Facilities and Soap

Most participants (66.7%) said they have access to shower/bathing facilities, though almost one-quarter (22.7%) said they do not. A few (1.5%) said they have access sometimes or not enough, and 8.6% did not answer.



Photo courtesy of Downtown Streets Team

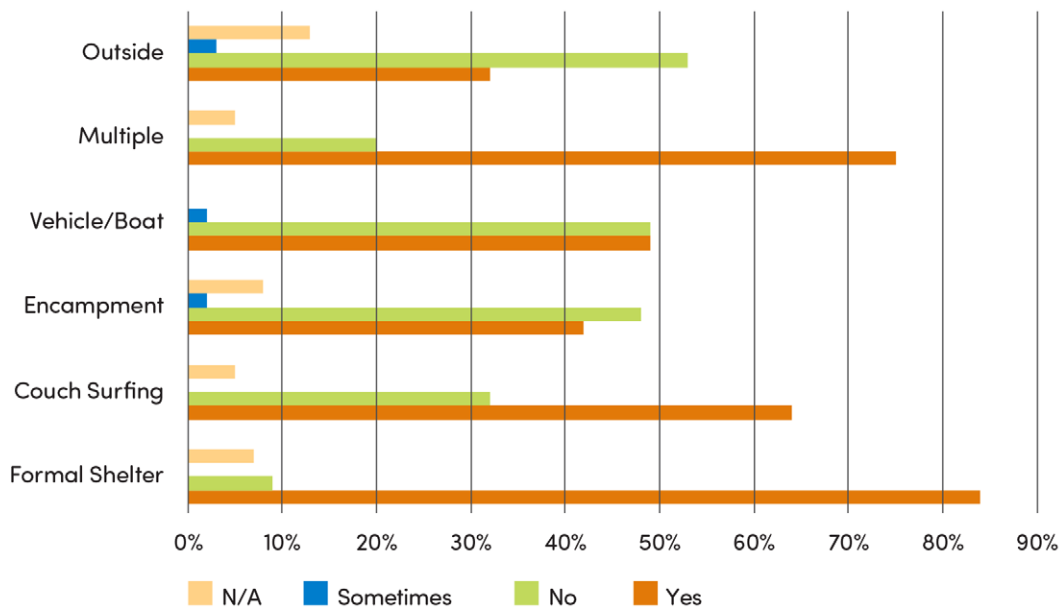
Do Participants Have Access to Shower/Bathing Facilities?



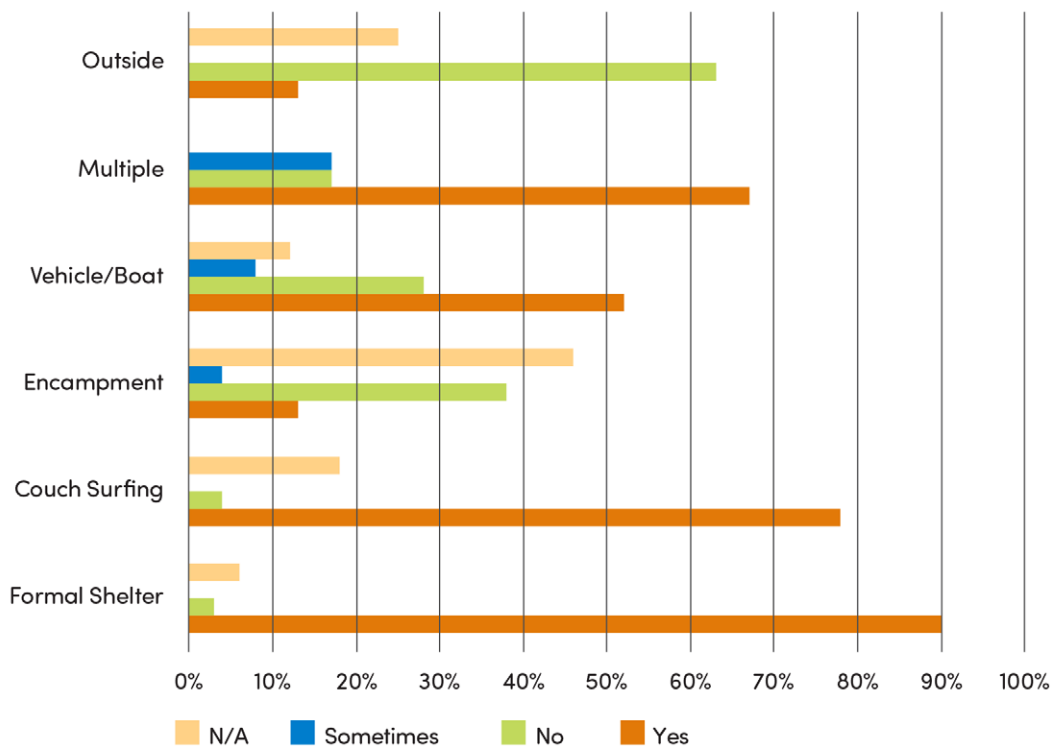
Access to shower/bathing facilities and soap was often related to a participant's living situation. Those who do not have access or only have access sometimes were primarily living in encampments, vehicles/boats, couch surfing, outside, or in multiple places. Overall, a higher percentage of participants in the DST effort did not have access than in the VOICES effort, across living situations.

Many of those who said they do not have access to a shower said that they bathe using sinks, wipes, paper towels, and soap in public bathrooms, as well as using streams, lakes, and the Bay. Some say they rent motel rooms when they can (drawing on limited resources – and some pooling with family to do so), drop into shelters, or use gyms.

Do DST Participants Living in Most Common Situations Have Access to Showers/Bathing?



Do VOICES Participants Living in Most Common Situations Have Access to Showers/Bathing?



Those with access said that they primarily can shower or bathe at a shelter, through a service provider or program like mobile showers, or with friends and family/couch surfing.

For some who said “yes” they do have access to showers/bathing, it is limited to once or twice a week at a shelter or through another service, such as mobile showers. Overall, 14% of participants said they only have access to bathing 1-2 times per week or less – significantly more in the DST population (17.9%) than the VOICES population (5.1%). In addition, some participants did not give specific numerical answers, but said “sometimes” or “occasionally”, “baby wipes”, or “not often enough.”

Quotes from participants about access to bathing/showers:

“Use buckets and water.”

“Monday and Thursday Dignity [on Wheels] shower truck here at shelter.”

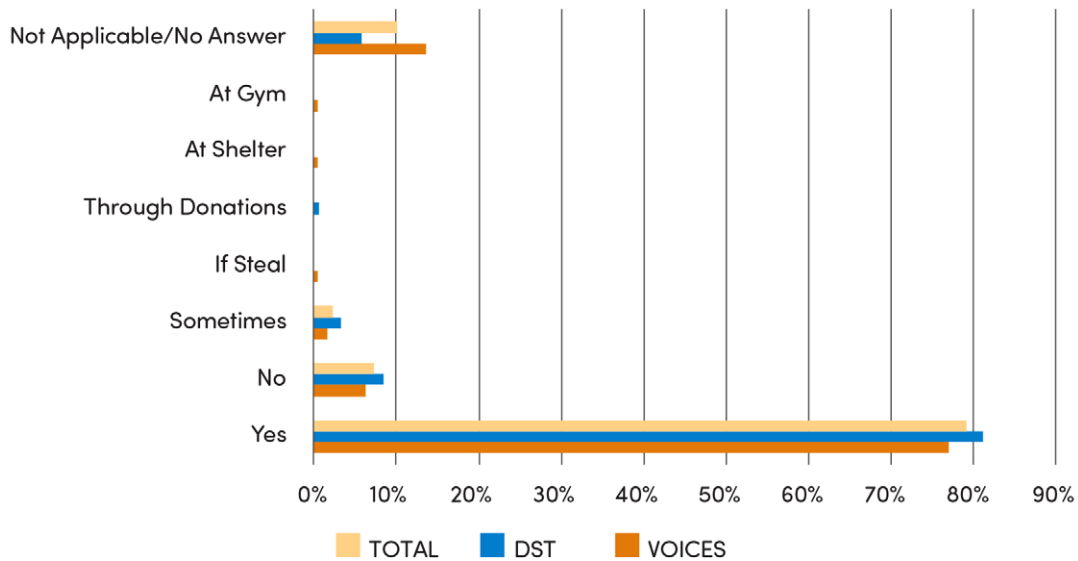
“I don’t use the mobile showers, I don’t feel safe. I use my friends.”

“Hotel sometimes...once feel too dirty.”

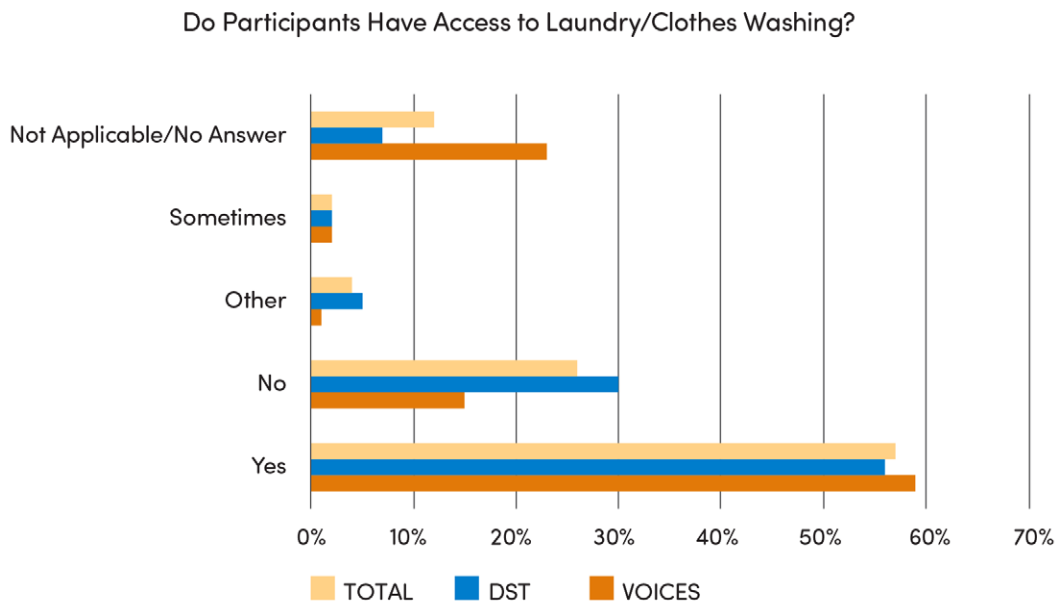
“Yes, but to shower miss out on bed/hot dinner.”

Access to soap for washing is critical for hygiene. Most long survey participants (79.1%) said they have access to soap for washing their body, and those who specified said they buy it or get it from shelters, service centers, or gyms. Some (7.2%) said they do not have access, and 2.3% have access sometimes.

Do Participants Have Access to Soap for Washing?



Access to Laundry/Clothes Washing



Most participants (58.5%) said they have access to laundry/clothes washing. Of those who said “yes” they have access to laundry/clothes washing, some elaborated that this access is through laundromats (which some mentioned were prohibitively expensive, particularly when living without income), hotels, family and friends, mobile laundry services, churches, shelters, or that they wash by hand.

Approximately one quarter of participants (25.9%) do not have regular access to clothes washing. This was particularly true in the DST participant population (30.5%), where the percentage of participants who said they do not have access was double that of VOICES participants (15.4%). Some participants who said they do not have access explained that they use rivers or wash their clothes by hand. A few participants (1.9%) said they sometimes have access to laundry/clothes washing.

Some participants who included in their response that they rely on laundromats said “yes” they have access, and some said “no” they don’t have access because they have to use the laundromat. Some participants did not answer “yes” or “no” and wrote in a specific place where they access laundry/clothes washing (other), including in church, a friend’s house or with family, a hotel, a caseworker’s office, a shelter, mobile showers, or that they pay to wash, or a specific day they have access.

Quotes from participants about access to laundry/clothes washing:

“Yes – laundromat but it is so expensive, living without income.”

“No, laundromat is too expensive.”

“Used to go to shelters on a wait list. But now I have full access.”

“Lavamae is great. We need more like it. But now I have access to free washing.”

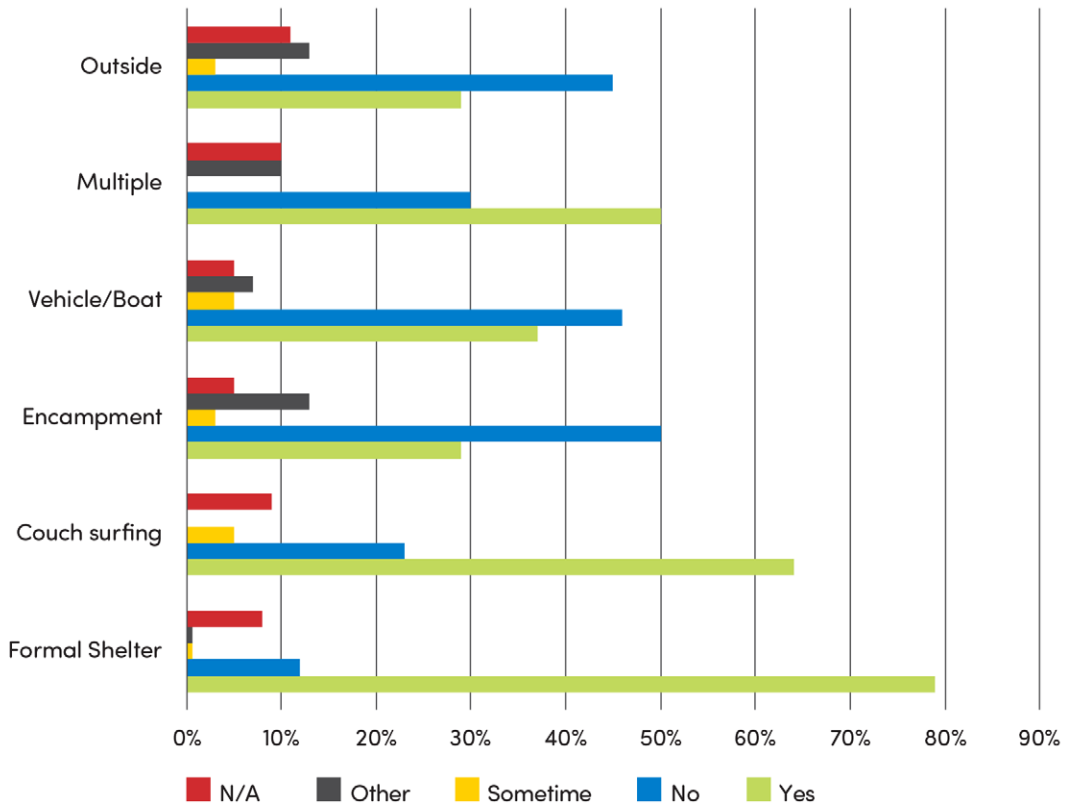
“Yes, I use unemployment \$ and go to laundromat.”

“Some 3 times a week mobile services [but they] can not wash sleeping bags or blankets.”

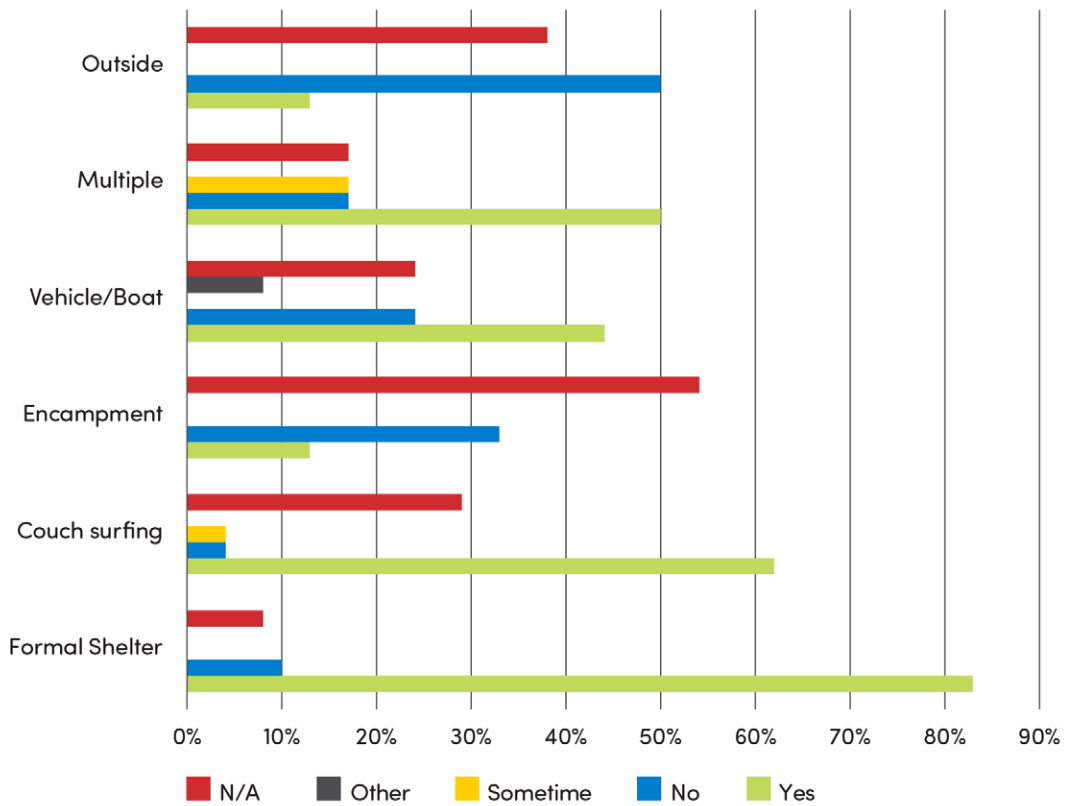
“Yes with help of women’s safe house they give me quarters for laundromat.”

As with access to drinking water, restrooms, and showers/bathing, access to laundry/clothes washing is closely connected to living situation. Participants living in encampments, vehicles/boats, in multiple situations, and outside were more likely to not have access than those who have access to a building with plumbing.

How DST Participants Living in Most Common Situations Access Laundry/Clothes Washing

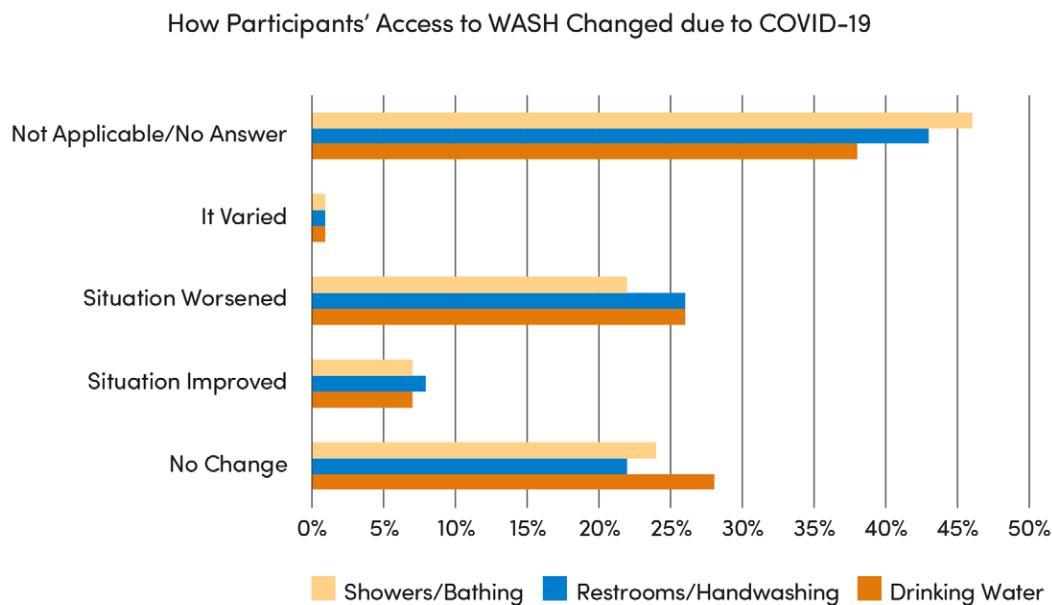


How VOICES Participants Living in Most Common Situations Access Laundry/Clothes Washing



Changes since COVID-19 pandemic

COVID interrupted many services, including closing businesses and public spaces.



Many participants said they had seen their access to WASH change due to COVID-19. For some whose access had changed, access improved for drinking water (7%), restrooms (8%), and showers/bathing (7%), often through services provided to address the pandemic, such as temporary housing in hotels and the availability of additional bottled water. A few participants noted that though access had improved due to COVID, it was still not enough.

Many participants reported having less or worsened access to drinking water (26%), restrooms (26%), and showers/bathing (22%) due to reduced hours and closed restrooms at stores, and closures of some public facilities such as restrooms and water fountains. Some whose situation worsened reported losing their jobs and housing due to the pandemic. Responding to a question asking how access to toilets and handwashing could be made better, easier, or safer, one participant said, “get the COVID-19 under control.” For a few participants (1%), the affect COVID had on their access varied, with some saying that at first their access was worse, but then it improved.

Most participants who responded said they had not experienced a change in access to drinking water (28%), restrooms (22%), and showers/bathing (24%) due to COVID-19, with some highlighting that they are still experiencing the same issues and that it is still hard.

Many participants interpreted this question asking how access has changed due to COVID as, “Has your access changed during COVID?” and simply wrote yes or no, rather than explaining how, or did not respond.

Overall, COVID-19 served to highlight the tenuousness of water access for many people experiencing homelessness who rely on businesses and service providers or donations. COVID disrupted the informal safety net that many rely on—help from friends, relatives, neighbors, service providers, and the kindness of strangers—which often sustains WASH access for many people experiencing homelessness in the absence of other support.

“People aren’t as friendly. Not willing to talk to you or help. They won’t allow you in outside.”

“Most public restrooms have been shut down making it harder.”

“It increased my needs as parks shut off faucets.”

“I haven’t seen any of those portable showers/laundry service available since COVID.”

“Less donations are given.”

“No different if you have a home. But being homeless it’s not too affordable because money goes on bigger things especially trying to put a warm meal in your stomach and finding shelter to sleep and keep warm.”

“It got easier with the community help.”

“This is the best its been for me- so I’m ok,” — participant staying in a formal shelter

DST staff noted that while some interim services that were provided during COVID were positive, like hotels and additional temporary facilities for some people experiencing homelessness, some services, such as providing hoses at fire hydrants for drinking water access, were not provided in a way that promoted human dignity. Although hoses at fire hydrants can greatly increase access to fresh water in emergencies, these services need to be provided in ways that promote privacy and do not discourage use.

How access to water for drinking, sanitation, and hygiene purposes could be improved from the perspective of people experiencing homelessness

Participants offered many recommendations for improving their access to WASH. These recommendations fell into the following broad categories:

- Develop additional facilities
- Improve and expand services and access at existing facilities
- Maintain facilities, including regular cleaning, keep them well-stocked, and make sure they are safe
- Make necessary water facilities and services reduced-cost or free
- Ensure services are coordinated and well-publicized so people know they exist, as well as where and when they can access them
- Continue access for those who have it
- Ensure housing for all

Many of the recommendations participants provided are interrelated, and participants often explicitly highlighted these connections. While additional facilities on their own are a step in the right direction, to meaningfully meet existing needs, these facilities must be in an accessible location, well-maintained and stocked with necessary supplies, safe, free or affordable, and available throughout the day and night. All recommendations should be taken together to holistically address and improve gaps in access to water for people experiencing homelessness. Implicit in these recommendations is the need for service providers to coordinate with one another to cover the most areas at the most times.

Staff from DST and VOICES provided the perspective that for people experiencing homelessness, answering the survey questions that asked for suggestions to improve access to water for different services might have been a challenge. Some respondents might not have the information or experience to consider possibilities beyond existing conditions. Given this, many responses about how access could be improved were within the confines of existing experiences and services: more services, better maintenance, re-opening facilities that were closed due to COVID or other reasons, etc. Some participants simply said, “more access.” This directness is very powerful: we do not need imagination to understand what to do to improve the current situation, just the will to create positive change and to allocate resources to meet existing needs.

Develop additional facilities and services

When asked about how to improve access to water for each specific use, participants most frequently responded that additional public facilities and services are needed. Participants spoke of the need for both additional short-term and more permanent solutions in locations that are nearby and accessible to all people.

Additional long-term facilities needed:

- Water fountains and bottle refill stations
- Public restrooms
- Handwashing facilities
- Stand-alone outdoor showering facilities, especially near parks and where people experiencing homelessness live
- Showering and laundry facilities in shelters
- Drop-in service centers where participants can access a suite of WASH services

Additional short-term services needed:

- Mobile/pop up services including showers and laundry
- Potable handwashing stations with touchless soap dispensers
- Bathroom pit-stops / mobile public restroom program
- Bottled water distribution
- Distribution of supplies to support access, including receptacles for drinking water, laundry detergent, and quarters for laundromats. Specific to showers, participants mentioned the need for supplies including soap, wipes, hygiene bags, and others to be able to clean themselves and their things.
- Transportation to existing facilities

“More donations. We could use a gallon a day for each [encampment] resident.”

“Laundry coins donated and mobile laundry van to help transport.”

“Compostable toilets- benefit earth, people + the environment- use for gardening.”

“Bottled water assists during non-shelter hours.”

“Every measured distance per capita should require access to toilets and water.”

“More portable sinks with touchless soap dispensers.”

“Sections of neighborhoods should have sun showers, like for surfers at the beach”

“Mobile showers or have a space where they have bathrooms, showers, laundry all at the same time.”

Improve and expand services and access at existing facilities

Many participants specifically mentioned wanting improvements or expanded access to existing facilities and services. Specific recommendations included calls to:

- Re-open facilities that were closed due to COVID, such as public restrooms and showers at gyms, that people rely on for WASH services
- Remove locks and codes for facility use
- Extend facility hours (many participants specifically requested all-day/24-hour access to facilities, including libraries, laundromats, and for showers in shelters, rather than only having access for part of the day)

- Increase the frequency of currently available services, such as increasing the number of days shelters that already have laundry services offer them, increase the number of showers people can take at shelters per week (many participants said currently they can take showers one to two times per week), and lengthen the amount of time people can spend in the shower at shelters
- Make interim services that are currently available in some places, such as showers and mobile laundry, permanent and on site at shelters and other locations like encampments
- Add useful elements to existing facilities and services, such as temporary storage space with locks
- Allow public use at more business facilities, such as store restrooms where there is currently limited access

Some participants who had very limited access wanted to be able to bathe or wash clothes at least once a week. Others who already had this level of access wanted their access to be expanded to three days a week, and some wanted to be able to access washing facilities every day. Many want to have facilities that are used by fewer people.

“More shelters to offer baths/wash clothes. Have services be outdoors so they can be accessed when buildings close.”

“Need more donations of wipes.”

“More days that the showers are available.”

“More public bathrooms in the park/by me! Open the park bathrooms back up! Many park bathrooms are closed.”

“Make all water accesses available for all. Put taps back on.”

“A safe available place that has good clean water and access free if possible or ask for it. Just being able to use clean water.”

“Something closer; it’s too far to carry clothes.”

“24 hour access, no purchase necessary.”

“More porta potties. 3 for 50 people isn't enough.”

“Bring showers [to the encampment] 1x/week.”

Maintain facilities, including regular cleaning, keep them well-stocked, and make sure they are safe

Participants highlighted the need for maintenance at existing facilities, for all facilities to be cleaned regularly, stocked with necessary supplies such as soap and toilet paper, and for these facilities to be made safer for use. The need for more frequent sanitation of facilities was highlighted particularly given the context of the COVID-19 pandemic.

Specific to drinking water, participants mentioned that they want their water to be cleaner, and recommended water filters that are maintained and water quality monitors for water fountains.

Specific to restroom and handwashing facilities, participants recommended better lighting, single stalls with locks on doors, and monitors/security to make restroom facilities safer for use and ensure they are not vandalized. DST staff provided the perspective that porta-potties are much more likely to be used if they are monitored by someone present to ensure that users and their belongings are safe. Participants also recommended better and more regular maintenance to ensure facilities are clean and well stocked with toilet paper, hand soap, and other necessary supplies, such as feminine hygiene products. Additionally, several participants mentioned the need for regular running water for handwashing, citing that during the pandemic some sources have been shut off.

Specific to showers, participants expressed the need for showering facilities to be safe, secure, and private. Specific recommendations included having single stalls with doors, secure temporary storage, monitors or guards to ensure peoples' belongings do not get stolen, and well-lit facilities.

Specific to laundry/clothes washing, some participants suggested providing free or donated laundry detergent or quarters/laundry vouchers so people experiencing homelessness can use laundromats.

DST and VOICES staff provided the perspective that it can be very difficult for some people to feel safe getting into showers, due to mental health histories, trauma, and not wanting their possessions to be stolen. Given this, it is particularly important to create environments that are safe and have the necessary resources for people to clean themselves.

“More places with security outside to keep it safe and not vandalized.”

“Needs more service/liquid soap/hand sanitizer. Needs more toilet paper, clorox wipe to wipe down toilet seats.”

“More public restrooms that are cleaned by us. We can give homeless people jobs to maintain the bathrooms.”

“Better lighting and not so secluded.”

“Make sure water is on, toilet is clean, and access is given.”

“I have kids, public bathrooms are not safe.”

“Need real restrooms, easier to clean.”

Make necessary water facilities and services reduced-cost or free

Participants requested that necessary water services be made cheaper or free, including free bottles of drinking water and receptacles for storing publicly available water, and lower cost or free opportunities to shower and bathe. Specific to laundry, some participants recommended donating quarters and laundry vouchers for people experiencing homelessness, reduced-cost days at existing laundromats for people experiencing homelessness, and free laundromats for those who cannot afford them. Some participants also expressed the need for money to be able to buy cleaning supplies and to be able to wash clothes at laundromats or in buildings. Some participants recommended motel vouchers so people can wash clothes, bathe, and use restrooms.

“I do not know anywhere where I can wash my clothes for free. If someone provided that service, it would help a lot.”

“More free water spots around town.”

“Money for laundry and monthly bus passes.”

“The public laundrymats should have a program that allows for a homeless person to get their clothes washed for free.”

“Maybe a EBT card for hygiene for showers.”

“Giving out bottled water at encampments.”

“Community tokens for homeless at laundromats.”

“The city be more responsive to homeless basic needs.”

Ensure services are coordinated and well-publicized so people know they exist, as well as where and when they can access them

Participants want to know more about the resources that are currently being offered near them. Some recommended good coordination and outreach: making sure that temporary or interim services, such as mobile shower pop-ups, are widely publicized and provided on a regular schedule so people know where, when, and how to access them, and can count on them being there. Implicit in these recommendations is the need for service providers to coordinate with one another to cover the most areas at the most times. When possible, multiple services that meet different needs should be available at the same time.

“Knowing about more resources that are around.”

“...Have a cycle of format so people know these places will be there for a certain time.”

Continue access for those who have it

There were participants who said that they have access to WASH, that their access is fine now, or that nothing needs to be changed to improve their access. Some who said their access is fine now have access through housing and shelters, though some who said they have good access rely on family and friends or service providers and donations. A few participants staying at an encampment who indicated good access said they were very happy with the porta potties onsite. Other participants who said their access is good now were living in a vehicle or boat, using hand sanitizer and soap dispensers for access. Some who responded that “yes,” they have access to restrooms, bathing, and laundry services, gave details that they access these services through public restrooms, mobile showers, and laundromats. It is important that current access is continued. The pandemic (and droughts before it which cut back on available and reliable public water sources) interrupted access for some who access water through public spaces, highlighting the importance of developing resilient, well-maintained public facilities.

“Access is fine because of donations.”

“It's impressively convenient and I'm happy to know I can find my way to it (person with a sight disability living in an encampment using a public restroom).”

Lack of housing is the root of barriers to access

Some participants spoke to the very root of the problem: they said they want a home and a stable place to live to access water for drinking, restrooms, handwashing, showers, and bathing, and for doing laundry for themselves at any and all times, so they do not need to rely on the kindness of others or have their access limited by service schedules and store hours. Some participants who previously were unsheltered and now were sheltered through renting a room, in a shelter, or couch surfing expressed that their access is now good specifically because they have shelter.

“Everything is good now that I'm indoors [staying in a hotel provided due to the COVID-19 pandemic].”

“Really accessible and safe as long as I am not living outside,” – participant living in a trailer



Photo courtesy of Downtown Streets Team

Recommendations

One participant, responding to the question asking how their drinking water access could be made better, easier, or safer, answered, “They could make it so access to free clean water is law.” Safe, clean, affordable water is a human right in California. It is written—as law—into the California water code. However, without further action, funding, and policy implementation, the human right to water will remain unrealized for many people experiencing homelessness and other marginalized communities in California.

The following recommendations were formulated to address current gaps in WASH access based on insights from participants experiencing homelessness. Some recommendations were formulated with the additional expertise of direct service providers who contributed insights into the current funding and policy limitations that need to be addressed to realize the human right to water for all.

Municipalities must formally recognize water as a human right and invest in infrastructure and services to provide safe and accessible water for drinking, sanitation, and hygiene purposes for all people. While there are municipalities that provide some services and are working to expand access, particularly due to the COVID-19 pandemic, it is clear from this and other concurrent efforts that presently there are not enough facilities or services to meet existing needs. Many informal networks of family, friends, businesses and service providers are currently filling gaps to provide access to WASH for people experiencing homelessness, though it is a human right. Local governments should step up to fill, or support service providers in filling, evidenced gaps.

Decision-makers at every level should ensure that all planning commissions and policy development processes relating to homelessness meaningfully include people with current or past lived experience with homelessness. Including people experiencing homelessness in water-related planning will ensure that service provision and facilities are of the kind and quantity, as well as in the locations, that will best increase access.

County and municipal governments should directly engage people experiencing homelessness and service providers in their area on how to tailor and implement the broad recommendations provided through this and other efforts regarding how to improve WASH access. This includes exactly where and exactly which services and facilities would be the most useful in different areas. While there is a large and evidenced need for additional and improved WASH services for people experiencing homelessness, there is not a “one-size fits all” solution to current gaps in access. Specific challenges vary based on location and individual needs. Specific recommendations, such as “develop additional facilities” must be tailored to local conditions with input from those affected regarding exactly where and what kind of facility. The San Francisco Coalition on Homelessness’ Water for All (2021) report is particularly useful because it focused on one locality and specifically asked people experiencing homelessness about the locations in which they would like to see additional or improved services in San Francisco. Understanding which WASH services are needed most in specific areas is an important next step to address local issues.

The Point in Time Count should identify one or two questions to add to their yearly or bi-yearly assessment to gather more information on access to WASH to inform service provision and facility development. Additional information is needed to better understand WASH access and gaps in service for different people experiencing homelessness. The Homeless Point in Time Count, conducted every other year in some counties and yearly in others, works to understand the number of people experiencing homelessness in the state. However, it does not capture specific information about access to WASH, or how these services could be improved. The Point in Time Count provides a unique opportunity to gather information from many people experiencing homelessness and could provide necessary follow-up information at the local level to tailor and apply the broad recommendations provided by DST and VOICES survey participants.

Future research should further investigate how demographic factors, including living situation, and water access are correlated for different people experiencing homelessness to best prioritize those who have the least access. Those who participated in this effort and had access to a home, shelter, or other access to a building with plumbing through relationships, school, or work, even intermittently, generally reported they had more access to water and were less reliant on public services and spaces, donations, or the kindness of others to meet their basic water needs. Although these pathways to obtaining water are beneficial to people experiencing homelessness, many are incredibly vulnerable to changing circumstances and represent short-term solutions to a chronic problem. Additional research should investigate how access to WASH varies for people experiencing varying levels of housing insecurity and based on other demographic factors so that services can be tailored to those who need them the most. Additional insights and information can be gained through further analysis of data collected for this effort beyond the scope of this report.



Photo courtesy of Downtown Streets Team

Include people experiencing homelessness into the framework and data tool to assess the status of water quality, accessibility, and affordability across the state. In 2019, Gov. Newsom signed SB 200 to provide funding to “provide safe drinking water in every California community, for every Californian.” The Office of Environmental Health Hazard Assessment (OEHHA) was tasked by the California Environmental Protection Agency and the State Water Resources Control Board to monitor progress in achieving the human right to water in California and developed a framework and data tool to assess the status of water quality, accessibility, and affordability across the state. Unfortunately, the way OEHHA measures accessibility and affordability of drinking water is based on Community Water Systems (CWS), to which most people experiencing homelessness do not formally have access. In OEHHA’s report, people experiencing homelessness are merely mentioned within the appendix section “Additional Groups or Units of Analysis or Topics to Consider.” People experiencing homelessness must be included (ideally from the outset) in this and other processes that strive to define problems. If people experiencing homelessness are not included in the problem definition process, likely the solutions that are developed will also not meaningfully meet their needs.

Funding agencies should work directly with service providers to critically examine funding and service guidelines and identify and address elements that make it hard for service providers to be reimbursed for providing meaningful WASH services. These funding agencies include HUD, state agencies, and local governments. Well-meaning policies to reduce plastic waste have put service providers in the position of having to pay for bottled water out of their own pockets because they are often not able to be reimbursed for it, even though they are able to get reimbursed for juice or other sugary drinks. Additionally, contracts that do not allow for service providers to get cash, and therefore provide quarters for people experiencing homelessness to do laundry, create situations where service providers must go to great lengths to provide what could be a simple service. Laundromats take quarters and rarely provide receipts, making it difficult for service providers to get reimbursed. Funding agencies should work with service providers to identify specific policies like these and reform or create exceptions to them to be able to best fill existing gaps in WASH access. As shown in this assessment, service providers and donations are already filling a number of gaps in access to WASH for many people experiencing homelessness. Funding and expanding existing services, and making offering these services easier for service providers, can efficiently improve access.

More general fund dollars should be allocated for people experiencing homelessness. If HUD policies do not change, cities and counties should take responsibility to match restrictive HUD dollars with general funds through the Request for Proposals (RFP) and contracting process. This can allow service providers to provide and be reimbursed for more flexible services such as distributing bottled water and providing quarters for laundry.

Requests for Proposals (RFPs) to provide WASH facilities such as restrooms and handwashing stations should include maintenance costs and safety measures. Maintenance and safety were brought up by participants as issues to address and as recommendations for improving their current access to WASH services. These costs should be seen as a fundamental component of safe and functioning restroom and handwashing stations and therefore should be included in RFPs.

Funding agencies, researchers, and local stakeholders in all sectors should explore ways to leverage non-traditional funding sources to provide necessary services for people experiencing homelessness. Concern about the environmental impacts of those experiencing homelessness frequently arises in the environmental sector. This includes debris from encampments, ecosystem impacts in riparian corridors, and other potential impacts. Despite this recognition, little to none of the funding earmarked for environmental purposes is used for solutions to homelessness. At the same time, advocates for ending homelessness are also concerned that using funding for impermanent solutions such as water access will take away from already limited funding for housing and addressing the core causes of homelessness. Environmental and other related funding could be used to address environmental impacts and promote human wellbeing in a comprehensive manner that can yield long-term results, without taking away from funding for long term solutions for housing. For example, funding for water quality could be used to provide services at a riparian encampment to reduce any impacts.

Municipalities should rethink how funding related to homelessness is spent. Cities and counties spend enormous amounts of money every month and every year on removing encampments and making public spaces inhospitable to those experiencing homelessness. For people experiencing homelessness, their existence and efforts to survive are criminalized without supportive alternatives. People experiencing homelessness have reported that the worst part of being homeless is being ignored and treated as less than human. Participants in this effort expressed that they are often not allowed access to business facilities precisely because they are experiencing homelessness. Funding strategies need to be reformed to be more sustainable and to center human health and dignity. For example, the funding that is currently spent on removing encampments could be repurposed to fund holistic services and pathways out of homelessness.

Some participants expressed the desire to be part of their own solutions—to participate in the maintenance of restrooms and other service facilities. Several participants also explicitly expressed wanting to take care of their needs in a way that is friendly to the environment. Stipends for people experiencing homelessness should be provided for maintaining restrooms and other inclusive solutions that create safe, social centers and invest in the community in more humane and sustainable ways.

Conclusion

The goal of this effort was to elevate the experiences and voices of people experiencing homelessness into planning processes. The survey responses provide insight from people experiencing homelessness about how they are accessing water for drinking, sanitation, and hygiene purposes. Their recommendations for improvements provide a roadmap for future interventions to address existing gaps.

Overall, the results of this assessment demonstrate that the human right to water has not been fully realized in the Bay Area for people experiencing homelessness. While this information is specific to the Bay Area and to those who contributed responses, it could also be applicable to unhoused people in other communities across the U.S.

Respondents with access to a home or shelter, even intermittently, or other access to a building with plumbing through relationships, school, or work generally reported more access to water and were less reliant on public spaces or donations, services, and the kindness of others to meet their basic water needs. These findings support the conclusion that homelessness is ultimately the primary barrier to water access for people experiencing homelessness. Therefore, the most effective long-term solution to meet the human right to water for people experiencing homelessness is permanent housing with adequate water and facilities for drinking, hygiene, and sanitation. In the meantime, water remains a human right, and interim solutions to meet these basic needs for people experiencing homelessness must be implemented and expanded.

The most critical next step will be specific follow-up directly with people experiencing homelessness in each locality to understand where and which of these broad facilities and service recommendations are most helpful in different locations, and how these needs differ by living situation, demographics, and other factors. In tandem, any policy and funding restrictions that currently create barriers to filling existing gaps must be critically examined and reformed.

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Short and Long Assessment Questions For Needs Assessment With People Experiencing Homelessness

Demographic Questions Asked in Both Surveys

Age

Race/Ethnicity

Gender

Sexual Orientation

Long Survey Questions:

Are you currently experiencing homelessness?

What is your current living situation?

How long have you been staying there?

What was your living situation prior to your current situation?

Questions about Drinking Water

Where and how do you usually get your water for drinking?

Do you have any concerns about the safety of the drinking water or your ability to safely access it?

How could access to drinking water be made better, easier, or safer for you?

How has your access to drinking water changed since the beginning of the COVID-19 pandemic?

Questions about Restrooms and Handwashing

Do you have access to a restroom where you live?

If yes, is the facility maintained? (stocked with toilet paper, cleaned regularly)

If yes, is it a portable (porta potty) or a flushing toilet?

How far from where you're living is the closest toilet you can access?

How often do you have access to this restroom?

Do you regularly rely on any of the following for access to a restroom?

Stores?

Public Restrooms?

Porta-potties?

Libraries?

Is there a way you currently access a restroom not mentioned above? If yes, please specify

Do you feel safe/secure when you use the restroom facilities you most often use?

What is your best estimate of how many other folks use the same restroom facilities as you do?

Do you have regular access to water to wash your hands at the place where you use a toilet?

If yes, is there always soap/water available?

If no, do you have access to handwashing elsewhere?

How would you rate the cleanliness of the toilet and handwashing facilities you use, 1-10?

How would you rate your access to toilets and handwashing facilities?

If less than 5 for either, why?

How could access or the experience of using toilets and handwashing facilities be made better, easier, or safer for you?

How has your access to toilets and handwashing facilities shifted since the beginning of the COVID-19 pandemic?

Questions about Showers and Washing Clothes

Do you have access to a shower or bath?

If yes, where?

If yes, how often can you access?

If no, how do you bathe?

Do you have access to soap for washing your body?

How could access to bathing be made better/easier/safer?

How has your access to water for bathing shifted since the beginning of the COVID-19 pandemic?

Do you have access to a clothes washer (laundry services)?

How could access to water for clothes washing be made better, easier, or safer for you?

Questions about Trash

How do you dispose of trash?

How close are the nearest public trash cans to where you stay?

Is there a trash removal service available where you stay?

What would make disposing of trash easier or better for you?

Closing Questions

Are there any other ways you interact with water that you'd like to share?

Is there anything we haven't asked you about that you think we should have related to issues with water?

Is there anyone else you recommend we talk with?

Short Survey Questions:

Are you currently experiencing homelessness?

What is your current living situation?

How long have you been staying there?

What was your living situation prior to your current situation?

Questions about Drinking Water

Where and how do you usually get your water for drinking?

How could access to drinking water be made better, easier, or safer for you?

Questions about Restrooms and Handwashing

Where and how do you usually access toilet and handwashing facilities?

How could access or the experience of using toilets and handwashing facilities be made better, easier, or safer for you?

Questions about Showers and Washing Clothes

Do you have access to a shower or bath?

If yes, where?

If yes, how often can you access?

If no, how do you bathe?

How could access to bathing be made better/easier/safer?

Do you have access to a clothes washer (laundry services)?

How could access to water for clothes washing be made better, easier, or safer for you?

Questions about Trash

How do you dispose of trash?

Is there a trash removal service available where you stay?

What would make disposing of trash easier or better for you?

Closing Questions

Is there anything we haven't asked you about that you think we should have related to issues with water?